

## NOTICE OF PRIVACY PRACTICES

**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.**

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law.

If you have any questions about this notice, please contact the Privacy Official at our office at 541-463-5665.

Each time you visit a hospital, physical or other healthcare provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your **medical record**, serves as:

- a) A basis for planning your care and treatment;
- b) A means of communication among the many health professionals who contribute to your care;
- c) A legal document describing the care you received;
- d) A means by which you or a third-party payer can verify that you actually received the services billed for;
- e) A tool in medical education;
- f) A source of information for public health officials charged with improving the health of the regions they service;
- g) A tool to assess the appropriateness and quality of care you received; and,
- h) A tool to improve the quality of healthcare and achieve better patient outcomes.

**Understanding what is in your health records and how your health information is used helps you to:**

- a) Ensure its accuracy and completeness;
- b) Understand who, what, where, why and how others may access your health information;
- c) Make informed decisions about authorizing disclosure to others; and,
- d) Better understand the health information rights detailed below.

### **EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS**

**Treatment:** With the regulatory consent granted by the Department of Health and Human Services we may use or disclose your health information for treatment.

Example: A physician, nurse, or other member of your healthcare team will record information in your record to diagnose your condition and determine the best course of treatment for you. The primary caregiver will give treatment orders and document what he or she expects other members of the healthcare team to do to treat you. Those other members will then document the actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment. We may use information for such activities as phoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays.

We will provide your physician, other healthcare professionals, or a subsequent healthcare provider with copies of your records to assist them in treating you once we are no longer treating you.

***Payment:*** With the regulatory consent granted by the Department of Health and Human Services we may use or disclose your health information for payment.

***Example:*** We may send a bill to you or to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used. We may tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

***Health Operations:*** With the regulatory consent granted by the Department of Health and Human Services we may use or disclose your health information for health operations (see definition above).

***Example:*** Members of the medical staff, the risk or quality improvement manager, or members of the quality assurance team may use information in your health record to assess the care and outcomes in your cases and the competence of the care-givers. We will use this information in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

### ***Uses and Disclosures Other than for Treatment, Payment, or Health Care Operations***

***Business Associates:*** Some services may be provided through contracts with business associates. Examples include certain diagnostic tests, a copy service to make copies of medical records, and the like. When we use these services, we may disclose your health information to the business associate so that they can perform the function(s) we have contracted we them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

***Family:*** We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you in an emergency that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, fill prescriptions, medical supplies, or X-rays.

***Marketing/continuity of care:*** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. You have the right to request not to receive these services.

***Fund-raising:*** We may contact you as a part of a fund-raising effort. You have the right to request not to receive subsequent fund-raising materials.

***Food and Drug Administration (FDA):*** We may disclose to the FDA health information relative to adverse effects/events with respect to food, drugs supplements, product or product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement. ***Workers compensation:*** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

***Public health:*** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**Correctional institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

**Law enforcement:** We may disclose health information for purposes as required by law or in response to a valid subpoena.

**Health oversight agencies and public health authorities:** If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the department of health.

**The federal Department of Health and Human Services (DHHS):** Under the privacy standards we must disclose your health information to DHHS as necessary for them to determine our compliance with those standards.

#### **Applications for patient assistance**

**Medications:** We will disclose necessary information when we are applying for assistance for medications. This information usually consists of diagnosis and prescription, and the patient provides necessary financial information.

### **YOUR RIGHTS UNDER THE FEDERAL PRIVACY STANDARD**

Although your health records are the physical property of the healthcare provider who completed it, you have certain rights with regard to the information contained therein. You have the right to:

- A) **Request** restriction on uses and disclosures of your health information for treatment, payment, and health care operations. Health care operations consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under federal law (HIPAA, see above section). Even in those cases in which you do have the right to request restriction, we do not have to agree to the restriction. If we do agree, however, we will adhere to your request unless you request otherwise or we give you advance notice.
- B) **Ask us** to communicate with you about clinical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request alternate communication methods, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF CLINICAL INFORMATION AND/OR CONFIDENTIAL COMMUNICATION to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- C) **Receive** and keep a copy of this notice of information practices. Although we have posted a copy in prominent locations throughout the facility and on our website, if you access those copies, you nonetheless have a right to a hard copy on request. The law requires us to ask you to acknowledge receipt of your copy.
- D) **Inspect** and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right to access the following:
  - a) Psychotherapy notes. Such notes comprise those that are recorded in any medium by a healthcare provider who is a mental health professional documenting or analyzing a conversation during a private counseling session or group, joint, or family counseling session and that are separated from the rest of your medical record.
  - b) Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.

- c) Any of your health information that is subject to the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. ' 263a, to the extent that the provision of access to the individual would be prohibited by law.
- d) Information that was obtained from someone other than a healthcare provider under a promise of confidentiality and that access requested would be reasonably likely to reveal the source of information. In other situations, the provider may deny you access but, if it does, the provider must provide you with a review of the decision denying access. These reviewable grounds for denial include:
- e) When a licensed healthcare professional has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of the individual or another person.
- f) When the PHI makes reference to another person (other than a healthcare provider) and a licensed healthcare provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
- g) The request is made by the individual's personal representative and a licensed healthcare professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review.

If we grant access, we will tell you what, if anything, you have to do to get access. **We reserve the right to charge a reasonable, cost-based fee for making copies.**

- E) **Request** the amendment/correction of your health information. We do not have to grant the request if:
  - a) We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If they amend or correct the record, we will put the corrected record in our records.
  - b) The records are not available to you as discussed immediately above.
  - c) The record is accurate and complete.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain to our complaint official or to the Department of Health and Human Services. If we grant the request, we will make the correction and distribute the correction to those who need it and those you identify to use that you want to receive the corrected information.

- F) **Obtain** an accounting of non-routine uses and disclosures (those other than for treatment, payment and health care operations), or of protected health information about them. We do not need to provide an accounting for:
  - a) Disclosures to you.
  - b) Disclosures authorized by you.
  - c) Disclosures of limited data sets (partially de-identified data used for research, public health, or health care operations).
  - d) Disclosures to persons involved in your care or for other notification purposes as provided in statute.
  - e) Disclosures that occurred before April 14, 2003.
- G) **We must provide** the accounting within 60 days. The accounting must include:
  - a) Date of each disclosure.
  - b) Name and address of the organization or person who received the protected health information.
  - c) Brief description of the information disclosed.

- d) Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization, or a copy of the written request for disclosure.
- e) The first accounting in any 12 month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.
- f) Revoke your consent or authorization to use or disclose health information except to the extent that we have already taken action in reliance on the consent or authorization.

## **OUR RESPONSIBILITIES UNDER THE FEDERAL PRIVACY STANDARD**

- H) ***In addition*** to providing you your rights, as detailed above, the federal privacy standard requires us to:
- a) Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
  - b) Provide you with this notice as to our legal duties and privacy practices with respect to individually identifiable health information we collect and maintain about you.
  - c) Abide by the terms of this notice.
  - d) Train our personnel concerning privacy and confidentiality.
  - e) Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
  - f) Mitigate (lessen the harm of) any breach of privacy/confidentiality.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and to make the revised or changed notice effective for clinical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

## **How to Get More Information or to Report a Problem**

If you have questions and/or would like additional information, you may contact our privacy officer at 541-463-5665. If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the privacy officer at 541-463-5665. *You will not be penalized for filing a complaint.*