

**Notice of Privacy Practices**  
*Effective Date: February 16, 2026*

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

**Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

**Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

**Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

**Electronic Health Information Sharing**

We use secure electronic systems to store and share your health information to support your care, billing, and health care operations. This may include sharing information with other health care providers, health plans, and health information networks involved in your treatment.

You may access your health information through electronic systems made available by Guam Regional Medical City. We take reasonable steps to protect your information when it is stored or shared electronically. We only share your information electronically as permitted or required by law.

**More about Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You also have the right to receive your health information in an electronic format when available and to direct us to send it to a person or entity you choose, as allowed by law.

**Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

#### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- You may ask us to limit the use or sharing of your health information for education and training activities. We are not required to agree to all requests.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting GRMC’s Risk, Compliance, and Legal Affairs Office at (671) 969-4949, or by contacting GRMC’s Privacy Officer, Amie Ramos, at (671) 645-5500 ext 5603.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you for filing a complaint.

#### **Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
- Certain types of health information that are protected by additional federal or state laws

You may revoke your authorization in writing at any time, except to the extent that we have already acted based on your authorization.

Some types of health information, such as substance use disorder treatment records, may have additional legal protections. When those laws apply, we will follow the stricter requirements and explain your rights when needed.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again

### **More Information about How We Use and Share Your Information**

The following describes the primary ways we use and share your health information.

#### ***Treat you***

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### ***Run our organization***

We can use and share your health information to run our practice, improve your care, and contact you when necessary. We may also use and share your health information for health care operations such as training and educating health care students, trainees, and staff who are involved in patient care under appropriate supervision.

*Example: We use health information about you to manage your treatment and services.*

#### ***Bill for your services***

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information? We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### ***Help with public health and safety issues***

We can share health information about you for certain situation such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### ***Do research***

We can use or share your information for health research.

#### ***Comply with the law***

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

#### ***Respond to organ and tissue donation requests***

We can share health information about you with organ procurement organizations.

#### ***Work with a medical examiner or funeral director***

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

#### ***Address workers' compensation, law enforcement, and other government requests***

- We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities



authorized by law

- For special government functions such as military, national security, and presidential protective services

### ***Respond to lawsuits and legal actions***

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information about your privacy rights, you may visit:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

### **Additional Rights and Privacy Protections for Substance Use Disorder (SUD) Records (42 CFR Part 2)**

GRMC is a general acute care hospital and does not operate a Substance Use Disorder treatment program.

In limited situations, GRMC may receive health records from other providers that are subject to federal confidentiality protections for Substance Use Disorder records under 42 CFR Part 2 (“Part 2 records”).

When such records apply, they may be subject to stricter rules than other health information. In those cases, we will comply with applicable federal law, which may limit how Part 2 records can be used or disclosed without your written consent and may provide you with additional rights regarding those records.

If you have questions about whether these protections apply to your records, you may contact our Privacy Officer.

### **Changes to the GRMC’s Privacy Practices and This Notice**

We reserve the right to change GRMC’s privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on GRMC’s website and update it promptly when changes are made.

### **Questions about our Privacy Practices**

GRMC values the privacy of your health information as an essential part of the care we provide. If you have questions about this Notice or GRMC’s privacy practices, please contact GRMC’s Risk, Compliance, and Legal Affairs Office at (671) 969-4949, by email at [risk.management@grmc.gu](mailto:risk.management@grmc.gu), or by mail at 133 Route 3, Dededo, Guam 96929. You may also contact GRMC’s Privacy Officer, Amie Ramos, at (671) 645-5500 ext. 5603.