

Notice of Privacy Practices

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



St. Charles
HEALTH SYSTEM

This Notice of Privacy Practices applies to St. Charles Health System, which includes all St. Charles hospitals and St. Charles Medical Group clinics. We are committed to protecting the privacy of health information we create or receive about you. Health information that identifies you (“protected health information” or “health information”) includes your medical record and other information relating to your care or payment for care.

St. Charles Health System

2500 NE Neff Road, Bend, OR 97701
www.stcharleshealthcare.org

SCHS Privacy Office

877-847-4535 or 541-706-7760
privacyofficer@stcharleshealthcare.org

Your information. Your rights. Our responsibilities.

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.

YOUR RIGHTS

You have the right to:

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

See pages four and five for more information on these rights and how to exercise them.

YOUR CHOICES

You have some choices in the way that we use and share your information as we:

- Discuss your condition with family and friends
- Provide disaster relief
- Add your information to hospital directories
- Provide mental health care
- Market our services
- Raise funds

See page six for more information on these choices and how to exercise them.

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Treat you
- Run our organization
- Send appointment reminders
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Participate in state registries
- Respond to organ and tissue donation requests
- Work with medical examiners or funeral directors
- Address workers' compensation, law enforcement and other government requests
- Respond to legal and regulatory requests

See pages seven through nine for more information on these uses and disclosures

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 can ask to see or get an electronic or paper copy of your medical record and other health information. Ask us how to make this request.
- You can receive a copy or a summary of your health information. We may charge a reasonable, cost-based fee for this copy or summary.

Ask us to correct your medical record

- You can ask us to correct (amend/supplement) health information about you that you think is incorrect or incomplete. Ask us how to make this request.
- We may deny your request for legally appropriate reasons.

Request confidential communications

- You can ask us to contact you in a specific way (for example, at your home or office phone) or to send mail to a specific address.
- We will accept all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We may deny your request for legally appropriate reasons.
- If you pay for a service or health care item out-of-pocket in full, you may ask us not to share information about that service or item with your health insurer. We will accept your request unless the law requires us to share that information.

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

- You can ask for a list (accounting of disclosures) of the times, ways, reasons, and people with whom we've shared your health information.
- We will include in the accounting all disclosures except disclosures made for treatment, payment, and health care operations, and disclosures made at your request. We will provide one accounting a year for free but will charge a reasonable, cost-based fee for each additional accounting provided within a 12-month period.

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.
- We will provide you with a paper copy promptly.

Choose someone to make health care decisions for you

- If you have given someone medical power of attorney, appointed someone as your health care representative, or if someone is your legal guardian, that person may exercise your rights and make choices about your health information.
- We will make sure the person has authority to act for you before we take direction from or provide information to him or her.

File a complaint if you feel your rights have been violated

- You can file a complaint if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

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

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

You have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Share your religious affiliation with our Spiritual Care Services department

If you are not able to tell us your preference - for example, if you are unconscious - we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

You must give us written permission in order for us to:

- Use and share your information for marketing purposes
- Share your psychotherapy notes, except in rare situations

In the case of fundraising:

- We may contact you for fundraising efforts.
- If you do not want to be contacted for fundraising efforts, you must notify us in writing at: St. Charles Foundation, 2500 NE Neff Road, Bend, OR 97701.

OUR USES AND DISCLOSURES

We typically use or share your health information in the following ways:

Treat you

- We can use and share your health information with professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our organization, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

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

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

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 for public health promotion and research. We have to meet many conditions in 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.

OUR USES AND DISCLOSURES

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We can share information about you as permitted or required by state or federal laws.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information about you with a coroner, medical examiner or funeral director.

Address workers' compensation, law enforcement and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security and presidential protective services

Respond to legal requests

- We can share health information about you in response to a court order, administrative order, search warrant, or subpoena.

Participate in health information exchanges

- We can use and share health information about you through electronic health information exchanges so that the information is readily available to health care providers, regardless of where they are treating you. Health information exchanges are also used to improve treatment, billing, and operations.

Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a reportable breach may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice.
- We will provide you with a copy of this notice upon request.
- We will not use or share your information other than as described here unless you tell us we can in writing.

For more information:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

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 office, and on our web site.

To request a copy of your Health Information, a Summary of Care, Amendment, Addendum, Restriction, or Accounting of Disclosure Form please contact:

**St. Charles Health System
Health Information Management Department**

2500 NE Neff Road, Bend, OR 97701

541-382-4321 ext. 7784, option 1

