

SANTIAM HOSPITAL

embrace HEALTH™

PATIENT PRIVACY NOTICE

**PLEASE CAREFULLY REVIEW THIS NOTICE,
WHICH DESCRIBES HOW YOU MAY ACCESS YOUR MEDICAL INFORMATION,
AS WELL AS HOW SUCH INFORMATION MIGHT BE USED.**

I. NOTICE PURPOSE

We at Santiam Hospital are committed to protecting both the *privacy* and the *confidentiality* of all your health information. (*Privacy* refers to your right to keep the information private, while *confidentiality* refers to our responsibility to keep it private.) State and federal law requires us to create and observe policy that safeguards such information. This Notice has two main purposes:

1. to educate you about our privacy practices, which apply for all health information maintained here, including information we have received from other facilities or providers, and
2. to educate you about the ways we might use or disclose your health information, as well as your rights and our obligations that apply for such use or disclosure

We will observe all terms of this Notice, which may include future revisions that laws require us to implement; however, *nothing in this Notice will be construed as a legally enforceable agreement between you and us.* We have the right to change this Notice; if it is changed, such change will apply for health information we already have, as well as for information we receive afterward. The most current copy of the Notice, including its effective date, will be posted both in our facilities and on our website (under <https://santiamhospital.org/wp-content/uploads/2020/01/Patient-Privacy-Notice.pdf>).

Privacy practices in this Notice will be observed, both in our hospital and in our Medical Clinics, by all of the following people:

1. healthcare professionals who can add information to the health information record created or maintained for you here
2. Hospital staff members, students, and other people who can access your health information record
3. volunteers who assist you here

The people listed above may share your health information with each other for reasons described in this Notice; some possible reasons may be to facilitate your care ("*treatment*"), to expedite *payment* for our services, and to improve the ways we deliver care ("*Hospital operations*").

II. HEALTH INFORMATION USE AND DISCLOSURE TO BENEFIT TREATMENT, PAYMENT, OR HOSPITAL OPERATIONS

For the purposes listed in this section, we may use your health information without your direct permission. Examples are listed for each such purpose; every possible example is not listed.

A. *Treatment*

We may use your health information to facilitate your care and treatment; your information may be disclosed to medical providers, nurses, other Hospital staff members, students, and other people involved with your health-care. Such disclosure might include the following examples:

1. we share your information with a physical therapist, so that we can work with the therapist to coordinate services and develop a plan for your care
2. we share your information with a provider who you have not seen before, but who can provide you with services that could treat a medical issue you have

B. *Payment*

We may use your health information to help us bill and receive payment for healthcare services you receive from us; your information may be disclosed to an insurance company or other third party, and such disclosure may take place before you receive the services to ensure that the payer will cover necessary costs. *Note that you may restrict some disclosures of this type if you pay for a service in full and out-of-pocket.* Such disclosure might include the following examples:

1. we share your information with your insurance company before you receive a diagnostic test, such as an MRI or a CT scan
2. we share your information with your insurance company after you had an emergency surgery, such as one to remove an infected appendix

C. *Hospital Operations*

We may use your health information to improve the ways we deliver care; this may be done through processes of Hospital education, quality assurance, or assessment of business practices. Such disclosure might include the following examples:

1. your information is used as we evaluate Hospital staff members who provided your care
2. your information is used to evaluate efficacy of treatment and services you received in a Medical Clinic
3. your information is used to teach our providers, nurses, other Hospital staff members, and students how to provide better patient care

III. HEALTH INFORMATION USE AND DISCLOSURE UNDER PARTICULAR CIRCUMSTANCES

We may use or disclose your health information under particular circumstances listed in this section, but *for each circumstance, you may limit such use or disclosure through procedure described below in section V of this Notice.*

A. *Health Information Exchange with Other Entities*

We may electronically disclose your health information, through use of a Health Information Exchange network, to other entities that may include healthcare payers, healthcare providers, hospitals, laboratories, public health entities, and other network participants required to abide by laws that protect privacy and security of such information; such disclosure is intended to facilitate provision of particular services (e.g. you are seen in a network emergency department outside of Santiam Hospital, and emergency physicians there wish to access information about care you received at our Medical Clinics).

B. *Appointment Reminders*

We may use very limited health information to help remind you about a Medical Clinic or hospital appointment.

C. *Treatment Alternatives, Health Products, and Health Services*

We may use very limited health information to inform you about treatment alternatives, products, or services that might benefit or interest you; for example, if you were diagnosed with diabetes, we might let you know about a diabetes management class offered at our facility.

D. *Information for Support People*

If you are hospitalized, we may use very limited health information, such as your name, room number, religious affiliation, and general condition (e.g. “critical” or “stable”), to inform people who ask about you by name or clergy of your affiliation who wish to offer you support.

E. *Information for Family Members and Friends*

We may use your health information to inform family members and friends who are either involved with your care or who may help pay for your care, but we will only do so under one or more of the following circumstances:

1. you have verbally agreed to such disclosure
2. such disclosure is made in your presence without your objection
3. conditions imply your approval of such disclosure (e.g. a family member is present while a provider examines you and speaks to you)
4. you are unable or unavailable to agree or object to such disclosure, but we feel such disclosure to be in your best interest, such as in the following examples:
 - a. you are seen in the Emergency Department for a condition that affects your ability to think clearly
 - b. your family member calls us to request that your prescription be refilled

F. *Fundraising*

We may use very limited health information, such as your name, address, phone number, and date or dates of treatment, to contact you in efforts to raise funds for our facility and our work; such contact would be made either by us or by a foundation that works on our behalf.

IV. HEALTH INFORMATION USE AND DISCLOSURE UNDER OTHER CIRCUMSTANCES PERMITTED OR REQUIRED BY LAW

For circumstances listed in this section, any use or disclosure of your health information will be completed in full compliance with applicable law.

A. *Legal Mandate*

We may disclose your health information when such disclosure is mandated by federal, state, or local law; for example, the U.S. Department of Health and Human Services requires such disclosure to aid in its evaluation of our compliance with federal privacy regulations.

B. *Public Health Activity*

We may disclose your health information to entities legally authorized to collect public health data for one or more of the following purposes:

1. prevent or control disease, injury, or disability
2. compile information about births, deaths, abuse, neglect, or medication reactions
3. inform possible recalls of medical products

C. *Healthcare Oversight Activity*

We may disclose your health information to entities legally authorized to conduct healthcare oversight activity; such activity may include audit, inspection, or investigation necessary for both government surveillance of people who and facilities that provide healthcare services, and to ensure that such people and facilities comply with applicable laws and regulations.

D. *Judicial or Administrative Proceedings*

We may disclose your health information to courts or agencies with authority to hear and resolve lawsuits or disputes, provided that each of the following measures has been taken:

1. request for such information has been made through a court order, discovery request, subpoena, or other lawful action taken by a judge or person involved in the dispute
2. either effort has been made to notify you about the request, or an order that protects the information has been obtained

E. *Workers' Compensation Program Involvement*

If you have a health condition that arises from work-related illness or injury, we may disclose related health information to worker's compensation programs.

F. Law Enforcement Activity

We may disclose your health information to law enforcement personnel for purposes required by law, including the following examples:

1. response to an administrative, court, or grand jury order, subpoena, or warrant
2. identification or location of a fugitive, material witness, missing person, or suspect
3. in some instances, report about an actual or suspected victim of a crime
4. report about a death suspected to be due to criminal conduct
5. report about a crime committed in an emergency or on Hospital property

G. Coroner, Medical Examiner, or Mortician Activity

We may disclose your health information to a coroner or medical examiner to help identify a deceased person or determine cause of death for such a person. Such information may also be disclosed to a mortician to facilitate pertinent activity by that person.

H. Organ or Tissue Procurement

If you are an organ or tissue donor, we may disclose your health information to entities that procure, maintain, or transplant such donations.

I. Research

We may disclose your health information for a given research project, provided that the project has been approved by the Hospital Ethics Committee. If a researcher will have access to your identifying information (e.g. your name or address), we will specifically seek your permission before such access is granted.

J. Health and Safety Threat Prevention

We may disclose your health information to prevent a serious threat to the health or safety of you or another person.

K. Care of Military Personnel

If you are an armed forces member, we may disclose your health information to the appropriate command authority or authorized government officials.

L. National Intelligence and Security Activity

We may disclose your health information for national intelligence and security activity, provided that such disclosure is legally authorized.

M. *Care of Patients in Legal Custody*

If you are in legal custody, we may disclose your health information to the appropriate correctional institution and law enforcement personnel, provided that such disclosure is made toward any of the following objectives:

1. insurance that the institution will provide you with proper healthcare
2. protection of the safety and security of the institution
3. protection of the health or safety of any person

N. *Protection of Authorized Officials*

We may disclose your health information to authorities charged to protect high-level officials, such as heads of state, so that such authorities might provide such protection or investigate pertinent threats.

O. *Incidental Disclosure*

We may disclose your health information incidentally during lawful use of such information; for example, a visitor may inadvertently overhear at a nurses' station discussion about your care.

V. AUTHORIZATION AND REVOCATION OF HEALTH INFORMATION USE AND DISCLOSURE

With exception of purposes listed above in II-IV., we will not use or disclose your health information without specific written authorization from you. Furthermore, you may revoke such authorization, or limit such use or disclosure for purposes listed in III., through written request to the following address:

Santiam Hospital
ATTN: Privacy Officer
1401 North 10th Avenue
Stayton, Oregon 97383

After such revocation or limitation, your health information will no longer be used or disclosed for the applicable purpose or purposes; however, we will not be liable for such use or disclosure completed prior to such revocation or limitation.

VI. YOUR HEALTH INFORMATION RIGHTS

You have health information rights that you may exercise by completing, *in writing*, a form available in the hospital Health Information Management Department. Please contact a staff member in that Department for more information about how to exercise such rights, as well as possible costs to you for provision of some information you may request.

A. *Right to Inspect and Copy Health Information*

In most cases, you have the right to inspect and copy health information that may be used to make decisions about your care. Under limited circumstances, we may deny requests for such activity; in the event of such denial, you may request that the denial be reviewed.

B. Right to Amend Health Information

You have the right to request written amendment of your health information that is maintained here and may be used to make decisions about your care; however, we may deny such request for any of the following reasons:

1. the request is not submitted properly or does not include a reason why the request was made
2. information under consideration was first generated by an available non-Hospital entity or person
3. information under consideration is related to information exempted from inspection and copying rights
4. information under consideration is already accurate and complete
5. information that would constitute the amendment is of a type that we do not maintain

C. Right to a List of Health Information Disclosures

You have the right to request a list of instances, in which we disclosed your health information; however, such a list will omit such disclosure for purposes listed above in II., as well as instances authorized by you through process described in V.

D. Right to Request Limitation of Health Information Use and Disclosure

You have the right to submit written request for limitation or restriction of use or disclosure of your health information for purposes listed above in II.

You also have the right to request limitation of use or disclosure of your health information for the purpose described in III.D; however, we are not required to comply with such a request. If we *do* agree to such compliance, such agreement must be written and cosigned by both you and us.

E. Right to Request Communication about Health Information via Special Means

You have the right to submit written request for us to communicate with you about your health information at a specific location or through use of a specific modality; for example, you might request that we only contact you at your workplace or via email.

F. Right to Receive a Copy of This Notice

You may request and receive a paper or electronic copy of this Notice at any time.

VII. HEALTH INFORMATION PROTECTIONS UNDER OREGON LAW

Under particular circumstances, Oregon law protects confidentiality of your health information in additional ways, including those illustrated in the following examples:

- if you have tested positive for the human immunodeficiency virus (HIV), a healthcare provider must have your consent prior to disclosure of your HIV status or results of tests that relate to such status; the provider must also inform you about your rights in this matter
- medical information that relates to your history of alcohol and recreational drug use is similarly protected; release of such information requires your explicit consent
- information that relates to your mental health or genetic makeup is often similarly protected

For additional information about health information protections under Oregon law, contact the Hospital Privacy Officer (as described below in VIII.) or refer to Oregon Revised Statutes and Oregon Administrative Rules (available at <https://www.oregonlaws.org/>).

VIII. QUESTIONS OR COMPLAINTS

If you have a question about this Notice, or if you want to learn more about our privacy practices, please call our Privacy Officer at 503-769-4655.

If you believe that we violated your health information rights, you may file a complaint one of the following ways:

- to file a complaint with the U.S. Department of Health and Human Services, follow instructions listed online at <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>
- to file a complaint with us directly, call our Privacy Officer at 503-769-4655, for instructions on how to submit a written complaint; *you will not be penalized in any way for filing a complaint*