

WILLAMETTE VALLEY HOSPICE PRIVACY PRACTICES NOTICE

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

Willamette Valley Hospice reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains.

Willamette Valley Hospice, its employees, contract employees and volunteers are bound by the terms of this notice and will use and disclose our patient's individually identifiable health information in the manner described below. This notice is provided to inform the patient's of Willamette Valley Hospice's obligations and your patient rights.

This notice is effective April 14, 2003.

If you have concerns or questions regarding our privacy practices and your rights under the Federal Privacy Standard please contact our **Privacy Officer** at 1015 3rd St. NW, Salem Or, 97304, (503) 588-3600.

Use And Disclosure Of Health Information Without Your Permission

Willamette Valley Hospice may use your health information for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Willamette Valley Hospice has established a policy to guard against unnecessary disclosure of your health information.

The following is a summary of the circumstances under which, and purposes for which, your health information may be used and disclosed.

1. To Provide Treatment: Willamette Valley Hospice may use your health information to coordinate care within Willamette Valley Hospice and with others involved in your care, such as your attending physician, members of the interdisciplinary team and other health care professionals. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. Willamette Valley Hospice may also disclose your health care information to individuals outside of Willamette Valley Hospice involved in your care including family members, clergy whom you have designated, pharmacists, suppliers of medical equipment or other health care professional that Willamette Valley Hospice uses in order to coordinate your care.
2. To Obtain Payment: Willamette Valley Hospice may use your health information to determine your eligibility for and to collect payment from third parties. For example, Willamette Valley Hospice may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Willamette Valley Hospice. Willamette Valley Hospice may also need to obtain prior approval from your insurer and may need to explain to the insurer your need for Willamette Valley Hospice care and the services that will be provided to you.
3. To Conduct Health Care Operations: Willamette Valley Hospice may use and disclose health care information for its own operations in order to facilitate the function of Willamette Valley Hospice and as necessary to provide quality care to all of our patients. Health care operations include such activities as: Quality review and improvement activities, business management and general administrative activities. For

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example, we may use your health information to evaluate staff performance, combine your health information with other Willamette Valley Hospice patients in evaluating how to more effectively serve all Willamette Valley Hospice patients. Willamette Valley Hospice may disclose protected health information to other covered entities for certain of their health care operations if the other covered entity has a relationship with the individual whose PHI is disclosed, as well as for fraud and abuse detection or compliance.

4. Incidental Use and Disclosure: Willamette Valley Hospice may make incidental use and disclosures of your health information in the course of other use and disclosures permitted by this notice. For example, if you live in a facility in a semi private room, conversation regarding your care and treatment may be overheard.

5. To Business Associates: Willamette Valley Hospice may disclose health information to third parties pursuant to a written agreement that obligates the third party to protect the individual's information and use it only for the purposes specified in the agreement. Some disclosures to business associates may require the patient's authorization. For example: we would communicate protected health information to our contract pharmacy to provide your medications without your authorization. However, if our business associate wished to disclose your health information to a marketing agent they would be required to obtain your written authorization.

6. For Research, Public Health, and Health Care Operations: Willamette Valley Hospice may disclose limited health information to third parties for purposes of research, public health and health care operations. Such information must be limited to admission, discharge, and service dates; date of birth and death; age, and 5-digit zip code or other geographic information less specific than street address. If this limited information is released to a third party, a written agreement that obligates the third party to protect the individual's information and to use it only for the purposes specified in the agreement is required.

7. Uses and disclosures that we may make unless you object: Willamette Valley Hospice may use or disclose health information for some purposes unless you object and make your objection known. If you object to any of the following uses or disclosures of health information you must inform the Privacy Officer in writing.
 - A. For Fundraising Activities: Willamette Valley Hospice may use information about you including your name, address, phone number and the dates you received care in order to contact you to raise money for Willamette Valley Hospice. We may also release this information to a related Willamette Valley Hospice foundation. If you do not want Willamette Valley Hospice to contact you, notify our Privacy Officer and indicate that you do not wish to be contacted.
 - B. Family and Friends Involved in Your Care: Health professionals, using their best judgment, will disclose to a family member or close personal friend, or anyone else you identify, health information relevant to that person's involvement in your care. We may also give information to someone who helps pay for your care.

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- C. Disaster: We may disclose health information about you to other health care providers and to an entity assisting in a disaster relief effort to coordinate care and so that your family can be notified about your condition and location.
- D. Appointment Reminders: We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care.
- E. Health-related Services or Benefits: We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.
8. Federal privacy rules allow Willamette Valley Hospice to use or disclose your health information without your authorization for a number of reasons:
- A. When Legally Required: Willamette Valley Hospice will disclose your health information when it is required to do so by any Federal, State, or local law.
- B. When there are Risks to Public Health: Willamette Valley Hospice may disclose your health information for public activities and purposes in order to:
- Prevent or control disease, injury, or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
 - To report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirement of the Food and Drug Administration.
 - To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- C. To Report Abuse, Neglect, or Domestic Violence: Willamette Valley Hospice is allowed to notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. Willamette Valley Hospice will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.
- D. To Conduct Health Oversight Activities: Willamette Valley Hospice may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action.
- E. In Connection With Judicial and Administrative Proceedings: Willamette Valley Hospice may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process. Willamette Valley Hospice will obtain satisfactory assurances from the party requesting PHI that a reasonable effort has been made to notify the individual, that the individual has not made a timely objection or that the matter has been resolved by a court.

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F. For Law Enforcement Purposes: Willamette Valley Hospice may disclose your health information to law enforcement officials as required by law or as directed by court order, warrant, or other lawful process and in other limited circumstances for purposes of identifying or locating suspects, fugitives, material witness, missing person or crime victims.

G. To Coroners and Medical Examiners: Willamette Valley Hospice may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

H. To Funeral Directors: Willamette Valley Hospice may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, Willamette Valley Hospice may disclose your health information prior to and in reasonable anticipation of your death.

I. For Organ, Eye or Tissue Donation: Willamette Valley Hospice may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

J. For Research Purposes: Willamette Valley Hospice may, under very select circumstances, use your health information for research. The project will be subject to review and approval by an Institutional Review Board or Privacy Board before Willamette Valley Hospice discloses any of your health information for such research purposes.

K. In the Event of a Serious Threat to Health or Safety: Willamette Valley Hospice may, consistent with applicable law and ethical standards of conduct, disclose your health information if, in good faith, we believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

L. For Specified Government Functions: In certain circumstances, Federal regulations authorize Willamette Valley Hospice to use or disclose your health information to facilitate specified government functions relating to the military, veterans, national security, intelligence activities, protective service for the President and others, medical suitability determinations, inmates and law enforcement custody.

M. For Worker's Compensation: Willamette Valley Hospice may release your health information for worker's compensation or similar programs.

Uses and Disclosures Requiring Your Authorization

1. Other than is stated above, Willamette Valley Hospice will not disclose your Health information without your written authorization. If you or your representative authorizes Willamette Valley Hospice to use or disclose your health information, you may revoke that authorization in writing at any time. Revocation of authorization is effective only for future uses and disclosures; uses or disclosures already made in reliance on your authorization are not affected by your revocation.

2. If we have HIV or substance abuse treatment information about you, then we cannot release that information without a special written authorization from you, even for treatment, payment, or health care operation purposes.

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Your Rights With Respect To Your Health Information

You have the following rights regarding your health information that Willamette Valley Hospice maintains:

1. Right to request restrictions: You may request restrictions on certain uses and disclosure of your health information. You have the right to request a limit on the disclosure of your health information to someone who is involved in your care or the payment of your care. However, Willamette Valley Hospice is not required to agree to your request. If you wish to make a request for restrictions, please contact our Privacy Officer.
2. Right to receive confidential communications: You have the right to request that Willamette Valley Hospice communicate by alternative means or at alternative locations. For example, you may ask that Willamette Valley Hospice only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact our Privacy Officer. Willamette Valley Hospice will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
3. Right to inspect and copy your health information: You have the right to inspect and receive a copy of your medical records, billing records, and other records maintained by Willamette Valley Hospice to make decisions about your care. In some limited circumstances, Willamette Valley Hospice may deny your request for access. You have the right to request that a denial be reviewed. A request to inspect and receive a copy of records containing your health information may be made to our Privacy Officer. If you request a copy of your health information, we may charge a reasonable fee for copying and assembling costs associated with your request.
4. Right to amend health care information: You have a right to make a written request that medical records, billing records, or other records maintained by Willamette Valley Hospice, to make decisions about your care, be changed if you believe those records are inaccurate or incomplete. Willamette Valley Hospice may deny your request to amend if it is not in writing, if it does not provide a reason for amendment, if Willamette Valley Hospice believes that the records are complete and accurate, if the records were not created by Willamette Valley Hospice and the records' author is unavailable, or if the records are otherwise not subject to patient access. Willamette Valley Hospice will put denials in writing and explain its reasons for denial. You have the right to respond in writing to Willamette Valley Hospice's explanation of its denial, and to require that your request, Willamette Valley Hospice denial and your statement of disagreement, if any, be included in future disclosures of the disputed record.
5. Right to an accounting: You or your representative has the right to request an accounting of disclosures of your health information made by Willamette Valley Hospice for any reason other than for treatment, payment, health care operations, disclosures to the individual, disclosures authorized by the individual, disclosures to family or other

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persons involved in the individuals care, or disclosures for national security or law enforcement purposes. The request for an accounting must be made in writing to the Privacy Officer. The request should specify the time period for the accounting starting on April 14, 2003. Accounting requests may not be made for a period of time in excess of six years. Willamette Valley Hospice will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

6. Right to a paper copy of this notice: You or your representative has a right to a separate copy of this Notice at any time, even if you or your representative has received this Notice previously. To obtain a separate paper copy, please contact our Privacy Officer. You may also obtain a copy of the current version of Willamette Valley Hospice's Notice of Privacy Practices at our web site www.wvh.org

Duties of Willamette Valley Hospice

1. Willamette Valley Hospice is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices.
2. Willamette Valley Hospice is required to abide by the terms of this Notice, as may be amended from time to time.
3. If Willamette Valley Hospice changes its Notice, we will provide a copy of the revised Notice to you or your appointed representative on request.
4. You or your personal representative has the right to express complaints to Willamette Valley Hospice or the Secretary of Health and Human Services if you or your representative believes that your privacy rights have been violated.
5. Any complaints to Willamette Valley Hospice should be made in writing to our Privacy Officer.
6. Willamette Valley Hospice encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

**IF YOU HAVE ANY QUESTION REGARDING THIS NOTICE,
PLEASE CONTACT: WILLAMETTE VALLEY HOSPICE'S PRIVACY
OFFICER**

At 1015 3rd St. Salem OR 97304 (503) 588-3600.