

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 WILL FOLLOW THIS NOTICE

Syringa Hospital & Clinics (“SHC”), its outreach clinics, and all off-campus departments will follow the terms of this notice. In addition, these entities may share medical information with each other for treatment, payment or hospital operations purposes described in this notice. Under the law, we are referred to as an Organized Health Care Arrangement.

Throughout this Notice, “we” or “our” refers to the hospital, its departments, employees and volunteers, and members of its Medical Staff while they are performing services at the hospital. “You” or “your” refers to you or your personal representative or other person legally authorized to make health care decisions for you.

OUR PLEDGE TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered “Protected Health Information” (“PHI”). This notice applies to all of the records of your care generated by the hospital’s in-patient and out-patient services, whether made by hospital 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.

We are required to follow the privacy practices described in this notice, though **we reserve the right to change our privacy practices and the terms of this notice at any time**. If we do so, we will post a new notice at the *Syringa Hospital & Clinics Central Reception area*. You may request a copy of the new notice from any receptionist, and it will also be posted on our website at www.syringahospital.org.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We use and disclose PHI for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment or our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following offers more description and some examples of our potential uses/disclosures of your PHI.

USES AND DISCLOSURES RELATING TO TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS

Generally, we may use or disclose your PHI as follows:

For treatment: We may use medical information about you to provide you with family members, physician, clergy or others we use to provide services that are part of your care, medical treatment or services.

We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. We also may 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 physicians, 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, to an insurance company or a third party.

For health care operations: We may use/disclose your PHI in the course of operating our inpatient and outpatient services. For example we may use your PHI in evaluating the quality of services provided, or disclose your PHI to our accountant or attorney for audit purposes.

Appointment reminders and call backs: Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home.

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.

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.

Business Associates: We may disclose protected health information to third party "business associates" who perform various activities involving protected health information (for example, billing or transcription services) for the hospital. We will execute written contracts with these business associates that limit their use or disclosure of protected health information.

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 donor bank, as necessary to facilitate organ or tissue donation and 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.

Workers' compensation: We may release medical information about you for workers' compensation or similar programs.

Public health risks: We may disclose medical information about you for public health activities. These activities may include: the prevention or control of disease, report births and deaths, report child abuse or neglect, to notify people of recalls, and to report reactions to medications.

Health Oversight Activities: We may disclose medical information to health oversight agencies for activities authorized by law. 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 a 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 in 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, to identify or locate a suspect, witness or missing person, about the victim of a crime, about a death believed to be a result of criminal conduct, about criminal conduct at the hospital, and in

emergency circumstances to report a crime. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Coroners, medical examiners, and funeral directors: We may release medical information to a coroner or medical examiner. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

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.

USES AND DISCLOSURES FOR WHICH YOU HAVE AN OPPORTUNITY TO OBJECT

In the following situations, we may disclose a limited amount of your PHI if we inform you about the disclosure in advance and you do not object, as long as the disclosure is not otherwise prohibited by law. However, if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

Patient directories: Your name, location, and general condition may be put into our patient directory for disclosure to callers or visitors who ask for you by name. Additionally, your religious affiliation may be shared with clergy.

To families, friends or others involved in your care: We may share with these people information directly related to their involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death.

USES AND DISCLOSURES SHC MAY MAKE WITH YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of protected health information will be made only with your written authorization. You may revoke your authorization by submitting a written notice to the Privacy Contact identified in this notice.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights relating to your protected health information:

To request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. You must make the request in writing to our 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. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

To choose how we contact you: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

To inspect and copy your PHI: Unless your access is restricted for clear and documented treatment reasons, you have a right to see your protected health information upon your written request. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

To request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. You must provide a reason that supports your request. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (1) correct and complete; (2) not created by us and/or not part of our records, or; (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure: for treatment, payment, and operations; to you, your family, or the facility directory; or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or disclosures made before April, 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

To receive this notice: You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the contact person listed below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Ave. S.W. Washington, D.C. 20201

Web site www.hhs.gov/ocr/hipaa/. All complaints must be submitted in writing. We will take no retaliatory action against you if you make such complaints.

PRIVACY CONTACT

If you have any questions about this Notice, or if you want to object to or complain about any use or disclosure, or exercise any right as explained above, please contact our HIPAA Privacy Officer Sue Kurruk at 607 West Main St. Grangeville, ID 83530; phone 208-983-8521; or e-mail skurruk@syringahospital.org.