

Santiam Hospital & Clinics

PATIENT PRIVACY NOTICE

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

I. NOTICE PURPOSE

We at Santiam Hospital and Clinics are committed to protecting *privacy* and *confidentiality* of 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 that we establish 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 that we maintain, including information that we have received from other facilities or providers
2. to educate you about ways we might use or disclose your health information, as well as your rights and our obligations that apply during such use or disclosure

We will observe all terms of this Notice, which may include future revisions that laws might 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 and for information we receive afterward. The most current copy of the Notice, including its effective date, is posted in our facilities and on our [website](#).

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

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

The persons listed above may share your health information with each other for reasons described in this Notice; broadly categorized, most of these reasons involve means to facilitate your care ("*treatment*"), to expedite *payment* for our services, and to improve ways we deliver care ("*Hospital operations*").

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

For purposes described in this section, we may use your health information without your direct permission. Examples are listed for every purpose, but every possible circumstance 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, or other persons who are involved with your healthcare. Such disclosure could be similar to the following examples:

1. we share your information with a physical therapist, so that we are able to 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, who can provide you with services for treatment of a medical issue that you have

B. *Payment*

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

1. we share your information with your insurance company before you receive a diagnostic test (e.g. a CT scan or an MRI)

2. we share your information with your insurance company after you have had emergency surgery (e.g. a procedure to remove an infected appendix)

C. Hospital Operations

We may use your health information to improve ways that we deliver care; this may be done through processes that we use to educate our staff members, to assure quality of services we provide, or to assess our business practices. Such disclosure could be similar to the following examples:

1. your information is used as we evaluate staff members who provided your care
2. your information is used to evaluate effectiveness of treatment or services you received in a Medical Clinic
3. your information is used to teach our providers, nurses, other staff members, or students about 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 described in this section, but *for each circumstance, you may limit such use or disclosure through process described 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 such as healthcare payers, healthcare providers, hospitals, laboratories, public health entities, and other network participants that are 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 that you received at our Medical Clinics).

B. Appointment Reminders

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

C. Treatment Alternatives, Health Products, and Health Services

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

D. Information for Support Persons

If you are hospitalized, we may use limited health information, such as your name, room number, religious affiliation, or general condition (e.g. "critical" or "stable"), to inform persons who ask about you by name or to notify clergy who share your affiliation and 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 involved with your care or who may help pay for your care, but we will only do so under any of the following circumstances:

1. you have verbally agreed to such disclosure
2. such disclosure is made, without your objection, in your presence
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 that such disclosure would be in your best interest, as would be the case 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 limited health information, such as your name, address, phone number, and treatment dates, to contact you during 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

Under circumstances described in this section, your health information will only be used or disclosed in ways that fully comply with applicable law.

A. *Legal Mandate*

We may disclose your health information when disclosure is mandated by federal, state, or local law (e.g. the U.S. Department of Health and Human Services requires such disclosure to facilitate its evaluation of our compliance with federal privacy regulations).

B. *Public Health Activity*

We may disclose your health information to entities that are legally authorized to collect public health data for any of the following purposes:

1. to prevent or control disease, injury, or disability
2. to compile information about abuse, births, deaths, medication reactions, or neglect
3. to determine if particular medical products should be recalled

C. *Healthcare Oversight Activity*

We may disclose your health information to entities that are legally authorized to conduct healthcare oversight activity; such activity may include audit, inspection, or investigation that is necessary for government surveillance of persons who and facilities that provide healthcare services, and to ensure that such persons and facilities comply with applicable law 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, after taken are both of the following measures:

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

E. *Workers' Compensation Program Involvement*

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

F. *Law Enforcement Activity*

We may disclose your health information to law enforcement personnel for purposes that are required by law, which may be similar to following examples:

1. in response to an administrative, court, or grand jury order, subpoena, or warrant
2. to help identify or locate a fugitive, material witness, missing person, or suspect
3. to report about an actual or suspected crime victim
4. to report about a death that is suspected to have been caused by criminal conduct
5. to report about a crime that was committed during 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 such a person identify a deceased person or determine cause of death. Your information may also be disclosed to a mortician to facilitate provision of applicable post-mortem services.

H. *Organ or Tissue Procurement*

If you are an organ or tissue donor, we may disclose your health information to entities that assist with procurement, maintenance, or transplantation of such donations.

I. *Research*

We may disclose your health information for research projects that have been approved by the Hospital Ethics Committee. If a researcher requests access to your identifying information, such as your name or address, we will specifically seek your permission to grant such access.

J. Health and Safety Threat Prevention

We may disclose your health information to help prevent serious threat to health or safety of any person.

K. Care of Military Personnel

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

L. National Intelligence and Security Activity

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

M. Care of Patients in Police Custody

If you are in police custody, we may disclose your health information to an appropriate correctional institution or police officer, provided that disclosure is indicated for any of the following reasons:

1. the information is needed to ensure that the institution will provide you with proper healthcare
2. the information is needed to protect safety and security of the institution
3. the information is needed to protect health or safety of any person

N. Protection of Authorized Officials

We may disclose your health information to authorities that are charged to protect high-level officials (e.g. heads of state), so that the authorities can provide such protection and investigate pertinent threats.

O. Incidental Disclosure

We may disclose your health information incidentally during its lawful use (e.g. at a nurses' station, a visitor may inadvertently overhear discussion about your care).

V. AUTHORIZATION AND REVOCATION OF HEALTH INFORMATION USE AND DISCLOSURE

Except for purposes described in sections II-IV of this Notice, we will not use or disclose your health information without specific written authorization from you. You may revoke such authorization, or limit use or disclosure for purposes described in section III, by providing 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 purpose or purposes that you specified in your request; however, we will not be liable for use or disclosure that took place before we received your request.

VI. YOUR HEALTH INFORMATION RIGHTS

You have health information rights that you may exercise by completing, *in writing*, a form that is available through our Health Information Management Service. Please contact a staff member in that Service for more information about how to exercise these rights and about costs you may incur if, at your request, we provide you with copies of your information.

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, but if you make a request that is denied, you may then request that the denial be reviewed.

B. Right to Amend Health Information

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

1. the request is not submitted properly or does not mention a reason for the request
2. applicable information originated from an available non-Hospital entity or person

3. applicable information is exempted from inspection and copying rights
4. applicable information is already accurate and complete
5. information that the amendment would include is not of a type that we maintain

C. Right to a List of Health Information Disclosures

You have the right to request a list of instances when we disclosed your health information; however, such a list will omit disclosure for purposes listed in section II of this Notice and will omit instances that you authorized through process described in section 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 in section II of this Notice.

You also have the right to request limitation of use or disclosure of your health information for the purpose described in section III.D of this Notice, but we are not required to comply with such a request. If we *do* agree to comply, 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 limit how we are to communicate with you about your health information (e.g. you request that we only contact you at your workplace or via email).

F. Right to Receive a Copy of This Notice

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

VII. HEALTH INFORMATION PROTECTIONS UNDER OREGON LAW

Under particular circumstances, Oregon law provides you with additional health information confidentiality protections, such as those that are illustrated in the following examples:

- if you have tested positive for human immunodeficiency virus (HIV), a healthcare provider must have your consent before your HIV status or results of tests that relate to HIV status may be disclosed; at the time consent is requested, the provider must also inform you about pertinent rights that you have
- medical information that relates to your history of alcohol use and recreational drug use is protected; your explicit consent is required before such information can be released
- information that relates to your mental health or genetic makeup often is protected

For additional information about health information protections that are mandatory under Oregon law, contact Hospital Privacy Officer (through process described in section VIII of this Notice) or refer to applicable 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 wish to learn more about our privacy practices, please call our Privacy Officer, Susan Brainard, at 503-769-4655.

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

- to file a complaint with us directly, call our Privacy Officer, Susan Brainard, at 503-769-4655 for instructions; *you will in no way be penalized for filing a complaint*
- to file a complaint with the U.S. Department of Health and Human Services, follow instructions that are listed online at <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>