



Ashland Community Hospital
JOINT NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

THIS JOINT 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 JOINT NOTICE IS REQUIRED BY THE FEDERAL GOVERNMENT PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 ("HIPAA").

If you have any questions about this joint notice, please contact the Ashland Community Hospital ("ACH") Privacy Office by telephone at **(541) 482-2441**, by e-mail at **privacy@ashlandhospital.org**, or if you prefer in writing at **280 Maple Street, Ashland, Oregon, 97520** or the Privacy Office of the physician's office or other medical provider at which you obtained medical services. Upon request, the ACH Privacy Office will attempt to provide you with the contact information for the Privacy Office of your physician or other medical provider at which you obtained medical services.

WHO WILL FOLLOW THIS NOTICE?

This joint notice applies to the privacy practices of the organizations identified below. These organizations, together with the medical staff of ACH, participate in an organized health care arrangement. They may share with each other your medical information, and the medical information of others they serve, for the treatment, payment, or health care operations for the purposes described in this joint notice. This joint notice specifically applies to:

- ❖ The Ashland Community Hospital ("ACH"), including employees, contracted personnel, volunteers, and students.
- ❖ All patient care settings affiliated with ACH, including the Maple Street Medical Lab Drawing Facility, dba Ashland Lab.
- ❖ All health care providers affiliated with ACH through participation in an organized health care arrangement including members of our medical staff while they are practicing in our facilities.
- ❖ Independent medical providers (for example, your private physicians) that have specifically chosen to use this joint notice for their private practices. (Please note that most physicians use their own, separate notice of privacy practices for their private practice.)

PLEASE NOTE

Ashland Community Hospital and the above-listed persons, physicians, and entities provide medical services in a clinically integrated care setting. However, ACH and the above-listed persons, physicians, and entities are not partners or joint venturers, and ACH accepts no legal responsibility or liability for activities attributable to the physicians, providers, or other covered entities or their care settings who participate in the use of this Joint Notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

Ashland Community Hospital understands that medical information about you and your health is personal. We are committed to protecting it. We create a record of the care and services you receive from Ashland Community Hospital, and we need this record to provide you with quality care. Ashland Community Hospital is required by law to do so for any

medical information we create or keep for our use. We are also required to provide you with this Joint Notice describing our legal duties and our practices concerning your health information.

The law requires us to:

- ❖ Make sure that medical information is kept private;
- ❖ Provide you with this Joint Notice of our legal duties and privacy practices with respect to medical information;
- ❖ Follow the terms of this Joint Notice.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- ❖ **For Treatment**. We may use medical information about you to provide medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at one of our facilities. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of our facilities also may share medical information about you in order to coordinate the service and products you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to others outside our facilities who may be involved in your medical care after you leave, such as medical providers and family members.
- ❖ **For Payment**. We may use and disclose medical information about you so that the treatment and services you receive at our facilities may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at our facilities so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- ❖ **For Health Care Operations**. We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary for administration and to ensure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many hospital patients to decide what additional services our facilities should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identity of specific patients.
- ❖ **Appointment Reminders/Follow Up for Care And Treatment**. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at our facilities or to follow up with you concerning your care and treatment.
- ❖ **Treatment Alternatives**. We may use and disclose medical information to tell you about treatment options or alternatives that may be of interest to you.
- ❖ **Health-Related Benefits and Services**. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- ❖ **Development Activities**. We may disclose certain demographic information about you to our hospital foundation hospital so that it may contact you with information concerning the hospital, the foundation, and their services. ***If you do not want this information, please notify us as shown at the end of this notice.***

- ❖ **Patient Directory.** We may include certain limited information about you in the patient directory while you are a patient. This information may include your name, location in the hospital, and your general condition (e.g., fair, stable, etc.). The directory information may also be released to people who ask for you by name. This is so your family and friends can visit you in the hospital and generally know how you are doing. ***If you do not want us to make these disclosures, you must notify admitting staff upon your arrival.***
- ❖ **Individuals Involved in Your Care or Payment for Your Care.** We may release medical 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 also tell your family or friends your condition and that you are in the hospital. ***If you do not want us to make these disclosures, you must notify your care provider in advance, or our admitting staff upon your arrival.***
- ❖ **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes, when approved by hospital policy. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition.
- ❖ **Disaster Relief.** We may disclose medical information about you to an entity assisting in a disaster relief effort (for example, the Red Cross) so that your family can be notified about your condition, status and location.
- ❖ **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- ❖ **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat such a County Health Department or police agency.

SPECIAL SITUATIONS

- ❖ **Organ and Tissue Donation.** If you are an organ donor, 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.
- ❖ **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- ❖ **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- ❖ **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- ❖ **Health Oversight Activities.** We may disclose medical 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 for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- ❖ **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- ❖ **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - 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 our facility; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- ❖ **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of our facility to funeral directors as necessary to carry out their duties.
- ❖ **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- ❖ **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- ❖ **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

USES AND DISCLOSURES OF SPECIALY PROTECTED INFORMATION

Oregon and Federal law provide additional confidentiality protections in some 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 specially 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.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- ❖ **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, please contact the **Medical Records Department at Ashland Community Hospital: (541) 488-5381**. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy your medical records in certain very limited circumstances. For example, the law generally does not allow us to release psychotherapy notes. If you are denied access to medical information, you may request that the denial be reviewed.

- ❖ **Right to Amend**. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility. To request an amendment, your request must be made in writing and submitted to the ACH Privacy Office. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the facility;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- ❖ **Right to an Accounting of Disclosures**. You have the right to request an "accounting of disclosures" we made of your medical information. You are not entitled to an accounting of disclosures made for purposes of treatment, payment and health care operations, disclosures you authorized, disclosures to you, incidental disclosures, 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 or disclosures for national security or law enforcement purposes.

To request an accounting of disclosures you must submit your request in writing to the ACH Privacy Office. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first accounting within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- ❖ **Right to Request Restrictions**. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

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

To request restrictions, you must make your request in writing to the ACH Privacy Office. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- ❖ **Right to Request Confidential Communications**. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must complete the designated request form in writing at the time of your care. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- ❖ **Right to a Paper Copy of This Notice**. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.ashlandhospital.org.

To obtain a paper copy of this notice, please go to any admitting/registration area at ACH.

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 each of our facilities at the admitting/registration areas. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the one of our facilities for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may contact or file a written complaint with the ACH Privacy Office. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services.

Your privacy is one of our greatest concerns and we will not penalize or retaliate against you in any way if you choose to file a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records concerning the care we provided to you.

PRIVACY OFFICE AND CONTACT PERSON

If you have any questions about the Joint Notice or wish to object or complain about any use of disclosure as explained above, please contact the ACH Privacy Office for hospital complaints, and please contact your physician's office or other medical provider at which you obtained medical services for complaints involving your physician. Upon request, the ACH Privacy Office will attempt to provide you with the contact information for the Privacy Office of your physician or other medical provider.

Privacy Office
Ashland Community Hospital
280 Maple Street
Ashland, OR 97520
(541) 482-2441
e-mail address: privacy@ashlandhospital.org