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Notice of Privacy Practices

Medical Information



Legacy Health

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For more information, please see:
www.legacyhealth.org



EMANUEL Medical Center	GOOD SAMARITAN Medical Center	MERIDIAN PARK Medical Center	
MOUNT HOOD Medical Center	SALMON CREEK Medical Center	THE CHILDREN'S HOSPITAL Legacy Emanuel	
LEGACY MEDICAL GROUP	LEGACY LABORATORY	LEGACY RESEARCH	LEGACY HOSPICE

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. If you have any questions about this notice, please contact our Privacy Official at 503-413-4495.

This Notice describes the ways in which we may use and disclose your medical information. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

The law requires us to:

- Make sure that your medical information is kept private;
- Provide you with this Notice of our legal duties and privacy practices with respect to medical information;
- Follow the terms of this Notice.

Who will follow this notice

This notice describes Legacy Health (LH) practices and that of:

- Any health care professional authorized to enter information into your medical records

- Employees, physicians, staff, volunteers, contracted personnel, trainees, students and other hospital personnel providing services in LH or LH-affiliated patient care settings listed below
- All departments, units and facilities of LH

Legacy Health includes the following entities, businesses and programs:

- Legacy Emanuel Medical Center, The Children's Hospital at Legacy Emanuel, Legacy Good Samaritan Medical Center, Legacy Meridian Park Medical Center, Legacy Mount Hood Medical Center, Legacy Salmon Creek Medical Center, Legacy Visiting Nurse Association sites and services, Legacy Medical Group, Legacy owned physician and teaching clinics, Legacy Laboratory Services and Legacy Clinical Research & Technology Center.
- All other entities or providers affiliated with LH through participation in an organized health care arrangement including Legacy Adventist Venture dba Caremark Behavioral Health, CARES Northwest and members of our medical staff.
- These entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this Notice.

How we may use and disclose medical information

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use your medical information to provide you with medical treatment or services. We may disclose your medical information to doctors, nurses, technicians, health care students, clergy or others who are involved with your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. We also may disclose your medical information to people outside the hospital who may be involved in your medical care after you leave the hospital.

For Payment. We may use and disclose your medical information for our payment purposes or the payment purposes of other health care providers or health plans. For example, we may need to give your insurance company information about the surgery you received at the hospital so your insurance will pay for your care. We may tell your insurance about a treatment you are to receive to obtain prior approval or to determine whether your insurance will cover the treatment. We may also release medical information to emergency responders or other health care providers to allow them to obtain payment or reimbursement for services provided to you. If necessary, we will obtain your authorization.

For Health Care Operations. We may use and disclose your medical information for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use your medical information to evaluate the quality and competence of our physicians, nurses and other health care workers. We may disclose your medical information to our facility administrator in order to resolve any complaints you may have and ensure that you have a comfortable visit with us. We may disclose your health information to other providers or to health plans for their own health care operations as allowed by law. We may also disclose information to accreditation agencies, such as The Joint Commission (TJC) for purposes of evaluating our facilities for accreditation.

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 or services.

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

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.

Fundraising Activities. We may disclose your contact information such as your name, address, phone number and the dates you received treatment to a foundation related to the hospital so they may contact you to invite your philanthropic support to enhance patient care. If you do not want LH to use your information in this manner or to contact you for fundraising efforts, please notify LH Foundations in writing at P.O. 4484, Portland, OR 97208-4484.

Patient Directory. The hospital directory includes your name, location in the hospital, religious affiliation and general condition. We may release your location and general condition to individuals who ask for you by name. This may include your family and friends or even the media in some circumstances. We are allowed to release all facility directory information to the clergy even if they do not ask for you by name. If you do not want us to make these disclosures, you must notify Patient Access upon your admission or at anytime during your stay.

Individuals Involved in Your Care or Payment for your Care. As long as you do not object, your health care provider is allowed to share or discuss information with your family, friends or others involved in your care or payment for your care. Your provider may ask your permission, may tell you he or she plans to discuss the information and give you an opportunity to object, or may decide, using his or her professional judgment, that you do not object. In any of these cases, your health care provider may discuss only the information that the person involved needs to know about your care or payment for your care. If you do not want us to make these disclosures, you must notify your care provider.

Research. Under certain circumstances, we may use and disclose your medical information for research purposes. For example, a research study may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. Prior to the research study, the researcher may need access to patient information in order to prepare a research protocol.

Before we use or disclose medical information for research without your authorization, the research study will have been approved through a research approval process.

Limited Data Set Information. We may disclose limited medical information to third parties for purposes of research, public health and health care operations. This limited data set will not include any information which could be used to identify you directly.

As Required by Law. We will disclose your medical information when required to do so by federal, state or local law. For example, we are required to report child abuse, crimes committed with a deadly weapon, and animal bites to the appropriate state, county, or law enforcement authority.

Incidental disclosures. Certain incidental disclosures of your medical information occur as a byproduct of lawful and permitted use and disclosure of your medical information. For example, patients that share rooms may over hear information during their stay when family and care providers enter the room and discuss patient information. Reasonable safeguards will be used to protect the information.

Disclosures to Business Associates. In certain circumstances, we may need to share your medical information with a business associate (i.e., transcription company, accountant or attorney) so it can perform a service on our behalf. We will have a written contract in place with the business associate requiring it to protect the privacy of your medical information.

Organ and Tissue Donation. If you are an organ donor, we may disclose your 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. If you are a member of the armed forces, we may disclose your medical information as required by military command authorities. We may also disclose medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may disclose medical information about you for workers' compensation or similar programs, to the extent authorized by law. These programs provide benefits for work-related injuries or illness.

Public Health Activities. We may disclose your medical information to public health agencies as required or authorized by state law to support public health activities. This generally includes, but is not limited to, the following:

- to prevent or control disease, injury or disability;
- to report birth and deaths;
- to report reactions to medications or problems with products and to enable product recalls, repairs or replacement;
- 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 or neglect. We will only make this disclosure if the patient agrees or when required or authorized by law.

Serious and Imminent Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious and imminent threat to your health or safety or the health or safety of the public or another person.

Disaster Relief Efforts. Unless you object, we may disclose medical information about you to other health care providers and to an entity assisting in a disaster relief effort to coordinate care. We may share patient information as necessary to identify, locate and notify family members, guardians or anyone else responsible for your care, location, general condition or death.

Health Oversight Activities. We may disclose your medical information to a health oversight agency for activities authorized by law. For example, audits, investigations, inspections and licensure. These activities are necessary for the government to protect public health, monitor government programs and comply with civil rights laws.

Lawful Subpoena or Court Order. If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court or administrative order. We may also disclose your medical information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute. In most circumstances, we will not disclose your medical information until efforts have been made to notify you of the request or to obtain an order protecting the information requested.

Law Enforcement. We may disclose your medical information if asked to do so by a law enforcement official or otherwise designated individual, including (but not limited to) the following:

- in response to a court order, criminal subpoena, warrant or other lawful process;
 - limited information for the purpose of identifying or locating a suspect, fugitive, material witness or missing person;
 - about the victim of a crime, under certain limited circumstances;
 - about a death we believe may be the result of criminal conduct;
 - about criminal conduct at the hospital; and
 - in emergency circumstances to report a crime; the location of the crime or crime victim; or the identity, description or location of the person who committed the crime.
- to the extent the law requires.

Coroners, Medical Examiners and Funeral Directors. We may disclose your medical information to a coroner, medical examiner or funeral director. For example, we will release your information to identify a deceased person or determine the cause of death. We may also disclose your medical information to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may disclose your medical information 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 your medical information to authorized federal officials so they may provide protection to the President, other authorized persons or for 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 disclose your medical information to the correctional institution or law enforcement official.

USES AND DISCLOSURES OF SPECIALLY PROTECTED INFORMATION

Oregon, Washington and federal law provide additional confidentiality protections in some circumstances. A health care provider generally may not release without specific authorization the following patient information:

Oregon - HIV diagnosis or positive HIV test results and genetic information.

Washington - Specific sexually transmitted diseases

State and Federal law - Drug and alcohol records may be specially protected

Oregon and Washington - Mental health records are specially protected in some circumstances.

Other Uses of Medical Information

All 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 authorization. If you provide us authorization to use or disclose your medical information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your medical information for the purposes identified in your written revocation, unless we have already acted in reliance on your authorization.

Your Rights Regarding Your Medical Information

You have the following rights regarding your medical information:

Right to Inspect and Copy. You have the right to inspect and obtain copies of your medical information that may be used to make decisions about your care or payment for your care, not including psychotherapy notes. Copies of records may be provided to you in an electronic or paper format depending on your request and the technology in which the records are maintained. There is a charge for the costs of copying, mailing or other supplies associated with your request. To request a copy of your medical record, go to www.legacyhealth.org.

Right to Amend. If you feel that your medical information is incorrect or incomplete, you may ask us to amend the information.

To request an amendment, contact the Health Information Management Department at the facility where you received care, or the HIPAA hotline at 503-413-4495. Your request must be submitted in writing using the Legacy form designated for this purpose. Verbal notification will not be considered a request for amendment. We will put any denial in writing and explain our reasons for denial. You have the right to respond in writing to our explanation of denial. You also have the right to have your request, the denial, and a statement of disagreement, if any, included in future releases of the medical record.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures we made of your medical information to the extent the law requires.

To request an accounting of disclosures, contact the HIPAA Hotline at 503-413-4495. Your request must be submitted in writing to the Health Information Management Department at the appropriate facility.

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. We are not required to agree to your request, except under certain limited circumstances. If you do not want Legacy to disclose your patient information for a specific visit to a health plan, you must:

- notify Patient Access, Health Information Management or the Clinic where services are provided
- make the request in writing in advance of the visit, and
- pay for services in full.

For complete information, contact the HIPAA Hotline at 503-413-4495.

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 notify your provider of your request. We will not require an explanation 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 request a copy by contacting any area where registration occurs, or by contacting the HIPAA Hotline at 503-413-4495.

Changes to This Notice

We may change the terms of the Notice at any time. If we change this Notice, we will post the new Notice in locations where patients receive services and on our Internet site at www.legacyhealth.org. Whenever there is a material change to the Notice, we will promptly distribute it at the time of your next registration on or after the effective date. You also may obtain a new Notice by contacting any area where registration occurs.

Complaints

If you believe your privacy rights have been violated, you may contact or submit your complaint in writing to the HIPAA Privacy Official. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services.

The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.

Privacy Official and Contact Person

If you have any questions about this Notice or wish to object to or complain about any use or disclosure as explained above, please contact our Privacy Official through the HIPAA hotline listed in this Notice.

Legacy Health
HIPAA Privacy Official
815 N.E. Davis
Portland, OR 97232
Telephone 503-413-4495