

**Wallowa County Health Care District**

**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 READ IT CAREFULLY.**

Wallowa Memorial Hospital is required by law to maintain the privacy of your health information. Wallowa Memorial Hospital is also required to provide you with a notice that describes Wallowa Memorial Hospital's legal duties and privacy practices and your privacy rights with respect to your health information. We will follow the privacy practices described in this notice. If you have any questions about any part of this Privacy Practices Notice or if you want more information about the privacy practices of Wallowa Memorial Hospital, please contact our Privacy Officer at (541) 426-5309.

**WHO WILL FOLLOW THIS NOTICE:**

This notice describes our hospital's practices and that of:

- Any health care professional authorized to enter information into your hospital chart.
- All departments and units of the hospital.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff and other hospital personnel.
- Wallowa County Healthcare District (WCHCD) including the following entities: Wallowa Memorial Hospital, General Surgery Clinic and WCHCD Home Health Services.
- All these entities, sites and locations will follow the terms of this notice. In addition, these entities, sites and locations may share medical information about each other for treatment, payment or hospital operations purposes described in this notice.

## **OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel, your personal doctor, or other practitioners involved in your care. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

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

## **How Wallowa Memorial Hospital May Use or Disclose Your Health Information for Treatment, Payment, or Health Care Operations.**

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 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, healthcare students, clergy, or others who are involved in your care. 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 dietician if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as long-term care facilities or other we or your physician uses to provide services 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 the hospital may be billed to 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 the hospital 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 determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital 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 or we or our designee may send you a Patient Satisfaction Survey. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new services are effective. We may also disclose information to doctors, nurses, technicians, healthcare students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with 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 who the specific patients are.

**Other Ways That Wallowa Memorial Hospital May Use or Disclose Your Health Information Without Your Written Authorization:**

The following categories describe ways that Wallowa Memorial Hospital may use and disclose your health information without your authorization.

1. **As Required By Law:** We may use and disclose your health information when that use or disclosure is required by law. For example, we may disclose medical information to report child abuse or to respond to a court order.
2. **Public Health:** We may disclose medical information about you for public health activities. We may use or disclose medical information about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report reactions to medications or problems with products; or 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.

3. **Victims of Abuse, Neglect or Violence:** We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect or violence relating to children or the elderly.
4. **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.
5. **Lawsuits and Disputes:** If you are involved in a lawsuit or 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.
6. **Law Enforcement:** We may disclose your medical information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, or missing person, or complying with a court order or other law enforcement purposes.
7. **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 the hospital to funeral directors as necessary to carry out their duties.
8. **Cadaveric, Organ, Eye or Tissue Donation:** If you are an organ donor or recipient, 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.
9. **Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. 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. All research projects, however, are subject to a special approval process. We will ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the hospital.
10. **To Avert a Serious Threat to Health or Safety:** We may disclose your medical information in a very limited manner to appropriate persons to prevent a serious threat to the health or safety of a particular person or to the general public. Disclosure is usually limited to law enforcement personnel who are involved in protecting the public safety.

11. **Specialized Government Functions:** Under certain and very limited circumstances, we may disclose your health information for military, national security, or law enforcement custodial situations. 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.
12. **Workers' Compensation:** Both state and federal law allow disclosures of your health information that is reasonably related to a worker's compensation injury to be disclosed without your authorization. These programs may provide benefits for work-related injuries or illness.
13. **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.
14. **Health Related Benefits and Services:** We may use and disclose medical information to tell you about health-related benefits, services or medical education classes that may be of interest to you.
15. **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.
16. **Hospital Directory:** Unless you object, we may use your health information, such as your name, location in our facility, your general health condition (e.g., "stable," or "unstable"), and your religious affiliation in our directory. The directory information, except for your religious affiliation may be released to people, or the media, who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. 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.

**When Wallowa Memorial Hospital is Required to Obtain an Authorization to Use or Disclose Your Health Information:**

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. For example, uses and disclosures made for the purpose of psychotherapy, marketing and the sale of protected health information require

your authorization. If your provider intends to engage in fundraising, you have the right to opt out of receiving such communications. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures he have already made with your permission.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

1. **Inspect And Copy Your Medical Information.** You have the right to inspect and obtain a copy of your health care information. You have the right to request that the copy be provided in an electronic form or format (e.g., PDF saved onto CD). If the form and format are not readily producible, then the organization will work with you to provide it in a reasonable electronic form or format. For example, you may request a copy of your immunization record from your health care provider. This right of access does not apply to psychotherapy notes, which are maintained for the personal use of a mental health professional. Your request for inspection or access must be submitted in writing to: Wallowa Memorial Hospital, 601 Medical Parkway, Enterprise, OR, 97828. Ph. (541) 426-3111. In addition, we may charge you a reasonable fee to cover our expenses for copying your health information.
2. **Request To Correct your Medical Information.** You have a right to request that Wallowa Memorial Hospital amend your medical information that you believe is incorrect or incomplete. For example, if you believe the date of your heart surgery is incorrect; you may request that the information be corrected. We are not required to change your medical information and if your request is denied we will provide you information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to Director of Health Information Management, 601 Medical Parkway, Enterprise, OR 97828. You must also provide a reason for your request.
3. **Request Restrictions on Certain Uses and Disclosures.** You have the right to request restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or the health care operation activities. However, we are not required to agree in all circumstances to your requested restrictions, except in the case of a disclosure restricted to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and the protected health information pertains solely to a health care item or service for which you, or the person other than the health plan on your behalf, has paid the covered entity in full. If you would like to make a request for restrictions, you must submit your request in writing to: Health Information Management

Department, Wallowa Memorial Hospital, 601 Medical Parkway, Enterprise, OR 97828.  
Ph. (541) 426-5309.

4. **Receive Confidential Communications Of Medical Information:** You have the right to request that we communicate your medical information to you in different ways or places. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted.

To request confidential communications, you must submit your request in writing to Director, Health Information Management Department, Wallowa Memorial Hospital, 601 Medical Parkway, Enterprise, OR 97828.

5. **Receive A Record of Disclosures Of Your Medical Information.** You have the right to request a list of the disclosures of your health information that we have made in compliance with federal and state law. This list will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made.
6. **Obtain A Paper Copy Of This Notice.** Upon your request, you may at any time receive a paper copy of this notice. To obtain a paper copy of this Notice, send your written request to Health Information Management Department, 601 Medical Parkway, Enterprise, OR 97828. This notice is also available at the Wallowa Memorial Hospital website: [wchcd.org](http://wchcd.org).

## **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 on the hospital website. 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 hospital 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 submit your complaint in writing to the Privacy Officer in the Health Information Management Department at the hospital. Contact information: Wallowa Memorial Hospital, Health Information Management Department, Enterprise, Oregon, 97828. Ph: (541) 426-5309.

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.

**The quality of your care will not be jeopardized nor will you be penalized for filing 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. Please understand that we are unable to take back any disclosures we have already made with your permission.