

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.

Silverton Health respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment, payment and health care operations.

Examples of Use and Disclosures of Health Information for Treatment, Payment, and Health Care Operations

For treatment:

- Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.
- We may also provide your health information to others providing you care. This will help them stay informed about your care.

For payment:

- We may use and disclose your health information in order to bill and collect payment from you, a health insurance plan, or another third party for services you receive from Silverton Health. Health plans or other third parties paying for these services need information from us about your medical care. Information provided for payment may include your diagnoses, procedures performed, or recommended care. We may also disclose this information to obtain prior approval, or to determine whether your health plan or other third party will pay for a certain service.

For health care operations:

- We may use and disclose your health information for the necessary administrative, quality assurance, and business functions of Silverton Health. to assess quality and improve services.
- We may use and disclose your health information to review the qualifications and performance of our health care providers and to train our staff.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- We may use and disclose your information to conduct or arrange for services, including:
 - o medical quality review by your health plan;
 - o accounting, legal, risk management, and insurance services;
 - o audit functions, including fraud and abuse detection and compliance programs.

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 Silverton Health Privacy Officer or refer to the Oregon Revised Statutes, or to the Oregon Administrative Rules. These documents are available online at www.oregon.gov.

Your Health Information Rights

The health and billing records we create and store are the property of Silverton Health. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this Notice;
- Request and receive from us a paper copy of the most current Notice of Privacy Practices;
- Ask us to restrict certain other uses and disclosures. You must deliver this request in writing to us. This form, the "Restriction Notice", may be obtained from the Privacy Officer listed below. While we are not required to do so, we will attempt to accommodate any reasonable requests.
- Ask us to restrict disclosures to your health plan for treatments you receive, if paid in full.
- Request that you be allowed to see and/or get a copy of your health information. This may be a paper or an electronic copy. You must make this request in writing. We have a form available from the Health Information Management (H.I.M.) Department for this type of request. You may also:
 - o Ask that your health information be given to you at another location.
 - o Request that your information be provided to a third party.
- Have us review a denial of access to your health information – except in certain circumstances;
- Ask us to amend your health information. This request must be in writing, and the request form is available in the H.I.M. Department. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third-party payors. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.
- To be notified if there is a breach of your Protected Health Information due to it being unsecured.
- To opt-out of fundraising communications

For help with these rights during normal business hours, please contact:

Privacy Officer
503-873-1527

Our Responsibilities

We are required to:

- Keep your protected health information private;
- Give you this Notice;
- Follow the terms of this Notice;
- Notify you if there is a breach of your protected health information.

We have the right to change our practices regarding the health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our H.I.M. Department to pick one up.

To Ask for Help or Complain

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact:

Privacy Officer
503-873-1527

If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also deliver a written complaint to the Privacy Officer at the Hospital. You may also file a complaint with the U.S. Secretary of Health and Human Services.

We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.

Other Disclosures and Uses of Protected Health Information

Notification of Family and Others

- Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in the hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.
- Unless you object, information may be provided to people who ask for you by name. We may use and disclose the following information in our hospital directory:
 - o your name,
 - o location,
 - o your condition described in general terms, and
 - o religion (only disclosed to clergy).
- You have the right to object to this use or disclosure of your information. If you choose to opt out of this directory, your presence in the hospital will be kept confidential to the fullest extent possible. Your presence will not be disclosed to family members, clergy, neighbors or friends that inquire about you, mail or flowers sent to you may be returned, and phone calls will not be forwarded. Please let the Registration Clerk know when you are admitted or at any time during your hospital stay if you do not want to be listed on our hospital directory.

Marketing/Sales

- Most uses and disclosures of protected health information for marketing purposes and disclosures that constitute a sale of protected health information and other uses and disclosures not described in this Notice will only be made with a signed patient authorization form

We may use and disclose your protected health information without your authorization as follows:

- For Medical Research, under certain limited circumstances. Before we use or disclose your health information for medical research purposes the project has gone through a special approval process.
- To Funeral Directors/Coroners consistent with applicable law to allow them to carry out their duties.
- To Organ Procurement Organizations (tissue donation and transplant) or persons who obtain, store, or transplant organs.
- To Workers' Compensation to comply with laws relating to workers' compensation claims.

- For Public Health and Safety Purposes as Allowed or Required by Law:
 - to prevent or reduce a serious, immediate threat to the health or safety of a person or the public.
 - to the Food and Drug Administration (FDA) relating to problems with food, supplements, and products
 - to public health or legal authorities
- to protect public health and safety
- to prevent or control disease, injury, or disability
- to report vital statistics such as births or deaths.
 - to Report Suspected Abuse or Neglect to public authorities.
- To Correctional Institutions if you are in jail or prison, as necessary for your health and the health and safety of others.
- 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
 - about an actual or suspected victim of a crime if that person agrees to the disclosure (if we are not able to obtain that person's agreement, 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 that occur at our facility
 - to report a crime in emergency circumstances.
- For Health and Safety Oversight Activities; i.e., sharing health information with the Department of Health.
- For Disaster Relief Purposes; i.e., sharing health information with disaster relief agencies to assist in notification of your condition to family or others.
- For Work-Related Conditions That Could Affect Employee Health; i.e., assessing health risks on a job site at the request of an employer.
- To the Military Authorities of U.S. and Foreign Military Personnel; i.e., the law may require us to provide information necessary to a military mission.
- In the Course of Judicial/Administrative Proceedings at your request, or as directed by a subpoena or court order.
- For Specialized Government Functions; i.e., sharing information for national security purposes, intelligence activities and protective services.

Fundraising:

We may use certain types of information about you (name, address, telephone number or e-mail address, age, date of birth, gender, health insurance status, dates of service, treating physician, or outcome information) to contact you for the purpose of raising fund for the Silverton Health foundation. You have the right to opt-out of such communications with each solicitation. Your decision to opt-out of these communications will have no impact on your treatment or payment for services at Silverton Health.

Web Site

We have a Web site that provides information about us. For your benefit, this Notice is on the Web site at this address: www.silvertonhealth.org.

ORGANIZATIONS COVERED BY THIS NOTICE:

This notice applies to all entities of Silverton Health. These organizations participate in an organized health care arrangement. They may share with each other your medical information for the health care operations of their organized health care arrangement.