NOTICE OF PRIVACY PRACTICES
Effective Date: 4/2003, Revised 11/2015

If you have any questions about this notice, please contact Sandy Wright, Privacy Officer, 541-677-2407

Definitions

Notice of Privacy Practices (The Notice) – a written notice in compliance with the requirements of Health Insurance Portability and Accountability Act (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act (ARRA) of 2009, made available from Mercy Medical Center on an individual or the individual’s legal representative, a member or affiliate of Mercy Medical Center, and an agent or other person authorized to represent the individual in health care decisions. The Notice describes the uses and disclosures of protected health information that describes that individual’s health care and the individual’s rights in connection with those uses and disclosures. The Notice also describes the individual’s options for restricting uses and disclosures of the individual’s protected health information and his or her rights to request and receive an accounting of disclosures, as well as the individual’s options with respect to the protection of the individual’s health information from unauthorized uses and disclosures.

Use of your Health Information

We will use and disclose your health information for purposes of treatment, payment and health care operations. These uses and disclosures are described below. All purposes described below may be used and disclosed without your written authorization, unless otherwise noted.

Treatment

We use or disclose your health information to carry out his/her duties.

Payment

We may use or disclose your health information for purposes of payment. For example, we may bill you or your health plan for services and items that you have received. We may also bill your health plan for services you received at the facility. We may use or disclose your health information to another payer to collect any amounts due to the facility from you or your health plan.

Health Information Exchange.

We may disclose your health information to an organization that has been approved to help reposit health information electronically for the purpose of providing better care to you. This is called a health information exchange. The health information exchange will use or disclose your health information in accordance with applicable law and its own privacy practices. The health information exchange is not an agent or other person authorized to represent you in health care decisions.

Future Communications

We may disclose your health information to a health oversight agency for activities authorized by law. Such disclosures may be made to foreign military authorities in connection with a military activity,

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