

embrace HEALTH™ **SANTIAM HOSPITAL**

Effective Date: September 2013

NOTICE OF PRIVACY INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE RE-VIEW IT CAREFULLY.

A. PURPOSE OF THIS NOTICE.

Santiam Hospital is committed to preserving the privacy and confidentiality of your health information which is created and/or maintained at our facility. State and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your health information. This Notice will provide you with information regarding our privacy practices and applies to all of your health information created and/or maintained at our facility, including any information that we receive from other health care providers or facilities. The Notice describes the ways in which we may use or disclose your health information and also describes your rights and our obligations concerning such uses or disclosures.

We will abide by the terms of this Notice, including any future revisions that we may make to the Notice as required or authorized by law. We reserve the right to change this Notice and to make the revised or changed Notice effective for health 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, which will identify its effective date, in our facility and on our website at www.santiamhospital.org.

The privacy practices described in this Notice will be followed by:

1. Any health care professional authorized to enter information into your medical record created and/or maintained at our facility;
2. All employees, students, residents, and other service providers who have access to your health information at our facility; and
3. Any member of a volunteer group which is allowed to help you while receiving services at our clinic.

The individuals identified above will share your health information with each other for the purposes described herein including using your health information for treatment, payment and health care operations.

B. USES AND DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS.

4. **Treatment, Payment and Health Care Operations.** The following section describes different ways that we may use and disclose your health information without your express permission for purposes of treatment, payment, and health care operations. We explain each of these purposes below and include examples of the types of uses or disclosures that may be made for each purpose. We have not listed every type of use or disclosure.

- a. **Treatment.** We may use your health information to provide you with health care treatment and services. We may disclose your health information to doctors, nurses, nursing assistants, medication aides, technicians, medical and nursing students, rehabilitation therapy specialists, or other personnel who are involved in your health care.

For example, we may order physical therapy services to improve your strength and walking abilities. We will need to talk with the physical therapist so that we can coordinate services and develop a plan of care. We also may need to refer you to another health care provider to receive certain services. We will share information with that health care provider in order to coordinate your care and services.

- b. **Payment.** We may use or disclose your health information so that we may bill and receive payment from you, an insurance company, or another third party for the health care services you receive from us. We also may disclose health information about you to your health plan in order to obtain prior approval for the services we provide to you, or to determine that your health plan will pay for the treatment. **You have the right to restrict certain disclosures of PHI to a health plan if you pay for a service in full and out of pocket.**

For example, we may need to give health information to your health plan in order to obtain prior approval to refer you to a health care specialist such as a neurologist or orthopedic surgeon, or to perform a diagnostic test such as a magnetic resonance imaging scan (MRI) or a CT scan.

- c. **Health Care Operations.** We may use or disclose your health information in order to perform the necessary administrative, educational, quality assurance and business functions of our facility.

For example, we may use your health information to evaluate the performance of our staff in caring for you. We also may use your health information to evaluate whether certain treatment or services

offered by our clinic are effective. We also may disclose your health information to other physicians, nurses, technicians or health profession students for teaching and learning purposes.

C. USES AND DISCLOSURES OF HEALTH INFORMATION IN SPECIAL SITUATIONS.

We may use or disclose your health information in certain special situations as described below. For these situations, you have the right to limit these uses and disclosures as provided for in Section E of this Notice.

1. **Appointment Reminders.** We may use or disclose your health information for purposes of contacting you to remind you of a health care appointment.
2. **Treatment Alternatives and Health-Related Products and Services.** We may use or disclose your health information for purposes of contacting you to inform you of treatment alternatives or health-related products or services that may be of interest to you. For example, if you are diagnosed with a diabetic condition, we may contact you to inform you of a diabetic instruction class that we offer at our facility.-
3. **Facility Directory.** We may use or disclose certain limited health information about you in our facility directory. This information may include your name, your assigned unit and room number, your religious affiliation and a general description of your condition. Your name, assigned unit and room number and a general description of your condition may be given to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, even if they do not ask for you by name.
4. **Family Members and Friends.** We may disclose your health information to individuals, such as family members and friends, who are involved in your care or who help pay for your care. We may make such disclosures when: (a) we have your verbal agreement to do so; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures. For example, if your spouse comes into the exam room with you, we will assume that you agree to our disclosure of your information while your spouse is present in the room.

We also may disclose your health information to family members or friends in instances when you are unable to agree or object to such disclosures, provided that we feel it is in your best interests to make such disclosures and the disclosures relate to that family member or friend's involvement in your care. For example, if you present to our facility with an emergency medical condition, we may share information with the family member or friend that comes with you to our facility. We also may share your health information with a family member or friend who calls us to request a prescription refill for you.

5. **Fundraising Activities.** We may use or disclose a limited amount of your

health information for purposes of contacting you to raise money for our facility and its operations. We also may disclose your health information to a foundation related to our facility so that the foundation may contact you to raise money for our facility. The information we use or disclose will be limited to your name, address, phone number and dates for which you received treatment or services at our clinic. You have the right to request we do not use your health information for fundraising activities by writing to Santiam Hospital Attn: Privacy Officer, 1401 N 10th Avenue, Stayton, OR 97383.

D. OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES OF HEALTH INFORMATION.

There are certain instances in which we may be required or permitted by law to use or disclose your health information without your permission. These instances are as follows:

1. **As Required by Law.** We may disclose your health information when required by federal, state, or local law to do so. For example, we are required by the Department of Health and Human Services (HHS) to disclose your health information in order to allow HHS to evaluate whether we are in compliance with the federal privacy regulations.
2. **Public Health Activities.** We may disclose your health information to public health authorities that are authorized by law to receive and collect health information for the purposes of preventing or controlling disease, injury or disability; to report births, deaths, suspected abuse or neglect, reactions to medications; or to facilitate product recalls.
3. **Health Oversight Activities.** We may disclose your health information to a health oversight agency that is authorized by law to conduct health oversight activities, including audits, investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.
4. **Judicial or Administrative Proceedings.** We may disclose your health information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your health information pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if efforts have been made to (i) notify you of the request for disclosure or (ii) obtain an order protecting your health information.
5. **Worker's Compensation.** We may disclose your health information to worker's compensation programs when your health condition arises out of a work-related illness or injury.
6. **Law Enforcement Official.** We may disclose your health information to law enforcement for law enforcement purposes as required by law; in response to

a court, grand jury or administrative order, warrant or subpoena; to identify or locate a suspect, fugitive, material witness or missing person; to alert law enforcement of an actual or suspected victim of a crime if that person agrees to the disclosure, or if unable to agree, the information may still be disclosed in limited circumstances; to alert law enforcement officials to a death, if we suspect the death may have resulted from criminal conduct; about crimes committed at our facility; or to report a crime in an emergency.

7. **Coroners, Medical Examiners, or Funeral Directors.** We may disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may disclose your health information to a funeral director for the purpose of carrying out his/her necessary activities.
8. **Organ Procurement Organizations or Tissue Banks.** If you are an organ donor, we may disclose your health information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.
9. **Research.** We may use or disclose your health information for research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your health information for research purposes until the particular research project for which your health information may be used or disclosed has been approved through this special approval process. However, we may use or disclose your health information to individuals preparing to conduct the research project in order to assist them in identifying patients with specific health care needs who may qualify to participate in the research project. Any use or disclosure of your health information which is done for the purpose of identifying qualified participants will be conducted onsite at our facility. In most instances, we will ask for your specific permission to use or disclose your health information if the researcher will have access to your name, address or other identifying information.
10. **To Avert a Serious Threat to Health or Safety.** We may use or disclose your health information when necessary to prevent a serious threat to the health or safety of you or other individuals.
11. **Military and Veterans.** If you are a member of the armed forces, we may use or disclose your health information as required by military command authorities or other authorized government officials. Facility may release information about foreign military personnel to the appropriate foreign military authority.
12. **National Security and Intelligence Activities.** We may use or disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.
13. **Inmates.** If you are an inmate of a correctional institution or under the custo-

dy of a law enforcement official, we may use or disclose your health information to the correctional institution or to the law enforcement official as may be necessary (i) for the institution to provide you with health care; (ii) to protect the health or safety of you or another person; or (iii) for the safety and security of the correctional institution.

14. **Legally Authorized Disclosure.** In addition to the disclosures detailed above, federal, state, and/or local law authorizes us to make certain disclosures of your information. All such disclosures, if any, will be made in compliance with applicable law.
15. **Protective Services.** We may disclose medical information about you to authorized officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
16. **Incidental Disclosure.** Certain incidental disclosures of your medical information occur as a byproduct of lawful and permitted use and disclosure of your medical information. For example, a visitor may inadvertently overhear a discussion about your care occurring at a nurse's station.

E. USES AND DISCLOSURES PURSUANT TO YOUR WRITTEN AUTHORIZATION.

Except for the purposes identified above in Sections B through D, we will not use or disclose your health information for any other purposes unless we have your specific written authorization. You have the right to revoke a written authorization at any time as long as you do so in writing. If you revoke your authorization, we will no longer use or disclose your health information for the purposes identified in the authorization, except to the extent that we have already taken some action in reliance upon your authorization.

F. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.

You have the following rights regarding your health information. You may exercise each of these rights, in writing, by providing us with a completed form that you can obtain from the Medical Records Department. In some instances, we may charge you for the cost(s) associated with providing you with the requested information. Additional information regarding how to exercise our rights, and the associated costs, can be obtained from the Medical Records Department.

1. **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. We may deny your request to inspect and copy your health information in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed.
2. **Right to Amend.** You have the right to request, in writing, an amendment of your health information that is maintained by or for our facility and is used to make health care decisions about you. We may deny, in whole or in part, your

request if it is not properly submitted or does not include a reason to support your request. We may also deny your request if the information sought to be amended: (a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (b) is not part of the information that is kept by or for our facility; (c) is not part of the information which you are permitted to inspect and copy; or (d) is accurate and complete.

3. **Right to an Accounting of Disclosures.** You have the right to request an accounting of the disclosures of your health information made by us. This accounting will not include disclosures of health information that we made for purposes of treatment, payment or health care operations or pursuant to a written authorization that you have signed.
4. **Right to Request Restrictions.** You have the right to request, in writing, a restriction or limitation on the health information to be used or disclosed about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of our care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received. We are not required to agree to your request. If we do agree, that agreement must be in writing and signed by you and us.
5. **Right to Request Confidential Communications.** You have the right to request, in writing, that we communicate with you about your health in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
6. **Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.
7. **No Cause of Action Against Us.** Nothing contained in this notice shall be construed as a legally enforceable agreement between you and us.

G. OREGON LAW.

Oregon law provides additional confidentiality protections in certain circumstances. For example, in Oregon a health care provider generally may not release the identity of a person tested for HIV or the results of an HIV-related test without your consent, and you must be notified of this confidentiality right. Drug and alcohol records are specifically protected and typically require your specific consent for release under both federal and state law. Mental health records are specially protected in some circumstances, as is genetic information.

For more information on Oregon law related to these and other specially protected records, contact the Santiam Hospital Privacy Officer or refer to the Oregon Revised Stat-

utes, or to the Oregon Administrative Rules. These documents are available online at www.oregon.gov.

H. QUESTIONS OR COMPLAINTS.

If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, please contact our Privacy Officer, Susan Brainard, at 503-769-4655. If you believe your privacy rights have been violated, you may file a complaint with our facility or with the Secretary of the Department of Health and Human Services (HHS). To file a complaint with our facility, contact our Privacy Officer, Susan Brainard, at 503-769-4655. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

NONDISCRIMINATION POLICY

As a recipient of Federal financial assistance, Santiam Hospital does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, religion, age, national origin, color, disability, sex, marital status, and/or ability to pay in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, and in staff and employee assignments to patients, whether carried out by Santiam Hospital directly or through a contractor or any other entity with which Santiam Hospital arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (nondiscrimination on the basis of race, color, national origin), Section 504 of the Rehabilitation Act of 1973 (nondiscrimination on the basis of disability), the Age Discrimination Act of 1975 (nondiscrimination on the basis of age), regulations of the U.S. Department of Health and Human Services issued pursuant to these three statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91, and/or any other applicable state laws.

Additionally, in accordance with Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. § 18116, Santiam Hospital does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of sex (including gender identity) in admission to, participation in, or receipt of the services and benefits under any of its health programs and activities, and in staff and employee assignments, whether carried out by Santiam Hospital directly or through a contractor or any other entity with which Santiam Hospital arranges to carry out its programs and activities.

In case of questions, please contact:

Provider Name: Santiam Memorial Hospital dba Santiam Hospital

Contact: Susan Brainard, Director of Medical Records

Telephone number: (503) 769-4655

TDD or State Relay number: (800) 535-7749