



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.

SUMMARY OF THIS NOTICE

Skyline Hospital respects your privacy. We maintain physical, electronic, and procedural safeguards to protect your information. This notice covers only the health information collected, created, and maintained by, through, or at Skyline Hospital. This document outlines how we use and disclose your health information, your rights regarding your health information, and our duties regarding your health information.

OUR RESPONSIBILITIES REGARDING YOUR HEALTH INFORMATION

We are required by law to maintain the privacy and security of your health information; provide you with this Notice; and follow the terms of this Notice.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

The following categories describe various ways we use and disclose health information. Not every use/disclosure is listed.

TREATMENT: We may use and disclose your health information to provide care and to coordinate your treatment/other services. For example, we may provide your health information to your other healthcare providers and their facilities.

PAYMENT: We may use and disclose your health information to bill and collect payment for services you received at Skyline. For example, we may provide your health plan with information regarding your services so your health plan will pay us or reimburse you for treatment.

HEALTHCARE OPERATIONS: We may use and disclose your health information for our operations. For example, we may use your health information to assess quality, review performance of our staff, and improve our services.

APPOINTMENT REMINDERS, TREATMENT ALTERNATIVES, and HEALTH-RELATED BENEFITS & SERVICES: We may use and disclose your health information to remind you about appointments, to provide you with information regarding treatment alternatives, and/or other health related benefits and services related to your treatment or care.

USES AND DISCLOSURES THAT WE MAY MAKE UNLESS YOU OBJECT

We may disclose health information to a friend or family member that is involved in your care or helps pay for your care. If you are an Inpatient/Observation/Emergency patient, we may inform your friends or family members (who ask for you by name), or members of the clergy of your name, location within the hospital, general condition, and religious preference (only to clergy).

USES AND DISCLOSURES WE MAY MAKE WITHOUT YOUR AUTHORIZATION

AS REQUIRED BY LAW: We will disclose your health information when required to do so by federal, state, or local law.

FUNDRAISING: We may disclose limited health information to the Skyline Foundation to inform you of fundraising events and opportunities.

BUSINESS ASSOCIATES: We may disclose your health information to "business associates" with which we contract to perform services on our behalf.

PUBLIC HEALTH & SAFETY PURPOSES: We may disclose your health information as allowed or required by law to public health or legal authorities to prevent or reduce a serious, immediate threat to the health or safety of a person or the public, to protect public health and safety, to prevent or control disease, injury, or disability, and/or to report vital statistics such as births or deaths. We may also disclose health information to an employer about an employee, in certain situations and in compliance with Worker's Compensation claims.

VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE: We may disclose health information as allowed or required by law to a government authority in the event that we reasonably believe that the individual is a victim or abuse, neglect, or domestic violence.

HEALTH AND SAFETY OVERSIGHT ACTIVITIES: We may disclose health information to a health oversight agency, such as the Department of Health, for activities authorized by law; for example, investigations, inspections, audits, and licensure.

LAWSUITS & DISPUTES: We may disclose your health information in response to a subpoena, court order, or other legal process, as allowed or required by law.

LAW ENFORCEMENT ACTIVITIES: We may disclose your health information, if asked, to a law enforcement official, in response to warrants, summons, or similar processes; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim or a crime; about a death we believe may be the result of criminal misconduct; about criminal conduct on our premises; and in emergency cases, 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, & FUNERAL DIRECTORS: We may disclose your health information to a coroner or medical examiner to identify a deceased person and/or to determine the cause of death. We may also provide information to funeral directors to allow them to carry out their duties.

ORGAN & TISSUE DONATIONS: We may disclose health information to authorized organizations as required/needed for organ, eye, or tissue donation and transplants.

NATIONAL SECURITY, INTELLIGENCE ACTIVITIES, PROTECTIVE SERVICES, & MILITARY PERSONNEL: We may disclose your health information to authorized federal officials for national security activities. If you are a member of the armed forces, we may disclose your health information as required by your military command authorities.

INMATES: We may disclose health information about an inmate or individual who is in custody to a correctional facility or law enforcement official.

USES AND DISCLOSURES WITH AUTHORIZATION

Uses and disclosures not in this notice will be made only as allowed or required by law or with your written authorization. Specially protected health information, including information regarding treatment for AIDS/HIV/ARC, mental health, drug addiction, alcoholism, and other substance abuse treatment, developmental disabilities, and/or genetic information or records, may require your authorization to be disclosed unless otherwise required or permitted by law.

YOUR HEALTH INFORMATION RIGHTS

Although your health records are the property of Skyline Hospital, you have the following rights:

RIGHT TO REQUEST & OBTAIN COPIES: You have the right to request and obtain copies of your health information. Requests will be directed to the Skyline Hospital Medical Records Department. You will be required to complete and sign a Release of Information Form which can be obtained at the Reception desk. You may be charged a reasonable fee for the costs of copying, mailing, or other supplies related to your request.

RIGHT TO MODIFY: You have the right to request changes to your health information if you feel that the information we have about you is incorrect or incomplete. You must give us this request in writing. If your request is denied, you can write a statement of disagreement to be stored in your medical record and included with any release of your records.

RIGHT TO REQUEST A LIST OF DISCLOSURES: You have the right to request a list of disclosures of your health information. The list will not include disclosures made to third party payors. You may receive this information without charge once every 12 months. You will be notified of the charge if you request this information more often.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request restrictions on certain uses and disclosures of your health information. You must deliver this request to us in writing. We are not required to grant the request but we will comply with any request granted.

RIGHT TO A COPY OF THIS NOTICE: You have the right to request and receive a copy of this Notice.

CHANGES TO THIS NOTICE

We reserve the right to make changes to this Notice. The revised Notice will be effective for information we already have about you as well as any information we obtain in the future. The revised Notice will be effective on the new effective date of the Notice, unless required by law.

COMPLAINTS/CONCERNS

If you have questions or concerns regarding your privacy rights, or if you believe your rights have been violated, you may contact Skyline Hospital's Privacy Officer by phone at 509-493-1101 or in writing to:

**Skyline Hospital
PO BOX 99
White Salmon, WA 98672**

You also have the right to file a complaint with the US Secretary of Health and Human Services. You will not be penalized for filing a complaint.