



LAKE CHELAN HEALTH

Notice of Privacy Practices

Effective April 2016

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?

We (the facility) provide you (the patient) with health care by working with doctors and many other health care providers. The following people or groups will follow this notice; any health care provider who comes to our locations to care for you. These professionals include doctors, nurses, technicians, and others. All departments and units of our organization, including skilled nursing, clinics, outpatient services, mobile units, telemedicine and emergency department; also, including our employees, students and volunteers. Our 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 REGARDING YOUR HEALTH INFORMATION

We understand that medical information about you and your health is personal and sensitive. We are committed to protecting your health information. This notice applies to the records of your care at the facility, whether created by hospital staff or your doctor. A record of the care and service you receive is needed to provide you with quality care and to comply with legal requirements. The law requires us to:

- Make sure that health information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health 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 this Notice that are 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. You can later cancel your permission by notifying us in writing.

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.

Except as described in this Notice of Privacy Practices, this facility will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this facility to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. Please contact the facility Privacy Officer (at the address on the bottom of the Notice) for any concerns regarding this Notice.

EXAMPLES:

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.

Treatment: We will use health information about you to provide you with medical treatment or services. We will disclose medical information about you to doctors, residents, nurses, technicians, students in health care training programs, volunteers or other personnel who are involved in taking care of you. We may provide health information to people outside our Facility who may be involved in your medical care after you leave our Facility, such as family members, clergy or others that provide services as part of your care, and to other health care organizations that are involved in your care via our telemedicine network.

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 to 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 call you by name in the waiting room when we are ready to see you. We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.

Family Members, Personal Representatives and Others Involved in Your Care: Unless you tell us otherwise, we may share medical information about you with friends, family members, or others you have named who help with your care or who can make decisions on your behalf about your healthcare.

Internet Based Products and Services: Working with a third party, we may offer you internet based products or services allowing you to schedule appointments, help you find a physician or offer you access to your medical information.

Treatment options and health-related benefits and services: We may contact you about possible treatment options, health-related benefits or services that you might want.

Fundraising: We may use certain information (name, address, telephone number or e-mail information, age, date of birth, gender, health insurance status, dates of service, department of service information) to contact you for the purpose of raising money for Lake Chelan Health and you will have the right to opt out of receiving such communications with each solicitation. For the same purpose, we may provide your name to our institutionally related foundation. The money raised will be used to expand and improve the services and programs we provide the community. You are free to opt out of fundraising solicitation, and your decision will have no impact on your treatment or payment for services at Lake Chelan Health. You must notify the Privacy Officer, listed on this Notice, and we will stop any further fundraising communications. Similarly, you should notify the Privacy Officer if you decide you want to start receiving these solicitations again.

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 your 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.

Hospital Directory: The Facility may list certain information about you, such as your name, your location in the hospital and your religious affiliation, in a hospital directory. The Facility can disclose this information, except your religious affiliation, to people who ask for you by name. Your religious affiliation may be given to members of the clergy even if they do not ask for you by name. You may request to be excluded from the Directory or Clergy List upon registration or admission.

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 births, 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 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 will share information about tumors with state tumor registries.

Public Safety: We may, and sometimes 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 general 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 person 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, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

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 Your Information: We may take part in or make possible the electronic sharing or pooling of healthcare information. This helps doctors, the hospital 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 (avoiding repeating lab tests). And finally it helps us to improve the overall quality of care provided to you and others. We are involved in the Affordable Care Act and may use and share information as permitted to achieve national goals related to meaningful use of electronic health systems.

Business Associates: We may disclose medical information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and not allowed to use or disclose any information other than as specified in our contract.

Psychotherapy Notes: We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) Use by the originator of the notes for your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you bring some legal proceedings, 4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious and imminent threat to health or safety, or 7) to the coroner or medical examiner after you expire. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

Marketing purposes: We may provide you with general marketing information about our services or give you small promotional gifts when we see you in person without your written authorization. For example, we may send you a newsletter or a list of our health classes or we may give you a pen with our organization's name on it. We must obtain your written authorization before we can send you marketing information about specific products or services that we provide.

Additional Restrictions on Use and Disclosure: Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information: 1) HIV/AIDS; 2) Mental health; 3) Genetic tests; 4) Alcohol and drug abuse; 5) Sexually transmitted diseases and reproductive health information; and 6) Child or adult abuse or neglect, including sexual assault.

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. We will give you a form to fill out to make the request. You can look at medical information about you for free. If you request paper or electronic copies of the information we may charge a reasonable fee. If we say no to your request to look at the information or get a copy of it, you may ask us in writing for a review of that decision.

Correcting Information About You: If you believe that information about you is incorrect 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 to correct a record 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.

Obtaining a List of Certain Disclosures of Information:

You can ask to receive a list of the disclosures we have made of your medical information for the last six years. Your request must be in writing and state the time period for the listing. The first request in a 12-month period is free. We will charge you for any additional requests for our cost of producing the list. We will give you an estimate of the cost when you request the additional list.

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.

Right to Request Special Privacy Protections: You also can 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. Any time you make a written request, we will consider the request and tell you in writing of our decision to accept or deny your request. We are legally required to agree to only one type of restriction request: if you have paid us in full for a health procedure or item for which we would normally bill your health plan, we must agree to your request not to share information about that procedure or item with your health plan.

Right to be notified following a breach of unsecured Protected Health Information: You have the right to receive a written notification of the breach, a description of the types of information that was released, steps that you should take to protect yourself and a brief summary of the investigative and mitigating activities that Lake Chelan Health is undertaking to prevent future breaches.

All written requests or requests for review of denials should be given to our Facility Privacy Officer listed on this Notice.

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 in our facility and on our Web site at: www.lakechelanhealth.org

DO YOU HAVE CONCERNS OR COMPLAINTS?

If you think your privacy rights may have been violated, you may contact our facility Privacy Officer. You may also contact our Director of Quality and Patient Safety at 509-682-3300 ext. 7814 or call the Compliance Hotline at 888-866-6321. Finally, you may send a written complaint to the U.S. Department of Health and Human Services for Civil Rights. We will not take any action against you for filing a complaint.

Office of Civil Rights

U.S. Department of Health and
Human Services
2201 Sixth Ave.—Mail Stop RX-11
Seattle, WA 98121-1831
1-206-615-2290
1-800-362-1710

Lake Chelan Health

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110 South Apple Blossom Drive
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