



Notice of Privacy Practices

Effective April 1, 2022



This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

You have a right to request a copy of this Notice. If you have any questions about the content of this Notice, would like to request a copy, or complain about any use or disclosure as explained below, please contact our System Privacy Officer by calling 877.261.8031 or by email at DLSSCOI_PRIVACY@peacehealth.org. The System Privacy Officer is not available onsite.

Please review it carefully.

Who is Subject to this Notice?

PeaceHealth, which includes its employees, students/trainees, volunteers, medical staff members, and workforce members, that provide healthcare services to you by PeaceHealth.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will promptly notify you if a breach occurs that may have compromised the privacy or security of your private health information.
- We must follow the duties and privacy practices described in this notice, and will give you a copy upon request.
- We will not use or share your information other than as described in this notice, unless you tell us we can do so in writing. You may change your mind at any time by providing us written notice.

A Note about this Notice

This Notice covers only the health information collected, created and maintained by, through or at PeaceHealth. This Notice does not cover the care that you may receive from independent providers outside PeaceHealth or actions by any health plan including the PeaceHealth health plan for PeaceHealth employees and their covered family members.



YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical records
- Correct your paper or electronic medical records
- Request confidential communication
- Ask us to limit the amount of information we share
- Get a list of those with whom we've shared your information
- Get a copy of the privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated.

See the **Your Rights** section for further details.

Your Choices

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

- With your family, close friends, or others involved in your care
- Provide fundraising efforts
- Include you in a hospital directory
- Recommend your possible treatment options
- Reminders of appointments for treatment or medical care

See the **Your Choices** section for further details.



Our Uses & Disclosures

We may use and share your information as we:

- Treat You
- Bill for Your Services
- Run our practice
- Help with Public Safety Issues
- Do Research
- Comply with the Law
- Respond to tissue and organ donation requests
- Work with medical examiners and funeral directors
- Address Workers' Compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

See the **Our Uses and Disclosures** section for further details.

Your 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 have a right to inspect or get a copy (electronic or paper) of the health information we have about you and that is used to make decisions about your care, not including psychotherapy notes.
- We will provide a copy or summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.
- To inspect or obtain a copy of your health information, you must submit your request in writing to the Health Information Management / Medical Records Department.

Ask us to correct or amend your medical record:

- You can ask us to correct health information about you that you believe is incorrect or incomplete.
- To request an amendment, you must submit your request in writing and provide a reason supporting your request. Verbal notification will not be considered a request for amendment. Submit your request to Health Information Management / Medical Records Department.
- Your request may be denied. If so, we will provide an explanation in writing.
- PeaceHealth is not responsible for the content of records created by other Healthcare providers.

Request alternate or confidential communication:

- You can ask that we contact you in a specific way (for example, an office or cell phone) or to send mail to a different address.
- We will accommodate reasonable requests.
- To request confidential communications, you must notify your provider of your request.



Ask us to restrict what we use or share:

- You may request that we restrict sharing certain health information for treatment, payment, or healthcare operations.
- We are not required to agree with your request, except under certain limited circumstances.
- If you do not want PeaceHealth to disclose your patient information to your health insurance for a specific visit, you must pay for the service or health care item out-of-pocket in full at the time of service.
- We may deny your request if it would affect your care.

Your Rights

Get a list of those with whom we've shared information:

You can request a list and description (an "accounting") of certain disclosures of your health information made by PeaceHealth for the six years prior to the date you ask. We will include all the disclosures except for those made for treatment, payment, healthcare operations, and those disclosures made at your request.

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. You may request a copy by contacting any area where appointment/visit registration occurs, or you may also print a copy from our website, here: www.peacehealth.org/privacy-rights-and-practices

Filing a Complaint:

- You may submit your complaint in writing directly to our System Privacy Officer, 1115 SE 164th Ave, Vancouver, WA 98683
- You may also file a complaint by letter with the U.S. Dept. of Health and Human Services Office for Civil Rights at: 200 Independence Avenue, S.W. Washington D.C. 20201, calling 1-800-368-1019, or visiting: www.hhs.gov/ocr/privacy/hipaa/complaints/
- The quality of your care will not be jeopardized, nor will you be penalized for filing a complaint. We may deny your request if it would affect your care.



Your Choices

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

As long as you do not object, your healthcare provider is allowed to:

- Share information with your family, close friends, or others involved in your care. Except in limited situations, such as an emergency, we will ask you or determine if you object.
- We may use professional judgment and experience when allowing a person to pick up prescriptions, medical supplies, x-rays, or other, similar health information on your behalf.
- We also may disclose your health information, directly or through a disaster relief entity, to find and tell those close to you of your location or condition.
- Contact you as a reminder that you have an appointment for treatment or medical care.
- Use or disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.





Your Choices

Your healthcare provider is allowed to (continued):

- Include your information in a hospital directory.
- PeaceHealth inpatient/acute care may list certain limited information about you, including your name, location in a facility, and your general condition (fair, stable, etc).
- Directory information may be disclosed to members of the clergy or to people who ask for you by name. This may include family and friends, or even the media in some circumstances.
- You may request to opt out of the directory by contacting Patient Access.

If you are not able to tell us your preference, for example, if you are unconscious, we may proceed and share your information if we believe it is in your best interest.

In the case of fundraising:

We may disclose limited information about you and the treatment you received to PeaceHealth Foundations. They may contact you for fundraising efforts, but you can request that they do not contact you.

Your Authorization

Other uses and disclosures of your health information, not covered by this Notice or permitted by law, will be made only with your written authorization.

These types of uses and disclosures include psychotherapy notes or uses or disclosures for the purposes of marketing (except for certain services PeaceHealth provides) or for the sale of your health information. You may revoke your authorization, in writing, at any time, although we are unable to take back any disclosures we already have made based on your authorization. If you revoke your authorization, then we will no longer use or disclose your health information for the reasons covered by your authorization, except to the extent that we already have relied on your authorization.

Specially Protected Health Information:

- Unless otherwise required or permitted by law, we may need your additional authorization to disclose your health information regarding treatment for AIDS/HIV/ARC, mental health, drug addiction, alcoholism, and other substance abuse treatment, developmental disabilities, and or genetic information or records.

Confidentiality of Substance Use Disorder (SUD) Information:

- For individuals who have received treatment, diagnosis or referral for treatment from SUD programs, the confidentiality of the SUD records are protected by federal law and regulations. Information about you may be used by personnel within the program in connection with their duties to provide you with diagnosis, treatment or referral for treatment for substance abuse.

Your Authorization

Confidentiality of SUD Information (continued):

- Generally this program may not reveal to a person outside of the program that you attend the program or disclose any information that would identify you as an SUD patient, unless:
 - The program obtains your written authorization;
 - The disclosure is allowed by a court order and permitted under Federal and State confidentiality laws and regulations;
 - The disclosure is made to medical personnel in a medical emergency;
 - The disclosure is made to qualified researchers without your written authorization when such research poses minimal risk to your privacy. When required by law, we will obtain an agreement from the researcher to protect the privacy and confidentiality of your information;
 - The disclosure is made to a qualified service organization that performs certain treatment services (such as lab analyses) or business operations (such as bill collection) for the program. The program will obtain the qualified service organization's agreement in writing to protect the privacy and confidentiality of your information in accordance with Federal and State law;
 - The disclosure is made to a government agency or other qualified non-government personnel to perform an audit or evaluation of the program. The program will obtain an agreement in writing from any non-government personnel to protect the privacy and confidentiality of your information in accordance with Federal and State law;
 - The disclosure is made to report a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime; or
 - The disclosure is made to report child abuse or neglect to appropriate State or local authorities.
- PeaceHealth inpatient/acute care may list certain limited information about you, including your name, location in a facility, and your general condition (fair, stable, etc).
- Directory information may be disclosed to members of the clergy or to people who ask for you by name. This may include family and friends, or even the media in some circumstances.
- You may request to opt out of the directory by contacting Patient Access.

A violation of the federal law and regulations governing substance abuse is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. Federal law and regulations governing confidentiality of drug or alcohol abuse permit us to report suspected child abuse or neglect under state law to appropriate state or local authorities.

Please see 42 U.S.C. § 290dd-2 for federal law and 42 C.F.R., Part 2 for federal regulations governing confidentiality of SUD patient records.

Our Uses and Disclosures

How do we use or share your health information?

We use or share your information for treatment, payment, or healthcare operations. Your medical information is available electronically through an information exchange service to other healthcare providers, health plans and healthcare clearinghouses that request your records. Participation in information exchange services also lets us see their information about you.

Treatment:

We may use your health information to provide you with medical treatment or services. We may disclose your medical information to other healthcare professionals who are involved in your care. This includes participation in health information exchanges.

Example: A doctor treating you for an injury at another healthcare facility, uses the information exchange to access your health information to treat you.

Payment:

We can use and share your health information to bill and get payment from health plans or other healthcare facilities.

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

Healthcare Operations:

We can use and share your health information for certain administrative, financial, legal, and quality improvement activities and to oversee the day-to-day activities of PeaceHealth.

Example: Our quality improvement teams may use your health information to assess patient care quality and outcomes.



Our Uses and Disclosures

How else can we use or share your health information?

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 of 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

Help with Public Health and Safety Issues:

- We may share health information about you for certain situations, such as:
- Reporting, preventing, or controlling disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected child abuse or vulnerable adult abuse or violence

Our Uses and Disclosures

Research:

Under certain circumstances, we may use or disclose your health information for health research. Prior to the research study, the researchers may need to access patient information in order to prepare a research protocol. Research protocols must be approved by the Institutional Review Board.

De-identified Information and Limited Data Sets:

- We may disclose health information that has been deidentified by removing certain identifiers, (e.g. name and address) making it unlikely that you could be identified.
- We also may disclose limited health information contained in a limited data set as allowed by law.

Organized Healthcare Arrangement:

PeaceHealth and its medical staffs characterize themselves as an “organized health care arrangement” and have agreed to follow this Notice for services by, at or through PeaceHealth. These providers may share health information with each other for treatment, payment, and the health care operations of the organized health care arrangement and as described in this Notice.

Affiliated Covered Entities:

We may share health information with providers who are “affiliated covered entities” of PeaceHealth. These are healthcare organizations with which PeaceHealth has common ownership or control.



Our Uses and Disclosures

Incidental disclosures:

Certain incidental disclosures of health information may occur as a by-product of permitted uses and disclosures.

Example: A roommate may inadvertently overhears a discussion about your care if you share a room.

Privacy Official and Contact Person:

If you have any questions about this Notice or wish to object to or complain about any use or disclosure as explained within, please contact our System Privacy Officer in writing or by calling the **PeaceHealth Integrity Hotline at 1-877-261-8031**.

Comply with the Law:

- We will disclose information about you if federal, state or local laws require it. We may disclose your health information if asked to do so by a law enforcement officials or otherwise designated individual, including (but not limited to) the following:
 - In response to court order, subpoenas, warrants, summons, grand jury subpoenas, certain administrative requests or similar processes.
 - Limited information to identify or locate a suspect, fugitive, material witness, or missing person.



Our Uses and Disclosures

Comply with the Law (continued):

- About the victim of a crime in certain circumstances.
- About a death we believe may be the result of criminal conduct.
- About criminal conduct on our premises.
- In an emergency to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

Example: We are required to report crimes committed with a deadly weapon to the appropriate state, county or law enforcement authority.

Respond to Organ and Tissue Donation Requests:

We may disclose health information about you as required or needed to authorized organ procurement organizations.

To Avert a Serious or Imminent Threat to Health or Safety:

We may use and disclose your health information when we reasonably believe it is necessary to prevent a serious or imminent threat to the health and safety of you, the public, or another person. The disclosure would only be to someone who is likely to help prevent the threat, such as law enforcement.

Disclosures to Business Associates:

A business associate (e.g. transcription company or accountant) performs services on behalf of PeaceHealth. We will have a written contract in place with the business associate requiring them to protect the privacy of the medical information they access, use or disclose.

Our Uses and Disclosures

Work with a medical examiner or funeral director:

- We may disclose health information to a coroner or medical examiner, as necessary or required to identify a deceased person or determine the cause of death.
- We may also disclose your health information to funeral directors so they can perform their duties.

Workmen's Compensation:

We may disclose your health information for workers' compensation or similar programs, to the extent authorized by law.

National Security, Intelligence Agencies, Protective Services, and Military Personnel:

- We may disclose your health information to authorized federal officials for intelligence, counterintelligence, special investigations, and other national security activities authorized by law or to protect the President or other authorized persons.
- If you are a member of the armed forces, we may disclose health information about you as required by your military command authorities.

Inmates:

We may disclose health information about an individual who is an inmate or is in custody of correctional institution or law enforcement official.

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, in our offices, and on our website.

PeaceHealth

1115 SE 164th Ave.

Vancouver, WA 98683 | 877-261-8031

www.peacehealth.org

