

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.

This notice applies to St. Charles Health System, Inc. ("St. Charles"), its staff, and all of its affiliated covered entity healthcare providers, including:

- All divisions, affiliates, facilities, medical groups, department and units of St. Charles;
- Any member of a volunteer group we allow to help you while you are in any St. Charles facility;
- All employees, staff, and other personnel; and
- St. Charles hospital-based residents, medical students, physicians and physician groups with regard to services provided and medical records kept at a St. Charles facility

EFFECTIVE DATE: 1/01/2020

St. Charles is committed to protecting the privacy of health information we create or receive about you. St. Charles creates records of the care and services for each individual patient who receives care at one of St. Charles locations. We need this "patient record" in order to provide you with quality care and to comply with certain legal requirements. Health information that identifies you includes your medical record and other information relating to your care or payment for care and is called "protected health information" or "health information".

La información contenida en este cartel está disponible en el español.

Our policy regarding medical information

This Notice of Privacy Practices applies to all of the information about or related to your care or treatment generated by or for St. Charles, including records of your care made by St. Charles employees or your personal doctors or other health care professionals. Medical information may include mental health treatment records, drug and alcohol rehabilitation records, and HIV test results.

This notice describes the ways in which we may use and disclose your medical information. It also describes your rights and certain obligations we have regarding use and disclosure of information.

Some of your personal doctors or other health care professionals may not be St. Charles employees and may have different policies or notices regarding the use and disclosure of your medical information created in their facilities.

We Are Required by Law to:

- Make sure that all of your medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices; and
- Follow the terms of the Notice of Privacy Practices that is currently in effect

OUR USES AND DISCLOSURES

How we may use and disclose medical information about you:

Treatment

We may use your medical information to provide you with medical treatment or services. We may also disclose your medical information to doctors, nurses, technicians, health care students, or other personnel who are involved in your care.

Example: We may share your health information with a doctor treating you for a broken bone who needs full access to your health information to learn of any medical conditions that could affect the healing process.

St. Charles also may share medical information about you in order to coordinate services you need, such as the filling of prescriptions, the completion of lab work, and the taking of x-rays. We may also use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

We may disclose medical information about you to people outside of St. Charles who are involved in providing your medical care. We may release your medical information to an individual with legal authority to make health care decisions on your behalf. Some information, such as certain genetic information, certain drug and alcohol abuse treatment information, HIV test results, and behavioral health treatment information, is entitled to special protections under state and/or federal laws.

Payment

We may use and disclose your medical information to an insurance company or other third party for payment purposes. We may also disclose your medical information to any person or entity that is, or may be, responsible for all or part of your bill, including but not limited to, as applicable, the Social Security Administration, an insurance or benefit payer, a health care service plan, or a workers' compensation carrier. We may also give information to someone who helps pay for your care.

Example: We may give information about you to your health insurance plan so it will pay for your services.

Example: We may tell your insurer about a treatment you are going to receive to obtain prior approval, to determine whether your plan will cover the treatment, or to resolve an appeal or grievance.

Health Care Operations

We can use and share your health information to run our organization, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

We may use and/or disclose your medical information to review our treatment and services, to evaluate the performance of our staff, and perform other business and operations related activities. We may also combine medical information about many patients to decide what additional services St. Charles should offer, what services are not needed, whether certain new treatments are effective, and whether there are ways we can improve our services. We may also disclose information to doctors, nurses, technicians, health care students, and other hospital and/or clinic personnel for review and learning purposes. When feasible, we may remove your name and other identifying information from medical information before sharing it so that others may use it to study health care and health care delivery without learning your identity.

We may also disclose your medical information to another provider who has treated you for his or her quality-related health care operations, or for the purpose of health care fraud and abuse detection or compliance. St. Charles and the law require that all individuals with access to your records seek only the minimum amount of information necessary to perform their duties and services for health care operations purposes.

St. Charles may also disclose information to private accreditation organizations, including, but not limited to, The Joint Commission, Quality Assurance organizations, or other accreditation agencies.

We may use your information to credential providers in our health network and to grant hospital privileges to providers. We may also provide to others de-identified information to be used in healthcare studies.

How else can we use or share your health information?

We are permitted or required to share your information in other ways – usually in ways that contribute to the public good, such as for public health promotion and research. We have to meet many conditions in the law before we can share your information for these purposes.

Research

Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, must be reviewed and approved by either an institutional review board (IRB) or privacy board. In limited situations, your medical information may be reviewed by a researcher preparing to conduct a research study.

Public Health and Safety Issues

We may disclose your medical information for public health activities such as: preventing disease, reporting births and deaths, providing notification of product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.

Respond to Legal Requests

We may use and/or disclose your medical information in response to a court order, administrative order, search warrant, or subpoena.

Organ and Tissue Donation Requests

If you are an organ donor, then we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

National Security and Intelligence Activities

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, or other national security activities.

Protective Services for the President and Others

We may disclose medical information about you to federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or to conduct special investigations.

Inmates

We may release medical information about inmates and patients under custody to correctional institutions or law enforcement officials. This release must be necessary (1) for the institution to provide the patient with health care; (2) to protect the patient's health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Law Enforcement

We may release limited protected health information (PHI) if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;

USES OF MEDICAL INFORMATION REQUIRING AUTHORIZATION

- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at any St. Charles location; and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of person(s) who committed the crime.

Coroners, medical examiners, and funeral director

We may use and/or disclose your medical information to a coroner, medical examiner or funeral director. We may also release medical information about St. Charles' patients to funeral directors in order to help them carry out their duties.

Business Associates

We may disclose information about you to one of our business associates, in order to carry out treatment, payment, or health care operations. For example, we may disclose medical information about you to a billing company that helps us obtain payment for the services we provide. Other health care providers may disclose information about you to their business associates. Business associates are required to protect your health information under the Health Insurance Portability and Accountability Act.

Incidental Disclosures

We may make certain incidental or inadvertent uses or disclosures of your medical information.

Example: While your doctor is explaining your medical condition, a portion of the conversation is overheard by someone walking past the treatment area.

Example: If you are a patient in the emergency department or another type of open treatment area, your information may be overheard by other patients.

YOUR CHOICES ABOUT USE AND DISCLOSURE

For certain health information, you can tell us your choices about what we share.

Communications with Family and Friends

You have the right and the choice to tell us to share information with your family, close friends, or others involved in your care. In addition, you may tell us to disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you are not able to tell us your preference - for example, if you are unconscious - we may share your information with friends and/or family members if we believe that doing so is in your best interest.

Health Information Exchanges

We can use and share health information about you through electronic health information exchanges ("HIE") so that the information is readily available to health care providers, regardless of where they are treating you. HIEs are used to improve treatment, billing, and operations, and are designed to securely share your medical information electronically with your other providers for treatment and payment purposes. The goal of the HIE is to provide safer, more coordinated patient care by sharing medical information with participating physicians and providers. This means that, wherever you go, your health information may be available to providers who participate in the HIE. St. Charles currently participates in HIEs such as EpicCare Everywhere ("Care Everywhere") and Reliance. **You may opt-out of Care Everywhere by contacting the St. Charles Health Information Management Department.** You may choose to opt back in at any time by contacting HIM and requesting to revoke your HIE Opt-Out. For more information regarding Reliance, or to opt-out, please visit www.reliancehie.org.

Anonymous and Coded Genetic Research

Coded genetic research uses DNA samples that are coded with a key in order to keep the researcher from linking the individual's identity to the sample. Anonymous research uses samples with no identifying information about the individual. Research allows for the improvement of treatment for heart disease, diabetes, cancer, and other diseases and conditions. **You may choose to opt out of anonymous and coded genetic research. If you choose to do so, please contact the Privacy Office at 541-706-5932.**

Appointment Reminders

We may use and/or disclose your medical information to remind you that you have an appointment for treatment or medical care at a St. Charles facility. **You may opt-out of receiving these appointment reminders by notifying the hospital or clinic registration staff.**

Facility Directory

We may include limited information about you in the facility directory while you are a patient at a St. Charles hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if he or she does not ask for you by name. Directory information is shared so your family, friends and clergy can visit you in the hospital and generally know how you are doing. **To opt out of the facility directory, please notify Patient Registration or your nursing staff.** By opting out, you will be excluded from the facility directory, and the hospital will not acknowledge your admission to anyone inquiring.

Fundraising Activities

We may use your medical information to contact you in an effort to raise money for St. Charles and its operations. **If you would prefer not to receive fundraising communications, please notify us in writing at: St. Charles Foundation, 2500 NE Neff Road, Bend, OR 97701.**

We will not release health information or release any information for certain purposes without your authorization.

Psychotherapy Notes

We must obtain your written permission to disclose psychotherapy notes except in certain circumstances. For example, written permission is not required for use of those notes by the author of the notes with respect to your treatment, or use or disclosure by us for training of mental health practitioners, or to defend St. Charles in a legal action brought by you.

Marketing

We must obtain your written permission to use or disclose your medical information for marketing purposes except in certain circumstances. For example, written permission is not required for face-to-face encounters involving marketing, or where we are providing a gift of nominal value (example: a coffee mug), or a communication about our own services or products (example: we may send you a postcard announcing the arrival of a new surgeon or x-ray machine).

Sale of PHI

We must obtain your written permission to disclose your medical information in exchange for remuneration.

Other Uses and Disclosures

Other Uses and Disclosures of your PHI not covered by the categories included in this Notice or applicable laws, rules or regulations will be made only with your written permission or authorization.

If you provide us with written authorization to make a disclosure, you may revoke it at any time. We are not able to take back any Uses or Disclosures that we already made with your authorization. We are required to retain your medical information regarding the care and treatment that we provided to you. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding your medical information:

Get an electronic or paper copy of your medical record

You have the right to inspect and receive a copy of medical information that may be used to make decisions about your care. To receive a copy of your medical records, contact the Health Information Management Department and request an authorization form. We may charge a reasonable, cost-based fee for a copy or summary of your medical information. We will provide a copy or a summary of your health information, usually within thirty days of your request. We may deny your request for a copy or summary in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. We will review your request as required by law, and only deny access as permitted by applicable regulations.

Request an amendment to your medical record

If you feel that your medical information is incorrect or incomplete, you may request an amendment. While you are receiving treatment, you may direct your request to the provider who created the record. After treatment, you may contact the Health Information Management Department and request an amendment form. Medical records will be amended only through the addition of the new or different information. Existing records cannot be removed, destroyed, or altered in a way that makes the original entry unreadable. We may deny your request for an amendment if the information was not created by us, is not part of the medical information kept by or for us, is not part of the information that you are permitted to inspect and copy, or is accurate and complete as written. If we deny your request, we will provide you with an explanation in writing within sixty days.

Request a restriction

You have the right to request a restriction on the medical information we use and/or disclose about you for treatment, payment or health care operations. We are not required to agree to your request. As a matter of routine, St. Charles does not agree to restrictions on the use of information for treatment, payment, or health care operations. However, if you have special circumstances that we should consider, you may request a restriction by contacting the Privacy Office at 541-706-5932.

If you pay for a service or health care item out-of-pocket in full, you may ask us not to share information about that service or item with your health insurer. We will accept your request unless the law requires us to share that information.

Request an accounting of disclosures

You have the right to request an accounting of disclosures. This is a list of the disclosures of your medical information during the six years prior to your request that you did not request and that we have made for purposes other than treatment, payment, or health care operations, to whom we have made these disclosures, and why. To request this list, contact the Health Information Management Department. We will provide one accounting for free but will charge a reasonable, cost-based fee for each additional accounting provided within a 12-month period.

Request confidential communications

You can ask us to contact you about your medical condition, treatment, or billing in a specific way (for example, by phone) or at a specific address or number. We will accept all reasonable requests. If you make this request after treatment has begun, you may also have to make your request to the physicians treating you at St. Charles.

Choose someone to make health care decisions for you

If you have given someone medical power of attorney, appointed someone as your health care representative, or if someone is your legal guardian, that person may exercise your rights and make choices about your health information. We will make sure the person has authority to act for you before we take direction from or provide information to him or her.

Request a paper copy of this notice

You have the right to receive a paper copy of this notice. To obtain this copy, please ask the staff caring for you at St. Charles.

File a complaint if you feel your rights have been violated

If you feel we have violated your rights, you may file a complaint by contacting the:

St. Charles Compliance and Privacy Office at 541-706-5932
St. Charles Health System, Inc.
2500 NE Neff Road, Bend, OR 97701
www.stcharleshealthcare.org

Attention: Legal and Compliance
Phone: 877-859-6202 or 541-706-5932
Email: privacyofficer@stcharleshealthcare.org

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at:

OCR Regional Manager, Office of Civil Rights
200 Independence Avenue, S.W.,
Washington, D.C. 20201
Website: www.hhs.gov/ocr/privacy/hipaa/complaints/

We will not retaliate against you for filing a complaint.

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 reportable breach 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.

Changes to this notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities and on the St. Charles website. Each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will have the notice available for you to take with you, at your request.

To request a copy of your medical records, HIE opt out form, amendment request, restriction request, or accounting of disclosures form, please contact:

St. Charles Health Information Management Department
2500 NE Neff Road, Bend, OR 97701
541-382-4321 ext. 7784, option 1
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html