

**Effective Date: September 2013**

## **NOTICE OF PRIVACY PRACTICES**

This Joint Notice of Privacy Practices (Notice) describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The Notice is being provided to you on behalf of Providence Health & Services (Providence), its medical staff and other providers (collectively referred to herein as “we” or “our”).

### **Providence is committed to protecting the confidentiality of your health information.**

We are required by law to maintain the privacy of your Protected Health Information (commonly called PHI or health information), including PHI in electronic format. We are also required to notify you of our legal duties and privacy practices regarding your health information and abide by the practices of this Notice, unless more stringent laws or regulations apply. This Notice applies to all Providence facilities, services and programs that provide healthcare to you.

### **Application of this Notice**

The information privacy practices described in this Notice will be followed by:

Any healthcare professional who treats you at any of our locations.

All facilities, departments and units, including hospitals, surgical centers, home care, clinics and other affiliates.

All workforce members such as employees, medical staff, trainees, students, volunteers and other persons under our direct control whether or not they are paid by us.

Other healthcare providers that have agreed to abide by this Notice of Privacy Practices.

This Notice provides detailed information about how we may use and disclose your health information with or without authorization as well as more information about your specific rights with respect to your health information.

### **Uses and disclosures of your health information that we may make without your authorization**

**TO CONTACT YOU:** Your information may be used to contact you to remind you about appointments, provide test results, inform you about treatment options or advise you about other health-related benefits and services.

**TREATMENT:** Your information may be shared with any healthcare provider who is providing you with healthcare services. This includes coordinating your care with other healthcare providers and providing referrals to other healthcare providers. Examples of healthcare providers who may need your information to treat you include your doctor, pharmacist, nurse, and other providers such as physical therapists, home health providers and x-ray technicians. We may share your information electronically with your healthcare providers in order to make sure they have your information as quickly as possible to treat you.

We may share your health information with any family member or friend who is involved in assisting with your healthcare. We will only do this if you agree or do not object, and will only share with them the information they need in order to help you. If you are unable to either agree or object to such a disclosure, we may disclose your healthcare information as necessary if we determine that it is in your best interest based on our professional judgment. We may disclose health information to a family member, relative, or another person who was involved in your healthcare or payment for healthcare when you are deceased if not inconsistent with your prior expressed preferences.

**PAYMENT:** In order to obtain payment for your healthcare services, we may have to provide your health information to the party responsible for paying. This may include Medicare, Medicaid (state health plan) or your insurance company. Your insurance company or health plan may need your information for activities such as determining your eligibility for coverage, reviewing the medical necessity of the healthcare services provided to you or providing approval for hospital services or stays.

**HEALTHCARE OPERATIONS:** Your health information may be used in order to support our business activities and to assure that quality healthcare services are being provided. Some of these activities include quality assessments, peer or employee review, training of medical personnel, licensure and accreditation, data aggregation and audits by regulatory agencies.

We may share your PHI with third parties who perform services such as transcription or billing. In those cases, we have written agreements with the third parties that they will not use or disclose your health information except if permitted by law.

We may also use your information (name, address, date of birth, department of service, treating physician, dates of treatment, outcome) for our fund raising activities. **You have the right to opt out of receiving such communications.** If you do not want to receive these materials, please contact our foundation office and request that these materials not be sent to you.

Unless you object, your name and location may be included in our patient directory. If it is included, we will only share very limited information about you, such as your location in a hospital and general status, with anyone who asks about you by name. If you choose to provide your religious affiliation and do not object, we may provide your name and room number to clergy from your faith or religious community.

This Notice also describes the privacy practices of an Organized Health Care Arrangement (“OHCA”) between us and certain eligible healthcare providers and organizations. An OHCA allows legally separate covered entities to use and disclose PHI for the joint operation of the arrangement. We participate in such an arrangement of health care organizations who have agreed to work with each other to facilitate access to health information relevant to your care. For example, if you present to a hospital for emergency care and cannot provide important information about your health, the OHCA will allow us to use your PHI from our OHCA participants to treat you. When it is needed, ready access to your PHI means better care for you. We store health information about our patients in a joint electronic health record with other health care providers who participate in this OHCA. Providence and members of the OHCA must be able to share your health information freely for treatment, payment and healthcare operations purposes. For this reason, we have created the OHCA and this Joint Notice. OHCA members may choose to have their own Notice(s).

For information about organizations participating in our OHCA, please contact the Privacy Office listed in this Notice.

### **Other uses and disclosures that we may make WITHOUT your authorization**

There are a number of ways that your health information may be used or disclosed without your authorization. Generally, these uses and disclosures are either required by law or for public health and safety purposes.

**WHEN REQUIRED BY LAW:** We may use or disclose your health information when required by law. If this happens, we will comply with the law and will only disclose the information necessary.

**PUBLIC HEALTH:** We may disclose your health information to a public health authority for public health activities. Public health activities include preventing or controlling disease, injury, disability, and responding to reports of abuse, neglect or domestic violence. We may disclose your health information to a person or agency required to report adverse events, product defects or problems, biologic product deviations, or for product recalls, repairs or replacements. Any disclosures of this nature will be made consistent with state and federal law.

**HEALTH OVERSIGHT:** We may disclose your health information to health oversight agencies for oversight activities authorized by law, such as audits, investigations, and inspections. Health oversight agencies include government agencies that oversee the healthcare system, government benefit programs, government regulatory programs and civil rights.

**LEGAL PROCEEDINGS:** We may use or disclose your health information in response to a court or administrative order in an administrative or judicial proceeding, or in response to a subpoena, discovery request or other legal process.

**LAW ENFORCEMENT:** We may use or disclose your health information for law enforcement purposes. Examples include (1) responding to legal processes; (2) providing limited information to identify or locate a suspect; (3) providing information about crime victims; (4) reporting suspicion that death has occurred as a result of criminal conduct; (5) reporting a crime which occurred on our premises; and (6) for medical emergencies, reporting where it appears likely a crime occurred.

**PREVENTING A SERIOUS THREAT:** We may use or disclose your health information if we believe in good faith that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or of the public. Disclosure may only be made to a person reasonably able to prevent or lessen the threat.

**CORONERS, FUNERAL DIRECTORS, AND ORGAN DONATION:** We may disclose your health information to a coroner or medical examiner for identification purposes, determining cause of death or other legally required duties. We may disclose your health information to a funeral director in order to permit him/ her to perform his/her duties. We may disclose your information to facilitate an organ, eye or tissue donation.

**RESEARCH:** We may disclose your health information to researchers, provided that the research has been approved by an Institutional Review Board and/or a Privacy Board, and the research protocols have been approved to ensure your privacy. We may disclose healthcare information about you to people preparing to conduct a research project.

**MILITARY ACTIVITY AND NATIONAL SECURITY:** We may disclose the health information of 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 a foreign military authority if you are a member of that foreign military service. We may also disclose your health information to authorized federal officials to conduct national security and intelligence activities, including the provision of protective services to the President or others legally authorized to receive information.

**INMATES/ARRESTEES:** We may use or disclose your health information to a correctional institution or law enforcement official if you are an inmate of a correctional facility or are in custody and the information is necessary to treat you or protect the health and safety of you, other inmates, employees at the correctional facility or others.

**WORKERS' COMPENSATION:** We may use or disclose your health information as necessary to comply with workers' compensation laws and other similar legally established programs.

**DISASTER RELIEF:** We may disclose healthcare information about you to an entity assisting in a disaster relief effort so that your family and friends can be notified about your condition, status, and location.

### **Uses and disclosures of your health information that we may make WITH your authorization**

Certain uses and disclosures of your health information, including marketing, sale of health information or release of psychotherapy notes, will be made only with your written authorization. You may revoke an authorization in writing at any time, except to the extent that we have already taken action in reliance on the authorization.

Uses and disclosures not otherwise described in this Notice will be made only with your written authorization.

Federal and state laws may place additional limitations on the disclosure of your health information for drug or alcohol abuse treatment programs, sexually-transmitted diseases, or mental health treatment programs. When required by law, we will obtain your authorization before releasing this type of information.

## YOUR RIGHTS

**RIGHT TO REQUEST RESTRICTIONS:** You have the right to ask us to place restrictions on the way we use or disclose your health information for treatment, payment, or healthcare operations. We will consider your request but are not required to agree to the restriction (except as described below). If we agree to a restriction, we will not use or disclose your health information in violation of that restriction, unless it is needed for an emergency. If a restriction is no longer feasible, we will notify you.

**RIGHT TO RESTRICT DISCLOSURE TO HEALTH PLANS:** You may request in writing, at the time of service, that we not disclose information to health plans where you have paid for items or services out of pocket in full. We must agree not to disclose this information to your health plan if certain conditions are met.

**CONFIDENTIAL COMMUNICATIONS:** We will accommodate reasonable requests to communicate with you about your health information by different methods or alternative locations. For example, if you are covered on a health plan but are not the subscriber, and would like your health information sent to a different address than the subscriber, we can usually do that for you.

**BREACH NOTIFICATION:** You have the right to receive notification of breaches of your health information as required by law.

**ACCESS TO YOUR HEALTH INFORMATION:** You have the right to receive a copy of your health information that we maintain, with some limited exceptions. You may request access to your information in writing and you may request a copy of your information in electronic format. We reserve the right to charge a reasonable fee for the cost of producing and providing your health information. You have the right to request that your health information be sent to any person or entity, such as another doctor, caregiver or online personal health record.

**AMENDMENT OF YOUR HEALTH INFORMATION:** You have the right to ask us to amend any of your health information. You need to request this amendment in writing and submit it to the facility's medical records department. We may deny your request in certain situations, such as when the health information in your records was created by another provider or if we determine your information is accurate and complete. Any denials will be in writing. You have the right to appeal our denial by filing a written statement of disagreement.

**ACCOUNTING OF CERTAIN DISCLOSURES:** You have a right to a listing of the disclosures we make of your health information, except for those disclosures made for treatment, payment, or healthcare operations, or those disclosures made pursuant to your authorization. The type of disclosures typically contained in a listing would be disclosures made for mandatory public health purposes, law enforcement, legal proceedings, or for other required reporting such as birth and death certificates.

**EXERCISING YOUR RIGHTS:** To exercise any of the above rights or if you need to share your health information with someone for purposes other than those listed here, contact the appropriate medical records department.

## **QUESTIONS AND COMPLAINTS**

If you have questions or are concerned that any of your privacy rights have been violated, please contact our Privacy Officer at 1-(800) 628-PROV (800-628-7768). You also have the right to complain to the Secretary of Health and Human Services at:

### **Office for Civil Rights -AK, WA, OR, MT**

U.S. Department of Health and Human Services  
2201 Sixth Avenue -M/S: RX-11  
Seattle, WA98121-1831

### **Office for Civil Rights -CA**

U.S. Department of Health and Human Services  
90 7th Street, Suite 4-100  
San Francisco, CA 94103

You will not be retaliated against for filing a complaint.

## **CHANGES TO JOINT NOTICE OF PRIVACY PRACTICES**

We reserve the right to change the terms of our Notice at any time. New Notice provisions will be effective for all protected health information that we maintain. You may view a copy of our most current Notice on our website at [www.providence.org](http://www.providence.org) or request a current copy from the medical records department, privacy officer, or registration staff at any time.