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Owner German Meza:  
Quality Director  
Policy Area Quality  
Assurance

## Notice of Privacy Practices

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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.

Three Rivers Hospital respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

### **Examples of Use and Disclosures of Protected Health Information for treatment, Payment and Health Operations.**

#### *For treatment:*

- Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.
- We may also provide information to others providing you care. This will help them stay informed about your care so they may be able to help you if necessary.

#### *For payment:*

- We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses; procedures performed, or recommended care.

#### *For health care operations:*

- We use your medical records to access quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- We may contact you to remind you about appointments, give you information about treatment alternatives or other health-related benefits and services.
- We may contact you to raise funds.
- We may use and disclose your information to conduct or arrange for services, including:
  - Medical quality review by your health plan;
  - Accounting, legal, risk management and insurance services;
  - Audit functions, including fraud and abuse detection and compliance programs.

## Your Health Information Rights

The health and billing records we create and store are the property of the physician/clinic. The protected health information in it, however generally belongs to you. You have the right to:

- Receive, read and ask questions about this notice;
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request. But, we will comply with any request granted;
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information ("Notice");
- Request that you be allowed to see and get a copy of the protected health information. You must make this request in writing. We have a form available for this type of request.
- Have us review a denial of access to your health information-except in certain circumstances;
- Give us a written request to change your health information. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and include with any release of your records.
- When you give us a written request, we will give you a list of disclosures of your health information. This list will not include disclosures to third party payers. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location. Please sign, date and give us your request in writing.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance

For help with these rights during normal business hours, please contact;

*The THR Privacy Officer*

*509-689-2517*

*P.O.Box 577*

*Brewster, WA 98812*

# Our Responsibilities

We are required to:

- Keep your protected health information private.
- Give you this Notice.
- Follow the terms of this Notice:

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this notice by request via telephone, or by visiting the hospital (Admitting Desk or Billing Office.)

## To Ask for Help or Complain

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact:

- *TRH Privacy Officer*
- 509-689-2517

If you believe your privacy rights have been violated, you may deliver a written complaint to TRH Privacy Officer BOX 577 Brewster, WA 98812. You may also file a complaint with the U.S. Secretary of Health and Human Services.

*We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.*

## Other Disclosures and Uses of Protected Health Information

### ***Notification of Family and Others***

- Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell you family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.
- (Hospitals) Information may be provided to people who ask for you by name. We may use and disclose the following information in a hospital directory:
  - your name,
  - location
  - general condition, and
  - religion (only to clergy)

You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.

**We may use and disclose your protected health information without your authorization as follows:**

- **With medical researchers** - if the research has been approved and had policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.
- **To Funeral Directors/Coroners** consistent with applicable law to allow them to carry out their duties.
- **To Organ Procurement Organizations (tissue donation and transplant)** or persons who obtain, store, or transplant organs.
- **To the Food and Drug Administration (FDA)** relating to problems with food, supplements, and products.
- **To comply with workers' compensation laws** - if you make a workers' compensation claim.
- **For Public Health and Safety purposes as allowed or required by the law:**
  - To prevent or reduce a serious, immediate threat to the health or safety of a person or the public,
  - To public health or legal authorities
    - To protect public health and safety
    - To prevent or control disease, injury, or disability
    - To report vital statistics such as births or death
- **To report suspected Abuse or Neglect** to public authorities.
- **To Corrections Institutions** if you are in jail or prison, as necessary for your health and the health and safety of others.
- **For Law Enforcement purposes** such as when we receive a subpoena, court order or other legal process, or you are the victim of a crime.
- **For Health and Safety oversight activities.** For example, we may share health information with the Department of Health
- **For Disaster Relief Purposes.** For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- **For Work Related Conditions that Could Affect Employee Health.** For example, an employer may ask us to assess health risks on a job site.
- **To the Military Authorities of U.S. and Foreign Military Personnel.** For example, the law may require us to provide information necessary to a military mission.
- **In the Course of Judicial/Administrative Proceedings** at your request or as directed by a subpoena or court order.
- **For Specialized Government Functions.** For example, we may share information for national security purposes.

**Other Uses and Disclosures of Protected Health Information**

- Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

# REFERENCES

45 CFR 164.520(b). Specifies the required content of the notice.

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## Attachments

[Acknowledgement of Receipt of Notice of Privacy Practices](#)

## Approval Signatures

Step Description	Approver	Date
CEO	James Graham: Chief Executive Officer (CEO)	11/2021
	Felipe Aparicio: Privacy Officer	11/2021
	Deborah Grace Gordon: Interim Director of Quality	10/2021

## Acknowledgement of Receipt of Notice of Privacy Practices

Okanogan Douglas District Hospital reserves the right to modify the privacy practices outlined in the notice.

**Signature**

I have received a copy of the Notice of Privacy Practices for Okanogan Douglas District Hospital

\_\_\_\_\_  
Name of Patient (Print or Type)

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient Representative  
(Required if the patient is a minor or an adult who is unable to sign this form)

\_\_\_\_\_  
Relationship of Patient Representative to Patient

## Notice of Privacy Practices

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**PLEASE REVIEW IT CAREFULLY.**

**Uses and Disclosures**

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of the Okanogan Douglas District Hospital. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

**Additional Uses of Information**

Appointment reminders. Your health information may be used by our staff for appointment reminders.

Fund raising. Unless you request us not to, we will use your name and address to support our fund-raising efforts. If you do not want to participate in fund-raising efforts, please check off the following box.

Please do not use my information for fund raising purposes.

(SW)

### Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

### Okanogan Douglas District Hospital Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

### Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

### Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Health Information or The Privacy Officer. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

### Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Privacy Officer  
Okanogan Douglas District Hospital  
P.O. Box 577  
507 Hospital Way  
Brewster, WA 98812

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

### Contact Person

The name and address of the person you can contact for further information concerning our privacy practices is:

Christopher Freeel  
Okanogan Douglas District Hospital  
P.O. Box 577  
507 Hospital Way  
Brewster, WA 98812  
509-689-2517 ext. 3209

**Effective Date:** This Notice is effective on or after April 14, 2003

## Documentation of Attempt to Obtain Acknowledgement of Receipt of Notice of Privacy Practices OKANOGAN DOUGLAS DISTRICT HOSPITAL

### Attempt to Obtain Acknowledgement

An attempt was made to obtain an acknowledgement of receipt of the Notice of Privacy Practices on \_\_\_\_\_. The acknowledgement was not obtained because:

The patient was undergoing emergency treatment

The patient declined to sign the acknowledgement

Other \_\_\_\_\_

### Signature

\_\_\_\_\_  
Name of Patient (Print or Type)

\_\_\_\_\_  
Name of Staff Member

\_\_\_\_\_  
Date