

**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.**

### **WHO IS COVERED BY THIS NOTICE**

Any health care professional authorized to enter information into a patient's chart.

All departments and services of Coquille Valley Hospital, Coquille Valley Home Health Service, Coquille Medical Clinic Surgical Practice.

All employees, medical staff, students, volunteers, and other Coquille Valley Hospital business associates.

All of our business entities, sites and locations will follow the terms of this notice. These entities, sites and locations may share medical information with 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. This record is needed 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 Coquille Valley Hospital, whether made by Hospital personnel or your personal doctor. 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 own

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 to ensure that medical information that identifies you is kept private within certain limitations, give you this notice of our legal duties and privacy practices with respect to medical information about you and follow the terms of the notice that are currently in effect.

## **USE AND DISCLOSURES OF MEDICAL INFORMATION**

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in every category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these:

**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, medical students, clinical students, or other hospital personnel who are involved in your care at Coquille Valley Hospital. Different departments of the Hospital may also share medical information about you in order to coordinate the services you need. We also may disclose medical information about you to people outside the Hospital who may be involved in your medical care before or after you leave the Hospital, such as family members, clergy or others used 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 Health Care Operations** We may use and disclose medical information about you for Coquille Valley Hospital operational reasons. These uses and disclosures are necessary to run the Hospital and make sure that all of our patients receive quality care. We may also combine medical information about many Hospital patients to evaluate current services. We may also disclose information to doctors, nurses, technicians, medical students, clinical students, and other Hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements. We may remove information that identifies you from this set of medical information so others can use it to study

health care and health care delivery without learning who the specific patients are.

**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.

**Treatment Alternatives** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives.

**Health Related Benefits and Services** We may use and disclose medical information to tell you about health related benefits or services.

**Fundraising Activities** We may disclose information to the fund-raising entity that is related to the Hospital so that they may contact you in raising money for the Hospital.

**Hospital Directory** We may include certain limited information about you in the hospital "directory" while you are a patient at the 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 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 or rabbi, even if they do not ask for you by name. This will allow your family, friends, and clergy to visit you in the hospital and generally know how you are doing. You will have the opportunity to request that your information not be listed in the directory.

**Individuals Involved in Your Care or Payment for Your Care** We may release medical information about you to friends or

family members who are involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. 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.

**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. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with the patient's need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through

this research approval process. Medical information about you may be disclosed to people preparing to conduct a research project; for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital. We will almost always 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.

**As Required By Law** We will disclose medical information about you when required to do so by federal, state or local law.

**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.

## **SPECIAL SITUATIONS**

**Organ and Tissue Donation** If you are an organ donor, 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.

**Military and Veterans** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers Compensation** We may release medical information about you for workers compensation or similar programs. These programs provide benefits for work related injuries or illness.

**Public Health Risks** We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report abuse or neglect;
- to report reactions to medications or problems with products;
- 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;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect ; or domestic violence.

We will only make this disclosure if you agree or when required or authorized by law.

**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.

**Lawsuits and Disputes** If you are involved in a lawsuit or a 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, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested

**Law Enforcement.** We may release medical information if asked to do so by law enforcement officials for the purpose of:  
Responding to a court order, subpoena, warrant, summons or similar process;  
Identifying or locating a suspect, fugitive, material witness, or missing person;  
Assisting the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;  
Reporting a death we believe may be the result of criminal conduct;  
Reporting criminal conduct at the Hospital; and in emergency circumstances to report a crime, the location of the crime or victims; or

the identity, description or location of the person who committed the crime.

**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.

**National Security and Intelligence Activities** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others** 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.

**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 for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

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

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy** You have the right to inspect and obtain copies of medical information that may be used to make decisions about your care. Usually, this

includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our Health Information Management department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other costs 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 the Coquille Valley 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 medical 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 or for Coquille Valley Hospital.

To request an amendment, your request must be made in writing and submitted to our Health Information Management department. 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:

Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; Is not part of the medical information kept by or for Coquille Valley Hospital; Is not part of the information which you would be permitted to inspect and copy; or Is accurate and complete.

**Right to an Accounting of Disclosures** You have the right to request an "accounting of disclosures." This is a list of

the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to our Health Information Management department. Your request must state a time period. Your request should indicate in what form you want the list (for example, on paper, electronically). 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 medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend

***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to our Privacy Officer at the address listed at the end of this notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**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. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer at the address listed at the end of this notice. We will not ask you

the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy

of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, [www.cvhospital.org](http://www.cvhospital.org). To obtain a paper copy of this notice, please contact our Privacy Officer at the address listed at the end of this notice.

**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 the hospital and most outpatient facilities. The notice will contain in the

footer, the effective date. In addition, each time you register we reserve the right to change this notice. We reserve the right to make the revised or changed notice 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 file a complaint with the Coquille Valley Hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with

the hospital, contact our Director of Risk Management at the number below. All complaints must be submitted in writing. **You will not 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. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**Questions:** If you have any questions about this notice, please call 541-396-3101

Health Information Management/Privacy Official: 541-396-1058

Compliance Officer: 541-396-1067

# Coquille Valley Hospital Notification of Privacy Practices

I, \_\_\_\_\_, have received written notification of the privacy practices in place at Coquille Valley Hospital.

\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Medical Record #

\_\_\_\_\_  
Date

If patient/representative declines to sign, the employee must complete this section.

“A good faith effort was made to obtain a signature on this form.”

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLACE ORIGINAL IN MEDICAL RECORD**

# Coquille Valley Hospital Notification of Privacy Practices

## HIPAA DISCLOSURE RESTRICTION FORM

I, \_\_\_\_\_, request that facility directory information (my location in the hospital) **NOT** be disclosed to family and/or friends who call the hospital or come to the hospital with questions about my condition.

\_\_\_\_\_  
Signature of patient or representative

\_\_\_\_\_  
Date

**Place original in medical record.  
(Privacy Rule 164.522(b))**