

**Effective Date: November 1, 2008**

## **JOINT 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.**

Providence Health & Services is committed to protecting the confidentiality of your health information. 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, unless more stringent laws or regulations apply

This Joint Notice of Privacy Practices ("Notice") covers an Organized Health Care Arrangement ("OHCA"). Providence Health & Services facilities provide health care to our patients in partnership with other professionals and health care organizations. The information privacy practices described in this notice will be followed by:

- Any healthcare professional who treats you at any of our locations.
- All facilities, departments and units of Providence Health & Services, including hospitals, surgical centers, home care, clinics and other affiliates.
- All employees, medical staff, trainees, students, or volunteers of Providence Health & Services and its affiliates.

While each facility and affiliate operates independently, they may share your health information for coordination of care, treatment, payment and healthcare operations purposes.

This Notice of Privacy Practices provides detailed information about how we may use and disclose your medical information with or without authorization as well as more information about your specific rights with respect to your medical information. This Notice applies to all Providence Health & Services facilities, services, and programs that provide health care to you. You may request an up-to-date list of those facilities, programs, and services, by contacting us at (800) 628-PROV (800-628-7768). This Notice becomes effective November 1, 2008.

### **Disclosures Of Your Medical Information That We May Make Without Authorization for Treatment, Payment, and Operations**

**Treatment:** Your information may be shared with any provider who is providing you with health care services. This includes coordinating your care with other providers and providing referrals to other providers. Examples of health care providers who may need your information to treat you include your doctor, pharmacist, nurse, and other providers such as physical therapists, home

health providers, and x-ray technicians. “Your healthcare information may be shared with other Providence Health Facilities for continuity of care or quality monitoring”. We may also use your information to contact you for appointments and to provide information about health-related products and services that we believe may be helpful to you. We may share your information electronically with your health care providers in order to make sure they have your information as quickly as possible to treat you. We will use the utmost care in any situation where we need to disclose your information electronically.

We may also share your medical information with any family member or friend who is involved in assisting with your health care. We will only do this if you agree, and will only share with them the information they need in order to help you. If you are unable to either agree or object to such a disclosure, we may disclose your health care information as necessary to surrogates noted on the advanced directive or family members if we determine that it is in your best interest based on our professional judgment.

**Payment:** In order to get your health care services paid for, we may have to provide your medical information to the party responsible for paying. This may include Medicare, Medicaid (state health plan), or your insurance company. Your insurance company or health plan may need your information for activities such as determining your eligibility for coverage, reviewing the medical necessity of the health care services, or providing approval for hospital stays.

**Healthcare Operations:** Your medical information may be used by us in order to support the business activities of the facility and to ensure that quality health care services are being provided. Some of the activities, which would be part of our operations, would be quality assessment activity, employee review, training of medical personnel, licensure and accreditation, data aggregation, and audits by regulatory agencies.

We may share your protected health information with third parties who perform services for us such as transcription or billing. In those cases we have written agreements with the third parties that they will not use or disclose your information for any other purposes, except as required by law.

We may also use your demographic information (name, dates of treatment, address) for our fundraising activities. If you do not want to receive these materials, please contact Providence’s Foundation Department and request that these materials are not sent to you.

Your name and location in the facility may be included in our directory. You will be given the opportunity to have your name excluded from the directory listing if you wish. If it is included, we will only share very limited information about you, such as your location in the hospital and general status, with anyone

who asks about you by name. If you request a visit from your faith or religious community your religious affiliation may be disclosed to outside clergy.

**Organized Health Care Arrangement (OHCA):** We may use and disclose medical information with doctors and other health care providers participating in the OHCA who care for and treat patients at the hospital as necessary to carry out treatment, payment and health care operations related to arrangements with them for health care services provided at the hospital. This is inclusive of radiologists, pathologists, anesthesiologist and others who may provide you with services. For a list of entities that participate under the OHCA, you may view a copy of the list on our website, at [www.providence.org](http://www.providence.org), and click on Privacy Notice at the bottom of the page or request a copy from us by calling (800) 628-PROV (800-628-7768).

### **Other Disclosures That We May Make Without Your Authorization**

There are a number of ways that your medical information may be used without your authorization, generally either because they are required by law or for public health and safety purposes. Those include:

**Required by Law:** Your medical information may be used or disclosed by us when required by law. If this happens, we will comply with the law and will only disclose the information necessary. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** Your medical information may be used for public health activities. Public health authorities are authorized to collect or receive the information for purposes such as controlling disease, injury or disability.

**Disaster Relief:** We may disclose health care information about you to an entity assisting in a disaster relief effort so that your family and friends can be notified about your condition, status, and location.

**Incidental Disclosures:** Certain incidental disclosures of your health care information may occur as a by-product of lawful and 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 apply reasonable safeguards to protect the confidentiality of your health care information.

**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 must enter into an agreement with the recipient of the information that limits who may use or receive the data and requires the recipient to agree not to re-identify the data or

contact you. The recipient of your information is required to have appropriate safeguards to prevent inappropriate use or disclosure of your information.

**Communicable Diseases:** If required by law to do so, we may disclose your medical information to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** Health oversight agencies are authorized to have access to medical information maintained by us for activities such as audits, investigations, and inspections. Agencies with this authority include government agencies that oversee the health care system, government benefit programs, government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your medical information to a public health authority that is authorized by law to receive reports of child/adult abuse or neglect. We may also disclose your protected health information to the governmental agency authorized to receive such information if we believe that you have been a victim of abuse, neglect or domestic violence. Any disclosures of this nature will be made consistent with state and federal law.

**Food and Drug Administration:** We may disclose your medical information to a person or agency required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, or for product recalls, repairs or replacements.

**Legal Proceedings:** We may disclose your medical information if required to by a court or administrative order to do so for an administrative or judicial proceeding, or in some cases in response to a subpoena, discovery request or other legal process.

**Law Enforcement:** We may disclose your medical information, so long as applicable legal requirements are met, for law enforcement purposes. Examples of these purposes would be: (1) legal processes and otherwise required by law; (2) limited information requests for identification and location purposes; (3) pertaining to crime victims; (4) suspicion that death has occurred as a result of criminal conduct, (5) if crime occurs on the premises, and (6) for medical emergencies where it appears likely a crime occurred.

**Coroners, Funeral Directors, and Organ Donation:** Your medical information may be disclosed to a coroner or medical examiner for identification purposes, determining cause of death or other legally required duties. Your medical information may also be released to a funeral director in order to permit him/her to perform their duties. Your information may be disclosed if we reasonably anticipate your death, and may also be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** Your medical information may be disclosed to researchers, provided that the research has been approved by Institutional Review Board and the research protocols have been approved to ensure your privacy. We may disclose health care information about you to people preparing to conduct a research project; for example, to help the researcher identify patients with specific medical needs that would relate to the proposed research. Information used for this purpose will not leave Providence Health & Services.

**Criminal Activity:** As required by state and federal laws, we may disclose your medical information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or of the public. We may also disclose your medical information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** Under certain circumstances, the medical information of Armed Forces personnel may be disclosed (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military serves. Your medical information may also be disclosed to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** Your medical information may be used or disclosed as necessary to comply with workers' compensation laws and other similar legally established programs.

**Inmates:** Your medical information may be used or disclosed by us if you are an inmate of a correctional facility and your physician created or received your medical information in the course of providing care to you.

### **How We Will Use and Disclose Your Medical Information With Authorization**

Other uses and disclosures of your medical information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke the authorization, at any time, in writing to the Health Information Management (HIM) Department, except to the extent that we have already taken an action in reliance on the use or disclosure indicated in the authorization.

If you need for us to share your medical information with someone for purposes other than those listed here, you should contact the HIM Department for an Authorization Form.

## **Your Rights**

The following information describes your rights with respect to your medical information that we maintain.

**Right to Request Restrictions:** You have the right to ask us to place restrictions on the way we use or disclose your medical information for treatment, payment, or healthcare operations. We are not required to agree to the restriction, but if we agree to a restriction, we will not use or disclose your medical information in violation of that restriction, unless it is needed for an emergency. If a restriction is no longer feasible, we will notify you. You should contact us at (800) 628 – PROV (800-628-7768) for further details and a form to fill out.

**Confidential Communications:** We will accommodate reasonable requests to communicate with you about your medical information by different methods or alternative locations if you make your request in writing and submit it to the HIM Department. For example, you can ask that we only contact you at work or by mail. For more information about this process, contact the HIM Department or the Privacy Officer at the facility.

**Access to Your Medical Information:** You have the right to receive a copy of your medical information that we maintain, with some limited exceptions. You may request access to those records in writing and provide us with information about the specific information you need so that it can fulfill your request. We reserve the right to charge a reasonable fee for the cost of producing and mailing the copies. For more information about the cost, you may contact the HIM Department.

**Amendment of Your Medical Information:** You have the right to ask us to change any of your medical information. You need to request this amendment in writing and submit it to HIM Department. In certain situations we may have to deny your request, such as when the medical information in your records was created by another provider. Any denials will be in writing. You have the right to appeal our denial by filing a written statement of disagreement. For more information about this process, contact the HIM Department or the Privacy Officer at the facility.

**Accounting of Certain Disclosures:** You have a right to a listing of the disclosures we make of your medical information, except for those disclosures made for treatment, payment, or healthcare operations, or those disclosures made pursuant to your authorization. The type of disclosures typically contained in a listing would be disclosures made for mandatory public health purposes, law enforcement, legal proceedings, or for other required reporting such as birth and death certificates. If you would like to receive an accounting of your

disclosures, you should contact the HIM Department who will provide you with a request form.

### **Questions and Complaints**

To exercise any of the above rights, or if you are concerned that any of your privacy rights have been violated, please contact our Privacy Officer at (800) 628-PROV (800-628-7768). You also have the right to complain to the Secretary of Health and Human Services, at the Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, D.C. 20201. You will not be retaliated against for filing a complaint.

### **Changes to Privacy Practices**

Providence Health & Services reserves the right to change its privacy practices and its Notice of Privacy Practices at any time. The new notice will be effective for any medical information we create or maintain as of the date of the change. You may view a copy of our most current Notice of Privacy Practices on our website, at [www.providence.org](http://www.providence.org), or request a copy from us by calling (800) 628-PROV (800-628-7768). You have the right to a paper copy of this Notice any time, upon request. You may contact the Privacy Officer to get a current paper copy.