

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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.

Overview

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record.
- Correct your paper or electronic medical record.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition.
- Provide disaster relief.
- Include you in a hospital directory.
- Provide mental health care.
- Market our services and sell your information.
- Raise funds.

Our Uses and Disclosures

We may use and share your information as we:

- Treat you.
- Run our organization.
- Bill for your services.
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests.
- Work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.



Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record.

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record.

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll 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 say “yes” 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 we may say “no” if it would affect your care.
- If you pay for a service health care item out-of-pocket in full, you can ask us not to share that information for the purposes of payment or our operations with your health insurer. We will say “yes” 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 the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- 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 is to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get 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 if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

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 follow your instructions.

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

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and 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.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you.

We can use your health information and share it with other professionals who are treating you. This includes information about your substance use disorder (SUD) treatment. This information may be shared with your other providers electronically through secure health information exchange(s), and/or through a combined electronic medical record where your health care provider documents your care and services.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization.

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services.

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use information?

We are allowed or required to share your information 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 see:

<https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

Help with public health and safety issues.

We can share health information about you for certain situations such as:

- 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.

We can use or share your information for health research.

Comply with the law.

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 and state privacy law.

Respond to organ and tissue donation requests.

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director.

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:

- 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.

We can share health information about you in response to a court or administrative order, or in response to a subpoena. Information about SUD treatment has extra legal protections. Because of this, we may need your written permission or a court order to share it.

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. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Contact Information

If you have questions, would like to request a restriction or have a privacy complaint, please contact:

Salem Health Privacy Officer or Designee
P.O. Box 14001
Salem, OR 97309
You may call 1-800-944-4908 or email PrivacyOfficer@salemhealth.org.

You may additionally file a complaint to:

U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue SW
Washington, D.C. 20201
You may also call 1-877-696-6775, or visit the Office of Civil Rights website at www.hhs.gov/ocr/privacy/hipaa/complaints/.

You will not be penalized for filing a complaint.

Original Effective Date: April 14, 2003
Revised Effective Date: July 2006, July 2009, January 2010, October 2012, September 2013, March 2016, November 2017, May 2021, October 2023, April 2024, February 2026

Changes to the Terms of this Notice.

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Non-Discrimination Policy

Salem Health Hospitals and Clinics complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Salem Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SH provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

If you need these services, let the hospital staff know.

If you believe that SH has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights and 504/ADA Coordinator or designee
PO Box 14001
Salem, OR, 97309-5014
You may call 1-800-944-4908 or email 504CivilRightsCoordinator@salemhealth.org.

Language Assistance Services

Language assistance services (in person, live over the phone, or live video) are available to you free of charge upon request. Please let the hospital staff know you need one for your visit today.

Arabic / جزائري دزيری / خدمات المساعدة اللغوية
شخصياً، مباشرة عبر الهاتف او عن طريق الفيديو متوفرة لكم مجاناً عند الطلب.
الرجاء اعلام طاقم المستشفى ب حاجتكم الى مساعد لغوي اثناء زيارتكم اليوم

Mandarin (Chinese Simplified) 普通话

Spanish Español
Servicios de asistencia lingüística (en persona, por teléfono o por video) están disponibles para usted sin costo y bajo petición. Por favor informe al personal médico que necesita uno para su visita hoy.

Hmong Hmoob
Muaj Kev Pab Cuam Txhais
Lus (ib tus neeg txhais lus,
txhais lus hauv xovtooj lossis
txhais lus hauv video) rau koj
yam tsis tau them nqi raws li
thov tuaj. Thov qhia lub tsev
khamob cov neeg ua haujwm
paub tias koj xav tau ib tus
neeg txhais lus rau koj qhov
tuaj ntsib hnub no.

Romanian Român
Serviciile de asistență lingvistică (în persoană, în direct la telefon sau în direct prin intermediul tehnologiei video) sunt disponibile pentru dumneavoastră în mod gratuit, la cerere. Vă rugăm să informați personalul spitalului în legătură cu necesitatea unui asemenea serviciu pentru vizita dumneavoastră de astăzi.

Chuukese tʃu:kiz
Ika kose sinei kapasen merika
tungor epwe wor eman Chon
Chiakku epwe fituk me ren omw
na apoinmen (are ika ke tongeni
angei aninisin awewei me non
fon, are ika me non video), ese
kamo. Kosemochen tungoren
eman chon angangen pioing an
epwe kokori eman chon awewei
fanitom.

Ukrainian Українська
По вашому запиту послуги
перекладача (наживо, по
телефону або відео)
надаються безкоштовно.
Будь ласка, повідомте
персонал лікарні, якщо ви
сьогодні маєте потребу в
послугах перекладача.

Korean 韓國語
언어 보조 서비스 (현지의 통역사,
전화 통역, 또는 실시간 영상 통역)
가 요청시 무료로 제공됩니다. 오늘
방문시 통역이 필요하시면 병원 직
원에게 알려 주시기 바랍니다.

Somali af Soomaali
Adeegyo Caawimaad Luuqad
(kula-jooga, toos ugu jira
foonka ama fiidiyow toos ah)
waxay diyaar kuugu yiihiin
lacag la'aan markaa codsatid.
Fadlan u sheeg shaqaalaha
isbitaalka in aad ugu
baahantahay mid
boqashadaada maantay.

German Deutsch
Auf Wunsch bieten wir Ihnen kostenlose Sprachdienstleistungen (persönlich, live per Telefon oder per Live-Video). Bitte informieren Sie das Krankenhauspersonal, wenn Sie bei Ihrem heutigen Besuch sprachliche Unterstützung benötigen.

Portuguese Português
Os Serviços de Assistência de idiomas (pessoalmente, em tempo real por telefone ou por vídeo) são disponibilizados gratuitamente mediante solicitação. Informe a equipe do hospital se você precisar utilizar esses serviços em sua visita de hoje.

Cantonese (Chinese Traditional) 广东话
您可以要求提供免費的語言協助服務（當面、實時電話或實時視頻）。請告訴醫院工作人員您在今天的預約需要此服務。

Marshallse Kajin Majól
JIBAN KO IKIJEN KAJIN (ilo
likio in armij, ilo telpoon ko ak
ilo likio in armij)
renaj iwoj nan kwe ilo ejelok
onen elane kwonaj kajitok.
Jouj im kajitok iben ro you
likin Taktö eo elane kwonaj
taikuiji juon ilo rainin elane
kwonaj lolok ir.

Thai ภาษาไทย
บริการความช่วยเหลือทางภาษา (แบบ
ตัวต่อตัวทางโทรศัพท์หรือวิดีโอ) มี
พร้อมให้คุณใช้บริการได้พรีแล็ป โปรด
เดิมพันให้พนักงานของทางโรงพยาบาล
ทราบ ว่าคุณประสงค์ที่จะใช้บริการดัง
กล่าวเมื่อมาโรงพยาบาลในวันนี้

Japanese 日本語
リクエストしていただければ、
言語支援サービス(現地スタッ
フ、電話またはテレビ電話)を無
料で提供しています。本日のご
訪問にこのサービスを必要とさ
れる場合は、病院の職員にお知
らせください。

Russian **Русский**
По вашему запросу услуги
переводчика (вживую, по
телефону или видео)
представляются бесплатно.
Пожалуйста, сообщите
персоналу больницы, если
вы сегодня нуждаетесь в
услугах переводчика.

French Français
L'équipe de Language Assistance Services est disponible pour vous aider gratuitement et à la demande (en personne, au téléphone, ou par vidéo en direct). En cas de besoin pour votre visite d'aujourd'hui, il vous suffit juste de prévenir le personnel de l'hôpital.

Farsi (Persian) فارسی خدمات کمک زبانی (حضوری، همزمان تلفنی یا همزمان ویدئویی) به صورت رایگان یا درخواست‌تان به شما را ارائه می‌شود. اگر که این نوع خدمات برای ملاقات امور خود نیاز دارید، لطفاً به کارکنان پیمارستان اطلاع دهید.

Vietnamese tiếng việt
Dịch Vụ Trợ Giúp Ngôn Ngữ
(dịch thân có mặt, qua điện thoại, qua video trực tiếp) có sẵn cho quý vị miễn phí theo yêu cầu. Xin vui lòng nói cho các nhân viên của bệnh viện biết quý vị cần một thông dịch viên cho cuộc hẹn của quý vị ngày hôm nay.