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

PLEASE REVIEW IT CAREFULLY.

This notice applies to St. Charles Health System, Inc. (“St. Charles”), its staff, and all of its affiliated covered entity health care providers, including:

- All divisions, affiliates, facilities, medical groups, department and units of St. Charles;
- Any member of a volunteer group we allow to help you;
- Your personal doctor or other health care provider;
- Physicians and other health care professionals who work for or are contracted to provide services for St. Charles.

We are Required by Law to:

- Make sure that all of your medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices; and
- Follow the terms of the Notice of Privacy Practices that is currently in effect.

How else can we use or share your health information?

- Treatment
  We may use your medical information to provide you with medical treatment or services. We may also disclose your medical information to doctors, nurses, technicians, health care students, or other personnel who are involved in your care.

Example: We may share your health information with a doctor treating you for a broken bone who needs full access to your health information to learn of any medical conditions that could affect the healing process.

- Research
  Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, must be reviewed and approved by either an institutional review board (IRB) or privacy board. In limited situations, your medical information may be reviewed by a researcher preparing to conduct a research study.

- Public Health
  We may use your medical information to monitor or report your health for public health purposes. If you are an organ donor, then we may release medical information to organizations that handle organ procurement or organ donation, or to organ donation banks, as necessary, to facilitate organ donation and transplantation.

- National Security
  We may disclose medical information about you to federal officials for national security purposes.

- Protective Services
  We may disclose medical information about you to federal officials for the protection of the President, other authorized persons, or foreign heads of state or to conduct special investigations.

- Law Enforcement
  We may disclose limited protected health information (PHI) if asked to do so by a law enforcement official.

- Treatment
  We may use your medical information to provide you with medical treatment or services. We may also disclose your medical information to doctors, nurses, technicians, health care students, or other personnel who are involved in your care.

Example: We may tell your insurer about a treatment you are going to receive to obtain prior approval, to determine whether your plan will cover the treatment, or to resolve an appeal or grievance.

- Health Care Operations
  We use and share your health information to run our organization.

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

How else can we use or share your health information?

- Public Health
  We may use your medical information to monitor or report your health for public health purposes.

- National Security
  We may disclose medical information about you to federal officials for national security purposes.

- Protective Services
  We may disclose medical information about you to federal officials for the protection of the President, other authorized persons, or foreign heads of state or to conduct special investigations.

- Law Enforcement
  We may disclose limited protected health information (PHI) if asked to do so by a law enforcement official.

Example: In response to a court order, subpoena, warrant, summons or similar process;
YOUR CHOICES ABOUT USE AND DISCLOSURE

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

Communications with Family and Friends
You have the right and the choice to tell us to share information with your family, close friends, or others involved in your care. In addition, you may tell us to disclose medical information about you to(entity entity assisting in a disaster relief effort so that you and your family can be notified about your condition, status and location. If you are not able to tell us your preference - for example, if you are unconscious - we may share your information with friends and/or family members if we believe that doing so is in your best interest.

Health Information Exchanges
We can use and share health information about you through electronic health information exchanges ("EHI") so that the information is readily available to health care providers, regardless of where they are treating you. EHS are used to improve treatment, billing, and operations, and are designed to securely share your medical information electronically with your other providers for treatment and payment purposes. The goal of the EHI is to provide safer, more coordinated patient care by sharing medical information with participating physicians and providers. This means that, wherever you go, your health information is available to providers who participate in the EHI. St. Charles currently participates in EHS such as EpicCare Everywhere (“Care Everywhere”) and Reliance. You may opt-out of Care Everywhere by contacting the St. Charles Health Information Management Department. You may choose to opt-out in any time by contacting HIM and requesting to revoke your EHI Opt-Out. For more information regarding Reliance, or to opt-out, please visit www.reliancecare.org.

Anonymous and Coded Genetic Research
Coded genetic research uses DNA samples that are coded with a key in order to keep the researcher from linking the individual’s identity to the sample. Anonymous research uses samples with no identifying information about the individual. Research allows for the improvement of treatment for heart disease, diabetes, cancer, and other diseases and conditions. You may choose to opt out of anonymous and coded genetic research.

If you choose to do so, please contact the Privacy Office at 541-706-5932.

Appointment Reminders
We may use or disclose your medical information to remind you that you have an appointment for treatment or medical care at a St. Charles facility. You may opt-out of receiving these appointment reminders by notifying the hospital or clinic registration staff.

Facility Directory
We may include limited information about you in the facility directory while you are a patient at a St. Charles hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest, minister, rabbi, or someone of like faith, even if he or she does not ask for you by name. Directory information is shared so your family, friends and clergy can visit you in the hospital and generally know how you are doing. To opt out of the facility directory, please notify Patient Registration or your nursing staff. By opting out, you will be excluded from the facility directory, and the hospital will not acknowledge your admission to anyone inquiring.

Fundraising Activities
We may use your medical information to contact you in an effort to raise money for St. Charles and its operations. If you would prefer not to receive fundraising communications, please notify us in writing at: St. Charles Foundation, 2500 NE Neff Road, Bend, OR 97701.

USES OF MEDICAL INFORMATION REQUIRING AUTHORIZATION

We will not release health information or release any information for certain purposes without your authorization.

Psychotherapy Notes
We must obtain your written permission to disclose psychotherapy notes except in certain circumstances. For example, written permission is not required for use of those notes by the author of the notes with respect to your treatment, or use or disclosure by us for training of mental health practitioners, or to defend St. Charles in a legal action brought by you.

Marketing
We must obtain your written permission to use or disclose your medical information for marketing purposes except in certain circumstances. For example, written permission is not required for use to face-to-face encounters involving marketing, or where we are providing a gift of nominal value (example: a coffee mug), or a communication about our own services or products (example: we may send you a postcard announcing the arrival of a new surgeon or x-ray machine).

Sale of PHI
We must obtain your written permission to disclose your medical information in exchange for remuneration.

Other Uses and Disclosures
Other Uses and Disclosures of your PHI not covered by the categories included in this Notice or applicable laws, rules or regulations will be made only with your written permission or authorization.

If you provide us with written authorization to make a disclosure, you may revoke it at any time. We are not able to take back any Uses or Disclosures that we already made with your authorization. We are required to retain your medical information regarding the care and treatment that we provided to you. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding your medical information:

Get an electronic or paper copy of your medical record
You have the right to inspect and receive a copy of medical information that may be used to make decisions about your care. To receive a copy of your medical records, contact the Health Information Management Department and request an authorization form. We may charge a reasonable, cost-based fee for a copy or summary of your medical information. We will provide a copy or a summary of your health information, usually within thirty days of your request. We may deny your request for a copy or summary in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. We will review your request as required by law, and only deny access as permitted by applicable regulations.

Request an amendment to your medical record
If you feel that your medical information is incorrect or incomplete, you may request an amendment. While you are receiving treatment, you may direct your request to the provider who created the record. After treatment, you may contact the Health Information Management Department and request an amendment form. Medical records will be amended only through the addition of the new or different information. Existing records cannot be removed, destroyed, or altered in a way that makes the original entry unreadable. We may deny your request for an amendment if the information was not created by us, is not part of the medical information kept by or for us, is not part of the information that you are permitted to inspect and copy, or is accurate and complete as written. If we deny your request, we will provide you with an explanation in writing within sixty days.

Request a restriction
You have the right to request a restriction on the medical information we use and/or disclose about you for treatment, payment or health care operations. We are not required to agree to your request. As a matter of routine, St. Charles does not agree to restrictions on the use of information for treatment, payment, or health care operations. However, if you have special circumstances that we should consider, you may request a restriction by contacting the Privacy Office at 541-706-5932.

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.

Request an accounting of disclosures
You have the right to request an accounting of disclosures. This is a list of the disclosures of your medical information during the six years prior to your request that you did not request and that we have made for purposes other than treatment, payment, or health care operations, to whom we have made these disclosures, and why. To request an accounting of disclosures, contact the Health Information Management Department. We will provide one accounting for free but will charge a reasonable, cost-based fee for each additional accounting provided within a 12-month period.

Request confidential communications
You can ask us to contact you about your medical condition, treatment, or billing in a specific way (for example, by phone) or at a specific address or number. We will accept all reasonable requests. If you make this request after treatment has begun, you may also have to make your request to the physicians treating you at St. Charles.

2
02/06/2020
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.

Request a paper copy of this notice
You have the right to receive a paper copy of this notice. To obtain this copy, please ask the staff caring for you at St. Charles.

File a complaint if you feel your rights have been violated
If you feel we have violated your rights, you may file a complaint by contacting the:

St. Charles Compliance and Privacy Office at 541-706-5932
St. Charles Health System, Inc.
2500 NE Neff Road, Bend, OR 97701
www.stcharleshealthcare.org
Attention: Legal and Compliance
Phone: 877-859-6202 or 541-706-5932
Email: privacyofficer@stcharleshealthcare.org

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at:

OCR Regional Manager, Office of Civil Rights
200 Independence Avenue, S.W.,
Washington, D.C. 20201
Website: www.hhs.gov/ocr/privacy/hipaa/complaints/

We will not retaliate against you for filing a complaint.

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 and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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 in our facilities and on the St. Charles website. Each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will have the notice available for you to take with you, at your request.

To request a copy of your medical records, HIE opt out form, amendment request, restriction request, or accounting of disclosures form, please contact:

St. Charles Health Information Management Department
2500 NE Neff Road, Bend, OR 97701
541-382-4321 ext. 7784, option 1
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticemp.html