



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.

Your Privacy Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we use or share your health information? We typically use or share your health information in the following ways.

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| Treat you | <ul style="list-style-type: none">• We can use your health information and share it with other professionals who are treating you. | <i>Example: A doctor treating you for an injury asks another doctor about your overall health condition.</i> |
| Run our organization | <ul style="list-style-type: none">• We can use and share your health information to run our practice, improve your care, and contact you when necessary. | <i>Example: We use health information about you to manage your treatment and services.</i> |
| Bill for your services | <ul style="list-style-type: none">• We can use and share your health information to bill and get payment from health plans or other entities. | <i>Example: We give information about you to your health insurance plan so it will pay for your services.</i> |

How else can we use or share your health information? We use an electronic health record (EHR) system that is shared by certain other participating health care organizations. The shared EHR provides us and other participants with a faster way to access and share your health information to treat you, resulting in better care. For example, if you go to the emergency room of a hospital using the shared EHR, your doctor can look up information about care provided by us or another participating organization to treat you, even if you cannot communicate.

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

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| Help with public health and safety issues | <ul style="list-style-type: none">• We can share health information about you for certain situations such as:<ul style="list-style-type: none">• Preventing disease• Helping with product recalls• Reporting adverse reactions to medications• Reporting suspected abuse, neglect, or domestic violence• Preventing or reducing a serious threat to anyone’s health or safety |
| Do research | <ul style="list-style-type: none">• We can use or share your information for health research. |
| Comply with the law | <ul style="list-style-type: none">• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law. |
| Respond to organ and tissue donation requests | <ul style="list-style-type: none">• We can share health information about you with organ procurement organizations. |
| Work with a medical examiner or funeral director | <ul style="list-style-type: none">• We can share health information with a coroner, medical examiner, or funeral director when an individual dies. |
| Address workers’ compensation, law enforcement, and other government requests | <ul style="list-style-type: none">• We can use or share health information about you:<ul style="list-style-type: none">• For workers’ compensation claims• For law enforcement purposes or with a law enforcement official• With health oversight agencies for activities authorized by law• For special government functions such as military, national security, and presidential protective services |
| Respond to lawsuits and legal actions | <ul style="list-style-type: none">• We can share health information about you in response to a court or administrative order, or in response to a subpoena. |

Special Protections Under Oregon Law

Oregon law provides additional confidentiality protections in some circumstances, and Grande Ronde Hospital will follow these Oregon laws. 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 treatment program records are specially protected and may 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, please contact the hospital Privacy Officer, or refer to the Oregon Revised Statutes and the Oregon Administrative Rules. These documents are available on-line at www.oregon.gov.

Oregon law also limits the amount that can be charged for disclosing copies of protected health information. Grande Ronde Hospital will never charge more than the allowed amount.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

This Notice of Privacy Practices applies to Grande Ronde Hospital, Inc., which includes Grande Ronde Hospital and all hospital-owned and operated entities.

How to Contact Us to Use Your Rights

If you want to use any of the privacy rights explained in this notice, please stop by our Health Information Management (HIM) Department in the Grande Ronde Hospital, or call 541-963-1446.

You May File a Complaint About Our Privacy Practices

If you believe that your privacy rights have been violated, or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government. We will not retaliate against you for filing a complaint.

To file a written complaint with us, you may bring your complaint directly to our Privacy Officer, or you may mail it to the following address:

Privacy Officer
Grande Ronde Hospital
P.O. Box 3290
La Grande, Oregon 97850

To file a written complaint with the federal government, please use the following contact information:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Washington, D.C. 20201
1-877-696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints/

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our website.