

Three Rivers Hospital Notice of Privacy Practices

Effective March 1, 2012

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Please Review This Notice Carefully

This notice applies to all protected health information (PHI) maintained by Three Rivers Hospital (TRH) and Columbia Medical Surgical Services (CMSS). This notice will be followed by all members of our workforce, including employees, medical staff members, students and volunteers with respect to PHI maintained by the TRH and CMSS. TRH and CMSS may share information with TRH and CMSS privileged physicians for treatment, payment or health care operations purposes described in this notice. If you have any questions after reading this notice, please contact the Privacy Officer.

Our Pledge Regarding Your Health Information

We are committed to the protection of patient health information in accordance with applicable law and accreditation standards regarding patient privacy. The health information about you is personal. A record of the care and service you receive is needed to provide you with quality care and to comply with legal requirements.

The law requires us to:

- Make sure that health information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information about you.
- Follow the terms of this Notice that are currently in effect.

Protected Health Information (PHI) is any individually identifiable health information, whether oral, written, electronic, magnetic or recorded in any form that is created or received by TRH and CMS. PHI is individually identifiable under HIPAA if it includes the name, address, zip code, geographical codes, date of birth, other elements of dates, telephone or fax numbers, email address, social security number, insurance information, medical record number, member or account number, certificate/license numbers, voice or finger prints, photos or any other unique identifying numbers, characteristics or codes of you, your relatives, employers or household members.

When releasing your PHI, the TRH and CMSS will follow a "Minimum Necessary" standard, whereby we will make reasonable efforts to limit the use and disclosure of your PHI in order to accomplish the intended purpose of the job.

Uses and disclosure of health information not covered by this Notice or the laws that apply to TRH and CMSS will be made only with your authorization.

IN CERTAIN CIRCUMSTANCES WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR WRITTEN CONSENT

- **For Treatment:** We will use health information about you to provide you with medical treatment or services. We will disclose PHI about you to doctors, residents, nurses, technicians, students in health care training programs or other personnel who are involved in taking care of you.
- **For Payment:** We will use and disclose your PHI to send bills and collect payment from you, your insurance company, or other payers such as Medicare for the treatment, and other related services you receive. We may provide your name, address and insurance information to other health care providers related to your care. We may tell your health insurer about a treatment your doctor has recommended to obtain prior approval to determine whether your plan will cover the cost of the treatment. For billing information, contact the Patient Financial Services Department.

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- **For Health Care Operations** We may use and disclose your information to carry out health care operations. For example, we use and disclose it to monitor and improve our health services.
- **Family Members and Friends:** We may disclose PHI about you to a family member, relative or another person identified by you who is involved in your health care or payment for your health care. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing limited PHI is in your best interest under the circumstances.
- **Appointments:** We may use and disclose PHI to contact you for appointment reminders and to communicate necessary information about your appointment.
- **Hospital Directory:** TRH and CMSS may list certain information about you, such as your name, your location in the hospital and your religious affiliation, in a hospital directory. The hospital can disclose this information, except your religious affiliation, to people who ask for you by name. Your religious affiliation may be given to members of the clergy even if they do not ask for you by name. You may request that no information contained in the directory be disclosed. To restrict use of information listed in the directory, please complete the Patient Directory Preference portion of the Conditions of Admission Form. In emergency circumstances, if you are unable to communicate your preference, you will be listed in the directory.
- **Other Uses and Disclosures.** We also use and disclose your information to enhance health care services, protect patient safety, safeguard public health, ensure that our facility and staff comply with government and accreditation standards and when otherwise allowed by law. For example, we provide or disclose information:
 - About FDA regulated drug and devices to the US Food and Drug Administration.
 - To government oversight agencies with data for health oversight activities such as auditing or licensure.
 - To public health authorities with information on communicable diseases and vital records.
 - To workers' compensation agencies and self insured employers for work related illness or injuries.
 - To appropriate agencies or persons when we believe it necessary to avoid a serious threat to health or safety or to prevent serious harm.
 - To appropriate government agencies when we suspect abuse or neglect.
 - To law enforcement when required or allowed by law.
 - For court order or lawful subpoena.
 - To coroners, medical examiners and funeral directors.
 - When otherwise required by law.

Your Protected Health Information Rights

You have rights related to the use and disclosure of your protected health information. To contact Three Rivers Hospital exercise your rights, you may contact

Three Rivers Hospital

Attn: Privacy Officer, Nicky Markey

PO Box 577

Brewster, WA 98812

509-645-3396

nmarkey@oddh.org

Your specific rights are listed below:

- **The right to request restricted use:** You may request in writing that we not use or disclose your information for treatment, payment and or operational activities except when authorized by you, when required by law, or in emergency circumstances. We are not legally required to agree to your request. If you make your request to the TRH we will provide you with a written notice of our decision about your request.

- **The right to request nondisclosure to health plans items or services that are self-paid:** You have the right to request in writing that health care items or services for which you self-pay for in full in advance of your visit not be disclosed to your health plan.
- **The right to receive confidential communications** You have the right to request that we communicate with you about medical matters in a particular way or at a certain location. For example, you may ask that we only contact you at work or by mail. The request confidential communications, you must make your request in writing to the address listed above. We will grant all reasonable requests.
- **The right to inspect and receive copies:** In most cases, you have the right to inspect and receive a copy of certain health care information including certain medical and billing records. 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.
- **The right to request an amendment to your record:** If you believe that information in your record is incorrect or that important information is missing, you have the right to request in writing that we make a correction or add information. In your request for the amendment, you must give a reason for the amendment. We are not required to agree to the amendment of your record, but a copy of your request will be added to your record.
- **The right to know about disclosures:** You have the right to receive a list of instances when we have disclosed your health information. Certain instances will not appear on the list, such as disclosures for treatment, payment or health care operations or when you have authorized the use or discloser. Your first accounting of disclosers in a calendar year is free of charge. Any additional request within the same calendar year requires a processing fee.
- **The right to complain:** If you are concerned that we may have violated your privacy, or you disagree with a decision we made about access to your records, you may file a complaint with TRH and CMSS. TRH and CMSS will not retaliate against anyone for filing a complaint.

If you believe that your privacy rights have been violated, you may also contact the U.S. Department of Health and Human Services Office for Civil Rights.

Office for Civil Rights

U.S. Department of Health and Human Services

2201 Sixth Ave. – Mail Stop RX-11

Seattle, WA 98121-1831

206-615-2290

1-800-362-1710

Uses and Disclosures Inconsistent with TRH Privacy Practices

If your patient information is used or disclosed in a manner that is not consistent with the practices described in this notice, TRH will assess whether the information that was used or disclosed has significant risk of financial or reputational harm to you. If so, TRH will notify you in writing.

Privacy Notice Changes:

Our Legal Duty: We are required by law to protect the privacy of your information, to provide this Notice about our privacy practices and to follow privacy practices that are described in this Notice.

We reserve the right to change the privacy practices described in this Notice. Each time you register for health care services at TRH and CMSS, the most current copy of this notice will be available for you. You have a right to obtain a paper copy of this Notice upon request. A copy of the most current copy will be posted at the TRH Admitting Desk and the CMSS Reception Desk. An electronic version of the notice is posted at www.threerivershospital.net