



NOTICE OF PRIVACY PRACTICES

Dear Friend,

All of us at Sky Lakes Medical Center understand that medical information about you and your health is personal. We are all committed to protecting that information.

We create a record of the care and services you receive at the medical center. We need this record to provide you with high-quality care and to comply with certain legal requirements.

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



I encourage you to contact the Privacy Officer or the Registration staff with your questions regarding the Sky Lakes Medical Center privacy policies.

Sincerely,

Paul Stewart
President and CEO
Sky Lakes Medical Center

TABLE OF CONTENTS

<i>HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU</i>	7
For Treatment.....	7
For Payment	8
For Health Care Operations.....	8
Appointment Reminders.....	9
Treatment Alternatives.....	9
Health-Related Benefits and Services	9
Fundraising Activities.....	9
Hospital Directory	10
Individuals Involved in Your Care or	
Payment for Your Care.....	10
Research	11
As Required by Law.....	11
To Avert a Serious Threat to Health or Safety	12
<i>SPECIAL SITUATIONS</i>	12
Organ and Tissue Donation.....	12
Military and Veterans	12
Workers' Compensation.....	12
Public Health Risks	12
Health Oversight Activities	13
Lawsuits and Disputes	13
Law Enforcement.....	14
Coroners, Medical Examiners and	
Funeral Directors.....	14
National Security and Intelligence Activities.....	14
Protective Services for the President	
and Others	15
Inmates.....	15

<i>YOUR RIGHTS REGARDING MEDICAL INFORMATION</i>	
<i>ABOUT YOU</i>	15
Right to Opt Out of the Facility Directory	15
Right to Inspect and Copy.....	15
Right to Amend	16
Right to an Accounting of Disclosures	17
Right to Request Restrictions.....	17
Right to Restrict Disclosures to a Health Plan.....	18
Right to Request Confidential Communications	18
Right to Breach Notification.....	19
Right to a Paper Copy of This Joint Notice.....	19
<i>CHANGES TO THIS JOINT NOTICE</i>	19
<i>COMPLAINTS</i>	19
<i>OTHER USES OF MEDICAL INFORMATION</i>	20

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the medical center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the medical center, whether made by medical center personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

JOINT HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: June 1, 2013

THIS JOINT 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 WILL FOLLOW THIS JOINT NOTICE:

This joint notice describes Sky Lakes Medical Center's
practices and that of:

1. All members in good standing of the active, associate and courtesy medical staff of the Sky Lakes Medical Center medical staff, and the respective workforces of such members of the Sky Lakes Medical Center medical staff.
2. All medical residents employed by Oregon Health and Science University ("OHSU") who provide medical resident services at Sky Lakes Medical Center pursuant to a contract between the medical center and OHSU.
3. Any medical professional authorized to enter information into any medical records of Sky Lakes Medical Center.
4. Sky Lakes Medical Center and all departments and units of Sky Lakes Medical Center.

5. Any member of a volunteer group which Sky Lakes Medical Center allows to help patients while they are in Sky Lakes Medical Center.
6. The Sky Lakes Medical Center workforce including, without limitation, all employees, staff and other Sky Lakes Medical Center personnel.

The foregoing six categories of persons and Sky Lakes Medical Center are collectively referred to as the “parties” or the “OHCA Members.” The term OHCA means “organized health care arrangement.” The term “we” refers to the OHCA members.

- Sky Lakes Medical Center’s principal location is at 2865 Daggett Avenue, Klamath Falls, Oregon 97601. However, this joint notice applies to all medical and other facilities of Sky Lakes Medical Center, wherever located.
- All these entities, persons, sites and locations shall follow the terms of this joint notice. In addition, these entities, persons, sites and locations may share medical information about you with each other for treatment, payment or health care operation purposes described in this joint notice. Any references to “hospital” in this joint notice means Sky Lakes Medical Center.

Our Duties:

We are required by law to maintain the privacy of your medical information. We are also required to notify you of

our legal duties and privacy practices regarding your medical information, and to abide by the practices of this notice.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

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 medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students and residents, the OHCA members, and/or other hospital personnel who are involved in taking care of you at the hospital. 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 a dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and X-rays. As part of discharge planning, we may also disclose medical information

- about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy or others we use to provide services that are part of your care.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
 - **For Health Care Operations.** We may use and disclose medical information about you for hospital operations and operations of the OHCA. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of the staff in caring for you. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students and residents, the OHCA

members and/or other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

- **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 at the hospital.
- **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 or services that may be of interest to you.
- **Fundraising Activities.** We may use medical information about you to contact you in an effort to raise money for the hospital and its operations. We may disclose information to a foundation related to the hospital so that the foundation may contact you in raising money for the hospital. We would release contact information, such as your name, address and

telephone number, the dates you received treatment or services at the hospital, department of service, treating physician, outcome information, and health insurance status. If you do not want the hospital to contact you for fundraising efforts, you must notify the Privacy Officer in writing. We will not condition treatment or payment on your choice of whether or not to receive fundraising communications.

- **Facility Directory.** We may include certain limited information about you in the facility directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. You may opt out of the facility directory.
- **Individual Involved in Your Care or Payment for Your Care.** We may release medical 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 also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a

disaster relief effort so that your family can be notified about your condition, status and location.

- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital.

We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care in the hospital.

- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.

- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS:

- **Organ and Tissue Donation.** If you are an organ donor, we may release 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 or transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release medical information about you to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
 - To report births and deaths;
 - To report child abuse or neglect;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
 - **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - 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 if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - 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 victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

- **Protective Services for the President and Others.**
We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or 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 release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

You have the following rights regarding medical information we maintain about you:

- **Right to Opt Out of the Facility Directory.** You have the right to be excluded from the facility directory. To exercise this right, you must tell the patient access representative, who will assist you in completing a "Confidential Occupant Status" form.
- **Right to Inspect and Copy.** You have the right to inspect and request copies of medical information that may be used to make decisions about your care.

Usually, this includes medical and billing records, but does not include some mental health information. To inspect or receive copies of medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs associated with fulfilling your record request. If the information is stored electronically, you have the right to receive the information in electronic format.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you believe that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the medical information kept by or for the hospital;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you other than for our own uses for treatment, payment and health care operations, as those functions are described above.
To request this list or accounting of disclosures, you must submit your request in writing to the Director of Medical Records. Your request must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically).
 - **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. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Restrict Disclosures to a Health Plan.** If you pay out of pocket and in full for an item or service, you have the right to restrict disclosures containing the item or service from health care plans.
- **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 certain locations. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. Your request must also specify, if we determine it to be appropriate, information as to how payment, if any, will be handled.

- **Right to Breach Notification.** You have the right to be notified following a breach of unsecured protected health information.
- **Right to a Paper Copy of this Joint Notice.** You have the right to a paper copy of this joint notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this joint notice electronically, you are still entitled to a paper copy of this joint notice, which may be obtained by contacting Medical Records or Patient Access.

You may obtain a copy of this joint notice at our Website: **www.skylakes.org**

CHANGES TO THIS JOINT NOTICE:

We reserve the right to change this joint notice. We reserve the right to make the revised or changed joint notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current joint notice in the hospital. The effective date of the joint notice is on the top of the first page.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human

Services. To file a complaint with the hospital, contact the Privacy Officer, Sky Lakes Medical Center, 2865 Daggett Avenue, Klamath Falls, Oregon 97601. You will not be penalized for filing a complaint.

You may also contact the Privacy Officer to receive further information about the matters covered in this privacy notice.

OTHER USES OF MEDICAL INFORMATION:

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 permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures that we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Rev: 9/2013



Our Vision

We aspire to create healthier communities through our efforts and by engaging others in building new visions and models of care.



Our Mission

Sky Lakes Medical Center will continually strive to reduce the burden of illness, injury and disability, and to improve the health, self-reliance and well-being of the people we serve.

We will demonstrate that we are competent and caring in all we do. We shall endeavor to be so successful in this effort that we will become a preeminent health care center.