



Providence Health System, Oregon Region

JOINT NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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.

**For more information, or to report a problem, please contact our Privacy Officer:
503-216-4472 or toll-free 1-888-231-4697**

This Joint Notice of Privacy Practices describes how Providence Health System, Oregon Region facilities, services, programs and workforce members, including our medical staff, may use and disclose your health care information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This notice covers only the health care information collected, created and maintained by, through or at Providence.

This notice describes your rights to access and control your health care information and how you can exercise your rights. We recognize that health care information about you is personal. We are committed to protecting the confidentiality of your health care information.

This notice applies to all facilities, services and programs provided to you, including our hospitals, clinics, outpatient services, home and community services, retail pharmacies, and skilled nursing facilities. Our medical staff, employees, volunteers, students, trainees and all other members of the Providence workforce will comply with this notice. When we refer to "Providence" in this notice, we include all those named in this paragraph.

We are required by law to maintain the privacy of your medical information. We are also required to notify you of our legal duties and privacy practices regarding your medical information, and abide by the practices of this notice.

The following sections and categories describe different ways we use and disclose health care information about you. For each category, we explain what we mean, and for some categories we try to give you a meaningful example about the use or disclosure. All of the ways we are permitted to use and disclose health care information about you will fall into the listed categories.

Permitted Use and Disclosure of Your Health Care Information

Treatment: We are permitted to use your health care information as necessary to provide you with medical treatment and services. We may disclose information about you to physicians, nurses, technicians, medical students or other workforce members who are involved in taking care of you at or through Providence. For example, a physician treating you for a broken leg may need to know whether you have diabetes because diabetes may slow the healing process; also, the physician may need to tell the dietitian about your diabetes so that appropriate meals can be arranged. Different departments of Providence may share information about you in order to coordinate the different services you may need, such as prescriptions, lab work, meals, x-rays or physical therapy.

To assist with your care outside Providence, we may disclose your information to other health care providers. For example, if your personal physician refers you to a specialist; we will send the specialist health care information about you needed for your treatment.

Payment: We are permitted to use and disclose your health care information in order to bill and receive payment from you, your insurance company or a third-party payer for the services you received. For example, we may need to disclose information about your surgery to your insurance company so that your insurance will pay us or reimburse you for the treatment. We also may tell your insurance company about treatment you are going to receive in order to obtain approval or to determine whether your insurance will cover the treatment.

We may disclose your health care information with other providers who are involved in your care for their payment purposes. For example, we may release information to emergency responders to allow them to obtain payment or reimbursement for services provided to you.

Health Care Operations: We are permitted to use your health care information for our business operations. For example, our Quality Management Department may use your health care information to assess the quality of care you received and to ensure that our system continues providing the quality of care you and other patients deserve. Other examples of business operations include: training of medical personnel, peer review, licensure and accreditation, audits by regulatory agencies, and compliance with all federal and state regulations.

We may disclose your information to another health care provider or health plan if they have a relationship with you and need the information for their own business operations.

Business Associates: We may disclose your health care information to third parties whom we contract with to perform business services for us, such as billing companies, quality assurance reviewers, translator services or transcription services. We require that all business associates implement appropriate safeguards to protect your health care information.

Health Care Information with Additional Protection: In some instances, Oregon law provides additional privacy protections for HIV, substance abuse, mental health and genetic testing. For more information on Oregon law related to these specially protected records, please contact our Privacy Officer.

Appointment Reminders: We may use and disclose your health care information to contact you as a reminder that you have an appointment for treatment or services at Providence.

Treatment Alternatives: We may communicate to you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may communicate to you about a product or service that may be of interest to you concerning your treatment, management, or ongoing care.

Fund-Raising: We may use demographic information about you to contact you about our fundraising activities. We will release only contact information (such as your name, address and phone number) and information about when you received treatment or services. Our fund-raising communications sent to you will offer you the opportunity to opt-out of receiving future fund-raising material.

Directory Information: Unless you object, you will be included in our patient directory. This information may include your name, physical location, general condition and religious affiliation. We may release the directory information, except your religious affiliation, to anyone who asks for you by name. For example, we would release this information to a florist inquiring about your location so that flowers can be delivered to your room. Your religious affiliation may be disclosed to representatives from your faith or your religious community if you request a visit from them.

If you do not want us to release your information from our patient directory, please notify us upon admission/registration or anytime during your stay. Objection to inclusion in the directory will still require that your name be listed but no information will be given to anyone inquiring about you.

Individuals Involved in Your Care or Payment for Care: We may disclose to your family, friends or anyone else whom you identify, medical and/or billing information relevant to that person's involvement in your care. If you are unable to make a health care decision yourself, we may disclose your health care information as necessary if we determine that it is in your best interest. For example, while you recover from surgery, we

may disclose health care information to your spouse or other person whom you identified as your personal representative that is assisting you with your care.

Unless you object, we may disclose your health care information to notify or assist in notifying a family member, personal representative or any other person responsible for your care regarding your physical location within Providence, general condition or death.

Use and Disclosure of Your Health Care Information for Special Purposes

Coroners, Medical Examiners and Funeral Directors: We will disclose health care information to a coroner, medical examiner or funeral director as required by or applicable to law.

Disaster Relief: We will disclose health care information about you to federal, state, or local government agencies engaged in disaster relief efforts, as well as to private organizations chartered to assist in disaster relief, such as the American Red Cross. The information about you is disclosed so that these agencies can help family members or friends locate you, can inform them about your general condition or can help you obtain medical care.

Health Oversight Activities: We may disclose health care information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary in order for the government to monitor the U.S. health care system, government programs, and compliance with civil rights laws.

Incidental Disclosures: Incidental disclosures of your health care information may occur as a by-product of permitted use and disclosures of your health care information. For example, a visitor may overhear a discussion about your care at the nursing station. These incidental disclosures are permitted if we have applied reasonable safeguards to protect the confidentiality of your health care information.

Inmates: If you are an inmate of a correctional institution or are under the custody of a law enforcement official, we may release health care information about you to the correctional institution or law enforcement official. This release would be necessary to provide you with health care or to protect your health and safety or the health and safety of others, including the correctional institution.

Law Enforcement: We may disclose your health care information to law enforcement officials as required by law or as directed by court order, warrant, criminal subpoena or other lawful process, and in other limited circumstances for purposes of identifying or locating suspects, fugitives, material witnesses, missing persons or crime victims.

Legal Proceedings: If you are involved in a lawsuit or a dispute, we may disclose health care information about you in response to a court or administrative order. We also may

disclose medical information about you in response to a civil subpoena, discovery request, or other lawful process by someone involved in the disagreement, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Limited Data Set Information: We may disclose limited health care information to third parties for purposes of research, public health and health care operations. Before disclosing this information, we remove direct identifiers and have the recipient of the information enter into a contact agreement that limits how the data may be used or disclosed. The agreement must contain assurances that the recipient of the information will use appropriate safeguards to prevent inappropriate use or disclosure of the information.

Military and Veterans: If you are a member of the armed forces, we may release health care information about you as required by military command authorities. We also may release health care information about foreign military personnel to the appropriate foreign military authority.

Organ and Tissue Donation: As required by law, we will release your health care information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate appropriateness of organ or tissue donation and transplantation. Consent for any donation must be obtained from your immediate family.

National Security, Intelligence Activities, Protection Services for the President and Others: We will disclose health care information about you to authorized federal officials for lawful intelligence, counterintelligence or other national security activities authorized by law; for protection of the U.S. President, other authorized persons or foreign heads of state; or for special authorized investigations.

Public Health Activities: We may disclose health care information about you for public health activities as authorized by law. These activities typically include reports to such agencies as the Oregon Department of Human Services. The disclosures are usually made for the purpose of preventing or controlling disease, injury or disability. Examples are: reporting of disease, injury, and vital events such as births and deaths, reporting of child and elder abuse; and reporting of reactions to medications and problems with products.

Research: Under certain circumstances, we may use and disclose health care information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to the health and recovery of those who received another, for the same condition. All research projects are subject to a special approval process by our Institutional Review Board. This review process governs patient safety and welfare and the privacy of your medical information. Under special circumstances involving research, a Privacy Board has been established to monitor and protect your privacy rights.

Required by Law: We will disclose health care information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety: We will use and disclose health care information about you when necessary, to prevent a serious threat to your health and safety or the health and safety of others.

Workers' Compensation: We will release health care information about you for workers' compensation or similar programs as authorized by law. These programs provide benefits for work-related injuries or illness.

Other Uses and Disclosure of Your Health Care Information

Authorization: Uses and disclosures of your health care information not described in this notice or in the laws that apply to us require your written authorization. If you provide Providence with an authorization to use or disclose health care information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health care information about you for the reasons covered by your written authorization. You are to understand that we cannot take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care we provided to you.

Your Rights Regarding Health Care Information

You may visit www.providence.org/oregon for additional information on how you can exercise your rights regarding your health care information described in this section.

Right to Inspect and Copy: With certain exceptions, you have the right to inspect medical and billing records used to make decisions about you and/or to receive a copy of the records.

To inspect your records and/or obtain a copy, you must submit your request in writing. If you request a copy of the information, we may charge a fee to cover the cost of producing and mailing the copy.

In some cases, we may deny your request to inspect records and/or obtain a copy. If you are denied access to medical information, you may request that the denial be reviewed.

To make a request to inspect your records or obtain a copy, please contact the Health Information Management (Medical Record) Department at the Providence facility where you received care, and you will receive the necessary form. For all other types of records, ask your health care service provider or contact our Privacy Officer.

Right to Amend: If you believe that the health care information that we may use to make decisions about you is incorrect or incomplete, you may ask us to amend the information. This request must be in writing and include a reason for the amendment.

We may deny your request if the records are complete and accurate, if the records were not created by us, and the records' author is available; if the records are not maintained by us or if the records are otherwise not subject to your access. We will explain our reasons for denial in a written response to you. You have the right to respond in writing to our explanation of denial.

All documents about a requested amendment are retained in your records and are included in any future disclosures that you authorize or that are otherwise allowable by law.

To make a request to amend your records, please contact the Health Information Management (Medical Record) Department at the Providence facility where you received care, and you will receive the necessary form. For all other types of records ask your health care service provider or contact our Privacy Officer.

Right to an Accounting of Disclosures: You have the right to a listing of the disclosures we made of your health care information after April 14, 2003, except for the following: disclosures made for the purposes of treatment, payment or health care operations; disclosures you authorized; disclosures to you; incidental disclosures; disclosures from the facility directory; disclosures to family or other persons involved in your care; disclosures to correctional institutions and law enforcement in some circumstances; disclosures of limited data set information; and disclosures for national security or intelligence purposes. Health oversight agencies and law enforcement may request that we temporarily suspend your right to a specific disclosure.

To request a list of disclosures please contact the Health Information Management (Medical Records) Department or our Privacy Officer to obtain the necessary form.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health care information we use or disclose about you for treatment, payment or health care operations.

You must submit your request for a restriction in writing. Admission/Registration can provide you with the form or you can contact our Privacy Officer. In your request, you must tell us what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply. There are some restrictions that Providence management is authorized to approve. Our Privacy Officer must approve all other requests.

We are not required to agree to your request for a restriction. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment for you.

Right to Request Confidential Communications: You have the right to request that we communicate with you about health care matters in a certain way or at a certain location.

For example, you can ask us not to call you at home, but rather to communicate only by mail.

You must submit your request for confidential communication in writing. Admission/Registration can provide you with the form or you can contact our Privacy Officer. In your request, you must explain to us your communication needs. There are some communications that Providence management is authorized to approve. Our Privacy Officer must approve all other requests. We will honor all reasonable requests.

Right to a Paper Copy of This Notice: You may obtain a paper copy of this notice at any time by requesting a copy from Providence Admission/Registration areas, Quality Management Departments or our Privacy Officer. You also may obtain a copy from our website, www.providence.org/oregon.

Changes to This Notice

We reserve the right to change our health information privacy practices and the terms of this notice, and to make the new provisions effective for all health care information we maintain, including health care information created or received prior to the effective date of any such revised notice. Should our privacy practices change, we will post the revised notice at prominent locations within our facilities and make the revised notice available to you at your request.

Complaints

You may complain to us or to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our Privacy Officer. We will not retaliate against you for filing a complaint.

Privacy Officer
Providence Health System, Oregon
P.O. Box 2987
Portland, OR 97208

You may call us at 503-216-4472 or toll-free 1-888-231-4697.

Office for Civil Rights
Secretary of the U.S. Department of Health and Human Services
2201 Sixth Avenue – Suite 900
Seattle, WA 98121-1831

206-615-2287 (Voice) 206-615-2296 (TDD)
206-615-2297 (Fax) OCRComplaint@hhs.gov (email)