



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Created: April 14, 2003
Effective: March 3, 2025

Your Rights When it comes to your health information, you have certain rights. This document explains your rights and our responsibilities.

Get an electronic or paper copy of your medical record

- You can ask to receive an electronic or paper copy of your medical record
- We will provide an electronic and/or paper copy and/or a summary of your health information, within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to amend your medical record

- You can ask to amend health information about you that you think is incorrect or incomplete.
- If the request is denied we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will agree to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and may decline if it would affect your care.
- If you pay for a service out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- We will say agree, unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting of disclosures) of when we've shared your health information, who we shared it with, and why, for six years prior to the date you ask.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

Receive a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or have a legal guardian, that person can exercise your rights and make choices about your health information if we have the actual document on file.

Your Choices For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will do everything we can to follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Participate in Health Information Exchange(s) (HIEs)

If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
- Most sharing of Substance Use Disorder (SUD) counseling notes
- We will not share health information about reproductive healthcare if it relates to legal actions like court cases or investigations. We will not release health information about individuals who are legally seeking, receiving, or helping with reproductive healthcare, such as birth control, in states where it is permitted by law.

In the case of fundraising:	<ul style="list-style-type: none"> • We may contact you for fundraising efforts, but you can choose to not be contacted again. 	
Our Uses and Disclosures	How do we use or share your health information?	We typically use or share your health information in the following ways.
Treat you	<ul style="list-style-type: none"> • We can use your health information and share it with other professionals who are treating you. 	<i>Example: A doctor treating you for an injury asks another doctor about your overall health condition.</i>
Run our organization	<ul style="list-style-type: none"> • We can use and share your health information to run our practice, improve your care, and contact you when necessary. 	<i>Example: We use health information about you to manage your treatment and services.</i>
Bill for your services	<ul style="list-style-type: none"> • We can use and share your health information to bill and get payment from health plans or other entities. 	<i>Example: We give information about you to your health insurance plan so it will pay for your services.</i>
How else can we use or share your health information? We use an electronic health record (EHR) system that is shared by other participating health care organizations. The shared EHR provides us and other participants with a faster way to access and share your health information to treat you, resulting in better care. For example, if you go to the emergency room of a hospital using the shared EHR, your doctor can look up information about care provided by us or another participating organization to treat you, even if you cannot communicate.		
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html		
Help with public health and safety issues	We can share health information about you for certain situations such as: <ul style="list-style-type: none"> • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone’s health or safety 	
Do research	<ul style="list-style-type: none"> • We can use or share your information for health research. 	
Comply with the law	<ul style="list-style-type: none"> • We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law. 	
Respond to organ and tissue donation requests	<ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations. 	
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner, or funeral director when an individual dies. 	
Address workers’ compensation, law enforcement, and other government requests	We can use or share health information about you: <ul style="list-style-type: none"> • For workers’ compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services 	
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order, or in response to a subpoena. 	

Special Protections Under Oregon Law

Oregon law provides additional confidentiality protections in some circumstances, and Grande Ronde Hospital will follow these Oregon laws. For example, in Oregon a health care provider generally may not release the identity of a

person tested for HIV or the results of an HIV-related test without your consent and you must be notified of this confidentiality right. Drug and alcohol treatment program records are specially protected and may require your specific consent for release under both federal and state law. Mental health records are specially protected in some circumstances, as is genetic information.

For more information on Oregon law related to these and other specially protected records, please contact the hospital Privacy Officer, or refer to the Oregon Revised Statutes and the Oregon Administrative Rules. These documents are available on-line at www.oregon.gov.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time by letting us know in writing.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

This Notice of Privacy Practices applies to Grande Ronde Hospital, Inc., which includes Grande Ronde Hospital and all hospital-owned and operated entities.

Once your protected health information is shared with another organization for a purpose that you have allowed or that is permitted by law, the Privacy Rule no longer applies to that information. This means that the organization receiving your PHI may not be required to follow the same privacy protections as those that are covered by the Privacy Rule.

How to Contact Us to Use Your Rights

If you want to use any of the privacy rights explained in this notice, please call, email, fax, or stop by our **Health Information Management (HIM) Department** at the following address:

GRH Pavilion
909 Adams Ave
P.O. Box 3290
La Grande, OR 97850

541.963.1446
Email: ROIRequest@grh.org
Fax: 541.963.1543
Hours: M-F 8am-5pm

You May File a Complaint About Our Privacy Practices

If you believe that your privacy rights have been violated, or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government. We will not retaliate against you for filing a complaint.

*To file a written complaint with us, you may contact the **Privacy Office** directly, or you may mail it to the following address:*

Privacy Officer
Grande Ronde Hospital
P.O. Box 3290
La Grande, Oregon 97850
compliance@grh.org
541-963-6444

To file a written complaint with the federal government, please use the following contact information:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue S.W.
Washington, D.C. 20201
www.hhs.gov/ocr/privacy/hipaa/complaints/
1-877-696-6775

Changes to the Terms of This Notice

Grande Ronde Hospital, Inc. can update the terms of this notice as long as the changes follow the law. The updated notice will apply to all your information and can be requested or found on our website.