



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 review it carefully.

WHO MUST FOLLOW THIS NOTICE

Coquille Valley Hospital will provide you with health care by working with doctors and many other health care providers, (referred to as **we, our** or **us**). This is a joint notice of our information privacy practices. The following people or groups will follow this notice:

- Any health care provider who comes to our location to care for you. These professionals include doctors, nurses, technicians, physician assistants, and others.
- All departments and units of our organization, including skilled nursing, home health, clinics, outpatient services, hospice and emergency department.
- Our employees, students and volunteers, including regional support offices and affiliates.
- The third party business partners working on our behalf to help provide you with technology tools and assist us with healthcare operations.

OUR PLEDGE TO YOU

We understand that medical information about you is private and personal. We are committed to protecting it. Hospitals, doctors and other staff make a record each time you visit. This notice applies to the records of your care at the facility, whether created by hospital staff or your doctor. Your doctor and other health care providers may have different practices or notices about their use and sharing of medical information in their own offices or clinics. We will gladly explain this notice to you or your family member.

We are required by law to:

- Keep medical information about you private.
- Give you this notice describing our legal duties and privacy practices for medical information about you.
- Notify you as outlined in state and federal law if a breach of unsecured medical information about you has occurred.
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND SHARE YOUR MEDICAL INFORMATION

This section of our notice tells how we may use medical information about you. In all cases not covered by this notice, we will get a separate written permission from you before we use or share your medical information. We will ask you for a permission in writing before we use or share your medical information for any of the following reasons:



- Marketing an item or service that is not related to treatment for you.
- Selling your medical information.
- Most sharing of psychotherapy notes.

We will protect medical information as much as we can under the law. Sometimes state law gives more protection to medical information than federal law. Sometimes Federal law gives more protection than state law. In each case, we will apply the laws that protect medical information the most.

We may use or share medical information about you, (in electronic or paper form), with hospital personnel, including doctors for treatment, payment and health care operations.

Other uses and disclosures for purposes other than those described in this notice require your express authorization. For example, CVH must obtain your authorization before disclosing your medical information to a life insurance company or to an employer, except under special circumstances such as when disclosure to the employer is required by law. You have the right to revoke an authorization at any time, except to the extent CVH has already relied on it in making an authorized use or disclosure. Your revocation of an authorization must be in writing.

EXAMPLES:

- **Treatment:** We will use and share medical information about you for purposes of treatment. An example is sending medical information about you to your doctor or to a specialist as part of a referral.
- **Payment:** We will use and share medical information about you so we can be paid for treating you. An example is giving information about you to your health plan or Medicare.
- **Health Care Operations:** We will use and share medical information about you for our health care operations. Examples are using information about you to improve the quality of care we give you, for disease management programs, patient satisfaction surveys, compiling medical information, de-identifying medical information and benchmarking.
- **Appointment Reminders:** We may contact you with appointment reminders.
- **Internet Based Products and Services:** Working with third party vendors: we may offer you internet based products or services allowing you to:
 - Schedule appointments
 - Reduce wait time in our emergency room
 - Help you find a physician or offer you access to your medical information.
- **Treatment Options, Health-Related Benefits, and Services:** We may contact you about possible treatment options, health-related benefits, or services you might want.
- **Research:** We may share medical information about you for research projects, such as studying the effectiveness of a treatment you received. We will usually get our written



permission to use or share medical information for research. Under certain circumstances, we may share medical information about you without your written permission. These research projects, however, must go through a special process that protects the confidentiality of your medical information.

- **Public Health:** We may disclose your health information as required or permitted by law to public health authorities or government agencies whose official activities include preventing or controlling disease, injury or disability. For example, we must report certain information about deaths, and various diseases to government agencies. We may use your health information in order to report to monitoring agencies any reactions to medications or problems with medical devices. We may also disclose, when requested, information about you to public health agencies that track outbreaks of contagious diseases or that are involved with preventing epidemics.
- **Required by Law:** We are sometimes required by law to report certain information. For example, we must report assault, abuse, or neglect. We also must give information to your employer about work-related illness, injury, or workplace-related medical surveillance. Another example is that we share information about tumors with state tumor agencies.
- **Public Safety:** We may and have to share medical information about you in order to prevent or lessen a serious threat to the health or safety of a particular person or the public.
- **Health Oversight Activities:** We may share medical information about you for health oversight activities where allowed by law. For example, oversight activities include audits, investigations, or inspections. The activities are necessary for government review of health care systems and government programs.
- **Coroners, Medical Examiners and Funeral Directors:** We may share medical information about deceased patients with coroners, medical examiners, and funeral directors to identify a deceased person, determine the cause of death or other duties as permitted.
- **Organ and Tissue Donation:** We may share medical information with organizations that handle organ, eye or tissue donation or transplantation.
- **Military, Veterans, National Security and Other Government Agencies:** We may use or share medical information about you for national security purposes, intelligence activities or for protective services of the President or certain other persons as allowed by law. We may share medical information about you with the military for military command purposes when you are a member of the armed forces. We may share medical information with the Secretary of the Department of Health and Human Services for investigating or determining our compliance with HIPAA.
- **Judicial Proceedings:** We may use or share medical information about you in response to court orders or subpoenas only when we have followed procedures required by law.
- **Law Enforcement:** We may share medical information about you with police or other law enforcement personnel where permitted or required by state and federal law. For example, if the police present a search warrant or court order, we must produce the information



requested.

- **Family Member(s), Personal Representative(s), and Others Involved in Your Care:** Unless you tell us otherwise, we may share medical information about you with friends, family members or other you have named who help with your care or who can make decisions on your behalf about your healthcare.
- **Disaster Relief Purposes:** We may use or share medical information about you with public or private disaster organizations so that your family can be notified of your location and condition in case of disaster or other emergency. We may also use it to help in coordination of disaster relief efforts.
- **Electronic Sharing and Pooling of Your Information:** We may take part in or make possible the electronic sharing or pooling of healthcare information. This helps doctors, hospitals and other healthcare providers within a geographic area or community provide quality care to you. If you travel and need medical treatment, it allows other doctors or hospitals to electronically contact us about you. All of this helps us manage your care when more than one doctor is involved. It also helps us to keep your health bills lower, (avoid repeating lab tests). Finally, it helps us to improve the overall quality of care provided to you and others. We may use and share information as permitted to achieve national goals related to meaningful use of electronic health systems.
- **Fundraising:** We may contact you for fundraising efforts, but you can tell us not to contact you again.

YOUR RIGHTS REGARDING MEDICAL INFORMATION

Requesting Information about You:

In most cases, when you ask in writing, you can look at or get a copy of medical information about you in paper or electronic format. You may also request that we send electronic copies directly to a person or entity chosen by you. If you request paper or electronic copies of the information, we may charge a fee.

Correcting Information about You:

If you believe that information about you is wrong or missing, you can ask us in writing to correct the records. We will give you a form to fill out to make the request. We may say no to your request if the information was not created or kept by us or if we believe, the record is complete and correct. If we say no to your request, you can ask us in writing to review that denial.

Restricting How We Use or Share Information about You:

You can ask that medical information be given to you in a confidential manner. You must tell us in writing of the exact way or place for us to communicate with you.



You can also ask, in writing, that we limit our use or sharing of medical information about you. For example, you can ask that we use or share medical information about you only with persons involved in your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we have shared information:

You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months

CHANGES TO THIS NOTICE:

We may change our privacy practices from time to time. Changes will apply to current medical information, as well as new information after the change occurs. If we make an important change, we will change our notice. We will also post the new notice on our web site.

If you think your privacy rights have been violated, you may contact the following:

Coquille Valley Hospital Phone: (541) 396-3101 Ask to speak with our Risk Manager	Report the incident to our online service: Reportit.net Username: CVHospital Password: compliance	Reportit Phone: 1-877-778-5463 Available 24 hours/day
---	--	--

You can also 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.

COQUILLE VALLEY HOSPITAL 940 E. Fifth Street Coquille, Oregon