

WHO WILL FOLLOW THIS NOTICE?

All physicians, employees, and other workforce members at North Bend Medical Center.

YOUR HEALTH INFORMATION:

This notice applies to the information and records we have about you, your health, health status, and the health care and services you receive at this office. Your health information may include information created and received by this office, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnosis, treatments, procedures, prescriptions, related billing activity and similar types of health related information. NBMC is required by law to maintain the privacy of protected health information and to provide you with this notice to inform you of the ways in which we may use and disclose your health information. NBMC is required to abide by the terms of the notice currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

“Use” is what we do with your information within NBMC. **“Disclose”** means sharing your information with others outside this clinic. The ways we are permitted to use and disclose information will fall within one of the following categories, however, not every use or disclosure will be listed:

For Treatment. Your health information may be used to provide you with medical treatment or services. It may also be shared with physicians, nurses, technicians, office staff or other personnel who are involved in your care. NBMC personnel may share your health information with people who do not work in our office in order to coordinate your care. Examples may include phoning in prescriptions to your pharmacy, scheduling lab work, arranging consultations, and ordering x-rays. Family members and other health care providers may be part of your medical care outside this office. We will request your permission before sharing health information with your family or friends unless you are unable to give permission due to your health condition.

For Payment. NBMC may use and disclose your health information to bill and collect payment from your insurance company or a third party. For example, your health plan may need your health information to pay for a service you received at NBMC. 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 pay for the treatment.

For Health Care Operations. Your health information may be used or disclosed for quality assurance purposes. For example, we may use health information about all our patients to ensure we are providing quality healthcare. We may also disclose your health information to health plans that provide you insurance coverage and other health care providers that care for you. Our disclosures of your health information to plans and other providers may be for the purpose of helping these plans and providers provide or improve care, reduce cost, coordinate and manage health care and services, and comply with the law.

Health Related Services: We may contact you to remind you of upcoming appointments, to discuss treatment alternatives or to inform you about health related products or services that may be of interest to you. *Please notify us, in writing, if you do not wish to be contacted for appointment reminders, or any of these services, or do not want us to leave phone messages. To request a form, contact our Privacy Official.*

Special Situations:

Your health information may be used or disclosed without your consent for the following purposes, subject to all applicable legal requirements and limitations:

- To avoid a serious threat to the health or safety of yourself or others.
- When required by federal, state or local law.
- For research projects that are subject to a special approval process. Your name, address or other identifying information will not be disclosed without your permission.

Special Situations continued:

- To assist organ and tissue donation if you are a registered donor.
- If you are or were a member of the armed forces, national security or intelligence communities, we may be required by military command or other government authorities to release your health information. We may also be required to release information about foreign military personnel to the appropriate authorities.
- We may release your health information for workers' compensation or similar programs if required.
- Your health information may be disclosed for public health reasons in order to prevent or control disease, injury or disability. Report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products, notify a person who may have been exposed to a disease or may be at risk for contacting or spreading a disease or condition.
- We may disclose health information to a health review agency for audits, investigations, inspections, or licensing purposes.
- If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order, subpoena, or similar process, subject to all applicable legal requirements.
- We may release health information if requested by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, or to report a death we believe may be the result of criminal activity
- We may release health information to a coroner, medical examiner or funeral director.
- We may use or disclose your health information in a way that does not personally identify you or reveal who you are. For example, posting a picture that you have sent to us on a bulletin board.

OTHER USES OF HEALTH INFORMATION:

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. You may revoke that *Authorization*, in writing, at any time. If you revoke your *Authorization*, we will no longer use or disclose your health information for the reasons covered by your written *Authorization*, however we will be unable to take back any disclosures we have already made.

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

Right to Inspect and/or Request a Copy. You have the right to inspect and/or request a copy of your health information, such as the medical and billing records we use to make decisions about your care. You must submit a written request to our *privacy official* in order to inspect and/or obtain a copy of your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or obtain a copy or parts of your record in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend. If you believe the health 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 as long as this office keeps the information. To request an amendment, complete and submit a MEDICAL RECORD AMENDMENT/CORRECTION FORM to our *privacy official*. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

Right to Amend continued:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the health information that we keep
- You would not be permitted to inspect or obtain a copy
- Is accurate and complete

Right to a Record of Disclosures. You have the right to request a record of disclosures. This is a list of the disclosures we have made of your medical information for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to our *privacy official*. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists we may charge you for the costs of providing the list.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health 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 health information we disclose about you to someone who is involved in your care such as a family member or friend. *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 or we are required by law to use or disclose the information.* To request restrictions, you must complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION to our *privacy official*.

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. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION AND/OR CONFIDENTIAL COMMUNICATION to our *privacy official*. 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.

Changes to this Notice: We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post the current notice with its effective date. You are entitled to a copy of the notice currently in effect. We will inform you of any significant changes to this notice, this may be through a notice on our billing statements, web site announcement or other means of communications.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice at any time even if you have agreed to receive it electronically. You may request a copy at our Front desk or contact our privacy official at 541-267-5151 ext 1262. *[You may also find a copy of this Notice on our web site.]*

Notification of Concerns.

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact:
Our Privacy Official at 541-267-5151 Ext. 1262.
You will not be penalized for filing a complaint.

RED FLAGS RULE:

It is the policy of North Bend Medical Center to follow all federal and state laws and reporting requirements regarding identity theft and medical identity theft as outlined in the Federal Trade Commission's Red Flags Rule.

NOTIFICATION OF PARTICIPATION IN BAY AREA COMMUNITY INFORMATICS AGENCY (BACIA)

North Bend Medical Center participates in a community-wide health information exchange program known as the **Bay Area Community Informatics Agency ("BACIA")** in which your personal health information is shared electronically among other hospitals, labs, x-ray facilities and doctors in the Oregon South Coast that participate with BACIA. BACIA is a secure way for your doctor to get the most up-to-date medical information about you. For example, your record may include the following kinds of protected health information: demographic (name, age, address); medical (diagnosis, treatment history, referrals to other providers); and encounter data (description of services provided). Only health care providers with a valid reason will be allowed to see your test results and reports. Also, information that could help save your life in a medical emergency will be available to emergency room (ER) physicians. You have the right to opt out or withdraw participation in BACIA at any time, but if you withdraw participation in BACIA, we may not be able to share all of your relevant health information with other health care providers involved in your treatment and care. We will not deny you treatment or care if you choose not to participate in BACIA. To obtain an opt out form contact our Privacy Official at 541-267-5151 ext 1262.



North Bend Medical Centers

Coos Bay - Coquille
Bandon - Gold Beach - Myrtle Point

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NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: August 01, 2009

This **NOTICE** describes how your medical information may be used and disclosed and how you can access this information. Please review it carefully

If you have any questions regarding this **NOTICE** please contact our Privacy Official at 541-267-5151 ext 1262