

Tri-State Memorial Hospital

Summary Notice of Privacy Practices

***This is a brief summary of our Privacy Practices—
the complete “Notice of Privacy Practices” begins on page 2***

This Notice of Privacy Practices applies to Tri-State Memorial Hospital and its personnel, volunteers, students and trainees. It also applies to other health care providers that come to our facility—Tri-State Memorial Hospital—to care for patients, such as physicians, physician assistants and other health care providers who are not employed by Tri-State Memorial Hospital. Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. The information in that record can be called your “Protected Health Information.” Your health record is the property of the healthcare provider or facility that collected it. The information in the record belongs to you. Usually, this record contains information about your exam, test results, treatment, and a plan for your care.

The information is used:

- To diagnose, treat, or create a plan to treat you
- As a legal document describing the care you received
- As a way to verify services billed were actually provided
- As a source of information for public health officials charged with improving the health of our nation
- As a tool for us to work to improve the care we provide
- As a source of data for medical research

Understanding what is in your record and how your health information is used helps you to:

- Make certain it is correct
- Better understand who, what, where and why others may access your health information
- Make more informed decisions when you give permission to disclosure information to others

YOUR RIGHTS:

You have the right to:

- ▶ Obtain a paper copy of Tri-State Memorial Hospital’s Notice of Privacy Practices
- ▶ Request a restriction on certain uses and disclosures
- ▶ Inspect and obtain a copy of your health record
- ▶ Request an amendment if your health record is not correct
- ▶ Obtain an accounting of certain disclosures
- ▶ Request communications of your health information at a different location or by a different method
- ▶ Revoke your authorization to disclose health information, unless the information has already been released

If you believe your privacy rights have been violated, you may file a complaint with Tri-State Memorial Hospital or with the Secretary of the Department of Health and Human Services. All complaints should be submitted in writing. You will not be penalized for filing a complaint.

OUR RESPONSIBILITIES:

We are required to:

- ▶ Maintain the privacy of your health information
- ▶ Provide you with a notice of our legal duties and privacy practices
- ▶ Follow the terms of our Notice of Privacy Practices
- ▶ Notify you if we can’t agree to your requested restriction
- ▶ Notify you in writing if there is a significant breach of your health information, as defined in the HITECH privacy breach notification rule
- ▶ Accommodate your reasonable requests for communications at a different location or by a different method

TRI-STATE MEMORIAL HOSPITAL

HIPAA Notice of Privacy Practices

Effective Date: April 2003, Rev. 12/09

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW ITCAREFULLY.

If you have any questions about this notice, please contact: the Privacy Officer at 509.758.5511/Tri-State Memorial Hospital.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Please review it carefully.

“Protected health information” is information about you, including information that may identify you and that relates to your past, present, or future physical or mental health or condition and related to health care services.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This Notice of Privacy Practices applies to Tri-State Memorial Hospital and its personnel, volunteers, students and trainees. It also applies to other health care providers that come to the facilities of Tri-State Memorial Hospital to care for patients, such as physicians, physician assistants and other health care providers who are not employed by Tri-State Memorial Hospital.

This notice applies to all of the records of your care generated by Tri-State Memorial Hospital, whether made by Tri-State Memorial Hospital personnel or by your doctor.

1. CHANGES TO THIS NOTICE

- ▶ We are required by law to abide by the terms of this Notice of Privacy Practices. We are required by law to keep your protected health information private and to provide you with a notice of our legal duties and our privacy practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. The Notice is available by accessing our website at www.tristatehospital.org, calling the phone number at the end of this document and requesting that a revised copy be sent to you in the mail, or by asking for a copy at the time of your next visit or admission.

2. 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 you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or other healthcare personnel who are involved in taking care of you. For example, a doctor treating you may

request a copy of your medical record. Your protected health information may be provided from time-to-time to another doctor or health care provider who, at the request of your doctor, becomes involved in your care. This is done to ensure that the doctor has the necessary information to diagnose or treat you. In addition, if you are hospitalized, medical information may be shared with different departments of the hospital in order to coordinate the different services that you need. We may also make your protected health information available to other health care organizations that are involved in your care via our computer network. We may also disclose medical information about you to people who may be involved in your medical care after you leave the hospital, such as family members, clergy, or others that are part of your care.

- ▶ **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at Tri-State Memorial Hospital can be billed and payment can be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about services you received so your health plan will pay us or reimburse you for the services. We may also tell your health plan or the sponsor of the health plan about services or treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the services. For example, your health plan may require prior authorization before services are covered.
- ▶ **For Health Care Operations:** We may use and disclose medical information about you in order to support the business activities of our organization. These uses and disclosures are necessary to provide services and make sure 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 Tri-State Memorial Hospital patients to decide what additional services we should offer, what services are not needed, and whether certain new procedures are effective. We may also disclose information to your doctor, nurse, technician, or other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health care organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information identifying you from such combined sets of medical information so that others may use such for clinical studies without learning the identity of specific patients.
 - **For Appointments:** We may call you by name in the waiting room when we are ready to see you. We may use or disclose your protected health information, as necessary, to remind you of your appointment.
 - **To Contracted Service Providers:** We may share your protected health information with business associates that perform various activities for us (for example, billing, transcription services, patient satisfaction survey companies, document storage companies, accreditation organizations). If we do disclose protected health information to business associates, they are required by their contracts to keep all information confidential.
 - **For Health-Related Benefits and Services:** We may also use and disclose your protected health information, as necessary, to provide you with information about health-related benefits and services that may be of interest to you.
 - **To 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. In addition, we may 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.
- ▶ **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- ▶ **For Fundraising:** We may disclose protected health information about you for fundraising. For example, we may provide your name and phone number to an organization to enable them to solicit a donation from you.

- ▶ **For a Facility Patient Directory:** We may include information about you in our facility patient directory if you are in the hospital. For example, the facility directory may contain information regarding your name, your hospital room number and your general condition. This information will be given to visitors and others who ask for you by name, unless you have told us that you do not want us to give out this information. Information about your religion may be given to members of the clergy who want to come to visit you in the hospital. You may limit the information that we include in our facility directory by telling us what you want excluded when you enter the hospital or at any time during your hospital stay.
- ▶ **For Marketing:** We may provide you with general marketing information about our services or give you small promotional gifts when we see you in person without your written authorization. For example, we may send you a newsletter or a list of our health classes or we may give you a pen with our organization's name on it.
- ▶ **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.

3. OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

- ▶ **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (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 services. We may also disclose your protected health information 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 protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs. For example, we are required by Washington state law to disclose health information to the Department of Labor and Industries or a self-insured employer for workers' compensation or crime victims' claims. We can disclose health information to an employer about light duty work without any authorization from you. We can disclose health information to an employer without an authorization from you if the information is about a workplace injury or illness, a workplace medical surveillance or a return-to-work examination.
- ▶ **Public Health Risks.** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability; to report the abuse or neglect of children, elders and dependent adults; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority. We may disclose your protected health information, if authorized by law, when you may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- ▶ **Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking such information would include: government agencies that oversee the health care system, government benefit programs and government agencies that oversee compliance with civil rights laws.

- ▶ **Legal Proceedings, Lawsuits and Disputes.** We may disclose your protected health information in response to a court or administrative order or in response to a subpoena, discovery request, or other lawful process to the extent such disclosure is expressly authorized.
- ▶ **Law Enforcement.** We may disclose your protected health information for law enforcement purposes when applicable legal requirements are met. These law enforcement purposes include: (1) legal processes, as required by law, (2) identification or location of a suspect, fugitive, material witness, or missing person; (3) investigations pertaining to victims of a crime; (4) suspicion that death has occurred as a result of criminal conduct; (5) investigations of a crime that occurred on the premises of the entity; and (6) in a medical emergency (not on our premises) in which a crime may have been committed.
- ▶ **Coroners, Medical Examiners, Funeral Directors, and Organ Donation:** We may disclose your protected health information to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. Protected health information may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.
- ▶ **Inmates.** We may disclose your protected health information if you are an inmate of a correctional institution or under the custody of a law enforcement official 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.
- ▶ **Other uses and disclosures will be made only with your written authorization.** You may revoke such authorization at any time.

4. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding your protected health information:

- ▶ **Right to Inspect and Copy:** You have the right to inspect and receive a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.
 - To inspect and receive a copy of medical information, you must submit your request in writing to the Medical Records Department. 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 in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Tri-State Memorial Hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- ▶ **Right to Amend.** If you feel that protected health 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 Tri-State Memorial Hospital.
 - To request an amendment, your request must be made in writing and submitted to Tri-State Memorial Hospital-Medical Records. 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:

(1) Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) Is not part of the medical information kept by or for Tri-State Memorial Hospital; (3) Is not part of the information which you would be permitted to inspect and copy; or (4) Is accurate and complete.

- ▶ **Right to an Accounting of Certain Disclosures.** You have the right to request an "accounting of disclosures." An accounting of disclosures is a listing of the disclosures we have made of your health information, except as it was used for treatment, payment or health care operations. This right excludes disclosures for treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It also excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003.
 - To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at Tri-State Memorial Hospital. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request 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 protected health information we use or disclose about you for treatment, payment or health care operations. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices.
 - *We are not required to agree to a restriction that you may request.* If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If we do agree to the requested restriction, we will comply with your request, unless the information is needed to provide you emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician.
 - To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, our disclosure or both; and (3) specifically, the individual or entity to whom you want the restriction to apply.

- ▶ **Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Or, you can obtain a copy of this notice from our website at www.tristatehospital.org.

- ▶ **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 or alternative address. For example, you can ask that we only contact you by mail at a different address. We will accommodate reasonable requests. We will not ask the reason for your request. We may, however, ask you for information as to how payment will be handled.
 - To request confidential communications, you must make your request in writing to the Privacy Officer. Your request must specify how or where you wish to be contacted.

5. **PRIVACY BREACH NOTIFICATION**

Federal law requires that you be notified without unreasonable delay if there is a confirmed breach of the privacy of your protected health information by Tri-State Memorial Hospital; with notification to be made to you no later than 60 days after discovery of the breach, unless the notice must be delayed because a law enforcement official has requested the delay to prevent interference with a pending criminal investigation

or harm to national security. This notification is only required if the breach poses a “significant risk of financial, reputational or other harm” to you.

6. PRIVACY COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Tri-State Memorial Hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with Tri-State Memorial Hospital, contact the Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a concern.

- To file a complaint, you must make your request in writing to:

Privacy Officer
Tri-State Memorial Hospital
PO Box 189
Clarkston, WA 99403
509.758.5511