

JOINT NOTICE OF PRIVACY PRACTICES

**SKAGIT REGIONAL HEALTH
PUBLIC HOSPITAL DISTRICT NO. 1
SKAGIT COUNTY, WASHINGTON**

Effective Date: **04/20/2017**

THIS NOTICE DESCRIBES HOW SKAGIT REGIONAL HEALTH MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION, AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have questions about this Joint Notice of Privacy Practices (“Notice”), please contact our Privacy Officer at (360)814-6376, or use the contact information given below.

THIS NOTICE APPLIES TO:

This Notice describes the health information privacy practices of the following facilities operated by Skagit County Public Hospital District No. 1 (“Facilities”), doing business as Skagit Regional Health (“SRH”):

- Cascade Valley Hospital, Arlington, Washington;
- Cascade Clinics;
 - Darrington;
 - Granite Falls;
 - Orthopaedics;
 - Pediatrics;
 - Women’s Health;
- Cascade Surgery Center;
- Skagit Valley Hospital, Mount Vernon, Washington;
- Skagit Regional Clinics;
 - Anacortes
 - Arlington
 - Camano Island
 - Mount Vernon
 - Oak Harbor
 - Sedro-Woolley
 - Smokey Point
 - Stanwood
- Skagit Valley Kidney Center, Mount Vernon, Washington; and
- Skagit Valley Regional Cancer Care Center, Mount Vernon and Arlington, Washington.

This Notice describes the information practices of SRH Facilities and their components, including:

- All departments, units, and clinics of the SRH Facilities;

- Any health care professional authorized to enter information into your medical chart, including independent practitioners on the SRH Medical Staff;
- All employees, staff, and other SRH personnel;
- Any member of a volunteer group we allow to help you while you are receiving services from SRH;
- Health care joint ventures in which SRH participates, including: Cascade Imaging Associates, LLC, Skagit Digital Imaging, LLC, and Skagit Radiology; and
- Residents, postgraduate fellows, medical students, and students in other approved health care educational programs.

Any providers listed above who are not SRH employees will follow this Notice when at SRH Facilities, but may be subject to other privacy practices for care delivered at non-SRH facilities (for example, a physician's office). You may request information from a non-SRH practitioner about any privacy practices followed by the practitioner at non-SRH facilities.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that health information about you is personal. We are committed to protecting health information about you as required by federal and state law. We create a record of the care and services you receive at SRH. We need this record to provide you with quality care and to comply with certain legal requirements. Much of this information is maintained in an electronic medical record.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe ways in which we may use and disclose your health information, which includes information relating to your condition, care, and payment for services. Not every use and disclosure will be listed for every category.

- **Member of Medical Information Network-North Sound ("MIN-NS")**

MIN-NS provides the exchange of health information and related services to hospitals, physicians, and patients in Skagit County and the North Sound region. MIN-NS will collect health data from participating providers and aggregate it into a searchable summary to provide an up-to-date health history for providers and patients. You may want to review the notice of privacy practices for MIN-NS. If you wish to opt out of the data exchange, then please contact the Privacy Officer at SRH for assistance.

- **Uses and Disclosures of Health Information for Treatment, Payment, and Health Care Operations**

- **Treatment** – We may use and disclose health information about you to provide treatment to you. 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. Also, we may disclose health information about you to health care providers outside SRH facilities who may be involved in your medical care, such as your primary physician, who will use information as part of your care.
- **Payment** – We may use and disclose health information about you so that the treatment and services you receive at SRH may be billed to, and payment may be collected from, you, an insurance company, or a third party. We may disclose information about you to other health care providers involved in your care for their payment purposes. Information provided to health plans, for example, may include your diagnosis, procedures performed, or recommended care. We also may disclose information to your health plan to obtain prior approval for treatments or procedures, or to determine whether your plan will cover a recommended therapy.
- **Health Care Operations** – We may use and disclose health information about you to operate SRH and make sure that all of our patients receive quality care. Foreexample, we may use your health information

to perform quality reviews of our treatment and services, and to evaluate the performance and training of our Medical Staff and other personnel. We also may combine the health information of many SRH patients to decide what additional services SRH should offer, what services are not needed, and whether certain new treatments are effective. Additionally, we may use and disclose health information to remind you of appointments and to tell you about health-related services and education that may be of interest to you.

- **Uses and Disclosures of Health Information if You Do Not Object.** As long as you do not object, we may use and disclose health information about you in the following ways.
 - **Directory Information.** We may include certain limited information about you in the SRH facility directory. This information may include your name, location in the facility, and your general condition (*e.g.*, fair, stable, *etc.*). This directory information may be disclosed to people who ask for you by name, unless you have instructed us not to make this disclosure. Also, unless you object, we may give members of the clergy your directory information, including your religious affiliation, even if they do not ask for you by name.
 - **Individuals Involved in Your Care.** We may disclose health information about you to a friend, family member, or other person you designate who is involved **in** your medical care or the payment for your medical care.
 - **Notification Purposes.** We may use and disclose health information about you directly or to an entity assisting in a disaster relief effort, in order to notify your family about your condition and location.
- **Uses and Disclosures of Health Information Without Your Authorization.** We may use and disclose information about you as may be required or permitted by law. We have not listed every type of use or disclosure, but the general ways in which we use and disclose information will fall under these categories.
 - **Others Who Help Us with Our Operations.** We may permit our business associates to create, receive, maintain, or transmit information about you as part of providing services to us. Examples of business associates include consultants, accountants, lawyers, medical transcriptionists, and billing companies. We require our business associates to sign contracts that protect the confidentiality of health information, and business associates have their own privacy and security obligations.
 - **Required by Law.** We will disclose health information about you when required to do so by federal, state, or local law.
 - **Public Health.** We may use and disclose health information about you for public health purposes. These activities generally may include: to prevent or control disease, injury, or disability; to report disease, births, deaths, and other vital events; to report reactions to medications; to notify people of recalls of products they may be using; to notify a person who may be at risk for contracting or spreading a disease or condition; and to inform schools of a student's immunization records, as directed by the student, parent, or guardian.
 - **Health Oversight Activities.** We may disclose health information about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.
 - **Lawsuits and Disputes.** We may disclose health information about you in response to a court or administrative order. We also may disclose health information about you in certain cases in response to a subpoena, discovery request, or other lawful process.
 - **Fundraising.** We may use and disclose to Skagit Valley Hospital Foundation (and possibly a business associate) limited information to contact you to raise money to support SRH. The money raised will be used to expand and improve the services and programs we provide the community. You have the right to opt out of receiving fundraising communications.
 - **Law Enforcement.** We may use and disclose health information about you for law enforcement

purposes, which may include: in response to a court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime; about a death we believe may be the result of criminal conduct; about criminal conduct at a SRH facility; 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.

- **Victims of Abuse, Neglect, or Domestic Violence.** We may disclose health information to notify any appropriate government authority if we believe a person has been the victim of abuse, neglect, or domestic violence. We will make this disclosure only when required or authorized by law.
- **To Avert A Serious Threat.** We may use and disclose health information to prevent a serious threat to the health and safety of you, another person, or the public.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose health information to coroners, medical examiners, and funeral directors as necessary so they can carry out their duties.
- **Organ and Tissue Donation.** We may disclose health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ, eye, or tissue donation and transplantation.
- **Military and Veterans.** If you are a current or former member of the armed forces, then we may disclose health information about you as required by military command authorities or for veterans' benefits or related purposes.
- **Workers' Compensation.** We may disclose health information about you for worker's compensation or similar programs.
- **Research.** Under very limited circumstances, we may use and disclose health information about you for research, but only as allowed by law.
- **National Security, Intelligence Activities, and Protective Services.** We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, special investigations, and other national security activities as authorized by law, or to protect the President or other authorized person.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, then we may disclose health information about you to an official of the correctional institution or the law enforcement agency.
- **Organized Health Care Arrangement.** Solely for purposes of complying with federal privacy laws, SRH, its affiliates, and its Medical Staff characterize themselves as an "organized health care arrangement" and have agreed to follow this Notice for services by, at, or through SRH. These providers may share health information with each other for treatment, payment, and the health care operations of the organized health care arrangement and as described in this Notice. SRH is not responsible for actions by independent Medical Staff members.
- **Incidental Disclosures.** Certain incidental disclosures of health information about you may occur as a by-product of permitted uses and disclosures. For example, a roommate may inadvertently overhear a discussion about your care.
- **De-identified Information and Limited Data Sets.** We may use and disclose health information that has been "de-identified" by removing certain identifiers (such as name and address) making it unlikely that you could be identified. We also may disclose limited health information, contained in a "limited data set," as allowed by law.
- **Personal Representatives.** Minors and incapacitated adults may have "personal representatives." These personal representatives may be able to act on the individual's behalf and exercise the individual's privacy rights.
- **Uses and Disclosures with Authorization.** We generally will not sell health information about you, use or disclose health information about you for marketing, or use or disclose health information about you in psychotherapy notes without your authorization. Other uses and disclosures of health information about you, not covered by this Notice, will be made only with your written permission or authorization. You may revoke your authorization in writing at any time (unless you are told otherwise at the time you sign the

authorization). If you revoke your authorization, then we no longer will use or disclose your health information about you for the reasons covered by your written authorization, except to the extent that we already have relied on your authorization. We are unable to take back any disclosures we already have made based on your authorization, and we are required to retain our records of the care that we provided to you. Certain information, such as information related to mental health, AIDS, HIV, substance abuse, and genetic testing, may be subject to additional protections under federal and state law.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.

You have rights regarding health information we maintain about you. You may request any of these rights in writing by contacting the Privacy Officer listed below.

- **Right to Request Restrictions.** You have the right to request restrictions on certain ways we use or disclose health information about you. Except as otherwise required by law, *we are not required to agree to your request*. If we do agree, then we will comply with your request unless the information is needed to provide you emergency treatment. We will agree to a restriction on information about certain services to be disclosed to a health plan if you pay for the services in full, subject to certain exceptions. In your request, you must tell us: what information you want to limit; whether you want to limit our use, disclosure, or both; and to whom you want the limits to apply.
- **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. We will not ask you the reason for your request. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to Inspect and Copy.** You have the right to request to inspect and copy, or to receive a summary of, health information maintained by us that we use to make decisions about you. We may deny your request to inspect and copy only in certain very limited circumstances. If you are denied access to health information, then in certain circumstances you may request that the denial be reviewed.
- **Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, then you have the right to request that we amend the information that we use to make decisions about you. You must provide a reason that supports your request. We may deny your request in certain situations. If your request is denied, then you may write a statement of disagreement, which will be included in any disclosure of your records related to the subject of the requested amendment. We may include a rebuttal statement.
- **Right to Information about Disclosures.** You have the right to request information about certain disclosures we have made about you. This right is subject to certain exceptions and limitations.
- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this Notice even if you accepted this Notice electronically. You may ask us to give you a copy of this Notice at any time by requesting a copy from the Privacy Officer or the Patient Access Department.

OUR LEGAL DUTIES.

We are required by law to: maintain the privacy of health information about you; give you this Notice of our legal duties and privacy practices with respect to the information we collect and maintain about you; follow the terms of the Notice that is currently in effect; and notify affected individuals following a breach of unsecured protected health information.

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 health information we already have as well, as any information we create or receive in the future. We will post a copy of the current Notice in our facilities and you may request a copy of our revised Notice from the

Privacy Officer or the Patient Access Department.

COMPLAINTS.

If you believe your privacy rights have been violated, then you may contact or submit your complaint to the Privacy Officer. You also have the right to file a written complaint with the Office for Civil Rights. **The quality of your care will not be jeopardized, and you will not be penalized (or retaliated against) for filing a complaint.**

CONTACT INFORMATION.

You may contact our Privacy Officer at:

Skagit Regional Health
ATTN: Privacy Officer
P.O. Box 1376
Mount Vernon, WA 98273-1376
360-814-6376.

Or you can email our Privacy Officer at: **privacyofficer@skagitregionalhealth.org**

You may also contact the U.S. Department of Health and Human Services Office for Civil Rights at:

200 Independence Avenue, S.W.
Washington, D.C. 20201
877-696-6775

Or you may visit: www.hhs.gov/ocr/privacy/hipaa/complaints/