

Whitman Hospital and Medical Center

Notice of Privacy Practices

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.

Whitman Hospital and Medical Center (WHMC) is committed to protecting the confidentiality of your medical information and is required by law to do so. This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, and health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

“Protected health information” is information about your healthcare generated by WHMC personnel or by your doctor to assist in planning, documenting, improving, and communicating the care and treatment you received here at WHMC.

HEALTH CARE PROVIDERS COVERED BY THIS NOTICE

This Notice of Privacy Practices applies to WHMC, and its personnel, volunteers, students and trainees. It also applies to other health care providers that come to the hospital to care for patients such as physicians, physician assistants, therapists, and other health care providers not employed by WHMC.

USES AND DISCLOSURES

Whitman Hospital and Medical Center may use or disclose your protected health information as follows:

For Treatment: The medical center may disclose all or any portion of your medical record to your attending physician, consulting physician(s), nurses, technicians, medical students and other healthcare personnel who are involved in your care. Your physician may also share your health care information with other physicians in their practice. For example, a doctor treating you for a broken leg may need to know if you have diabetes because it may interfere in the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that appropriate meals can be arranged. The medical center may also disclose medical information about you to people outside of the hospital who may be involved in your medical care after you leave the hospital, such as home healthcare agencies, nursing homes, rehabilitation therapists, or others that are involved in your continued care.

Additional treatment related uses and disclosures include:

Appointment Reminders: We may also disclose your medical information when contacting you to remind you of upcoming appointments. These reminders may be made by phone and messages left on voicemail unless you specifically ask us to communicate with you through a different method.

Family Members and Others Involved Your Care: We may release medical information about you to a member of your family, a relative, a close friend, or any other person you identify who is directly involved in your healthcare, or to someone who helps pay for your care. For example, we may disclose medical information about you to a friend who brings you to the emergency department. In addition, we may disclose medical information about you to disaster relief organizations so family can be notified about your condition and location in the hospital.

Facility and Religious Directories: In order to assist family members, visitors and clergy in locating you while you are in Whitman Hospital and Medical Center, two directories are maintained. Both directories include your name, room number, and general condition (fair, critical, etc). The facility directory information will be released to people who ask for you by name. The religious directory will be available to visiting clergy for the purpose of supporting your spiritual wellness. *If you would like to opt out of being included in either or both directories, please make this request to the Admissions Department.*

For Payment: WHMC may use and disclose medical information about you for the purpose of determining coverage, billing, claims management, medical data processing, and reimbursement. The information may be released to an insurance company, a third party payer or other entity involved in the payment of your medical bill upon your prior authorization obtained on the “Terms of Admissions” form. For example, a bill sent to your insurance company may contain information about your surgery so it will pay us for the services. We may also tell your health plan about services or treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the services.

For Health Care Operations: We may use and disclose medical information about you in order to support the business activities of our organization. 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 our staff in caring for you. We may also combine medical information about many WHMC patients to decide what additional services we should offer, what services are not needed, and whether certain new procedures are effective. We may also disclose information to your doctor, nurse, technician, or other personnel for quality review, training and learning purposes. We may also combine the medical information we have with medical information from other health care organizations 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 the set of medical information so others may use it to study healthcare and healthcare services without learning the names of specific patients.

Health care operations may include, but not limited to the following examples:

Fund Raising: We may use healthcare information about you to contact you in an effort to raise money for the medical center and its operations.

Public Health and 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. We may also use and disclose medical information about you to prevent or control disease, injury, or disability, to report vital statistics such as births or deaths, and/or to report to the Food and Drug Administration for investigating or tracking problems with prescription drugs, medical devices.

Contracted Service Providers: We will share your protected health information with business associates who perform various activities for the medical center. Examples included transcription services, document storage companies, patient satisfaction survey companies, accreditation authorities to name a few. If we do disclose medical information to a business associate they are required by their contract to keep all information confidential.

Additional uses and disclosures include:

Coroners, Medical Examiners, Funeral Directors, and Organ Donation: We may disclose your protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person, determine the cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. If you are an organ donor, protected health information may be used and disclosed to assist with organ, eye, or tissue donation and transplantation.

Health-Related Benefits and Services: We may also use and disclose your protected health information, as necessary, to provide you with information about health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about services we offer or to send you information about services that we believe may be beneficial to you.

Research: We may use and disclose limited medical information for research projects, such as studying the effectiveness of a treatment you received. Research proposals at WHMC go through a review process to establish protocols and ensure patient privacy prior to disclosing your health information. Prior to enrollment in a clinical trial, your physician will obtain your consent.

As Required By Law: We may use and disclose medical information about you when required to do so by federal, state or local law. For example if abuse or neglect is suspected or known, the appropriate government agency will be notified. We are also required to give information to workers’ compensation programs about work related injuries.

Military, National Security and Intelligence Activities: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of determining of your eligibility for benefits by the Department of Veterans Affairs; or (3) to a foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities including protective services to the President or others.

Legal Proceedings, Lawsuits and Disputes: We may disclose your protected health information in response to a court order, subpoena, or search warrant. You will receive advanced notice about this disclosure in most situations so you will have the chance to object to sharing your medical information.

Correctional Institutions: If you are an inmate of a correctional institution, we may disclose your health information to the institution or law enforcement officials of that institution. This release would be necessary for the institution to provide you with health care; to protect your health and safety, and to protect the health and safety of others.

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 authorization. You also have the right to revoke your authorization at any time. This request must be done in writing. If you withdraw your permission, we will no longer use or disclose medical information about you for the reasons covered in your original authorization. Understand that we are unable to take back any disclosures we have already made with your permission.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding your protected health information:

Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. This will include medical and billing records. Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. *If you request a copy of your medical record, a fee may be charged. Contact Patient Information Management for a fee schedule. You may inspect your records at no cost.*

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that another licensed health care professional, chosen by you, review the denial.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Patient Information Management (see address listed below).

Right to Amend. If you feel that the protected 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 for as long as the information is kept by WHMC.

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: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the medical information kept by or for Whitman Hospital and Medical Center; (3) is not part of the information which you would be permitted to inspect and copy; or (4) is accurate and complete.

To request an amendment, your request must be made in writing and submitted to Patient Information Management (see address listed below). In addition, you must include a reason that supports your request.

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 or alternative address. For example, you can ask that we only contact you by mail at a different address. We will accommodate reasonable requests. We will not ask the reason for your request. We may, however, ask you for information as to how payment will be handled.

To request confidential communications, you must make your request in writing to Patient Information Management identified at the end of this Notice. Your request must specify how or where you wish to be contacted.

Right to Request Restrictions. You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice

We are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit the use and disclosure of your protected health information, your protected health information will not be restricted. If we do agree to the requested restriction, we will comply with your request, unless the information is needed to provide you emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician.

To request restrictions, you must make your request in writing to Patient Information Management identified at the end of this Notice. In your request, you must tell us; (1) what information you want to limit; (2) whether you want to limit our use, our disclosure or both; and (3) specifically, to whom you want the restriction to apply such as names of the individual(s) that you are requesting to not have access to the restricted information.

Right to an Accounting of Certain Disclosures. You have the right to request an "accounting of disclosures." This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice. It excludes disclosures we may have made to you, family members or friends involved in your care, or for notification purposes. It further excludes uses and disclosures for treatment, payment and hospital operations, those authorized by you or your representative, or those required by law. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003.

To request this list or accounting of disclosures, you must submit your request in writing to Patient Information Management identified at the end of this Notice. Your request must state a time period, which may be no 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 cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Or, you can obtain a copy of this notice from our website at www.Whitmanhospital.com or by calling Patient Information Management at the number below.

CHANGES TO THIS NOTICE

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The current notice will be posted in the hospital, and on our web site at www.Whitmanhospital.com. All new notices will include the effective date. Each time you are treated at Whitman Hospital and Medical Center we will offer a copy of the current notice in effect. You may also request a copy of the notice by calling Patient Information Management at the number below.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Office at WHMC (address below) or with the Secretary of the Department of Health and Human Services.

You will not be penalized for filing a complaint.

FOR ADDITIONAL INFORMATION REGARDING YOUR PROTECTED HEALTH INFORMATION:

Patient Information Management
Whitman Hospital and Medical Center
W 1200 Fairview
Colfax, WA 99111
(509) 397-3435

TO FILE A COMPLAINT OR REPORT A VIOLATION:

Privacy Officer
Whitman Hospital and Medical Center
W 1200 Fairview
Colfax, WA 99111
(509) 397-3435 xt. 312