



Notice of Privacy Practices
Southern Coos Hospital and Health Center Privacy Notice
Southern Coos Health District

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.

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 or health care item 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 “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 us 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.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/index.html>
- We will not retaliate against you for filing a complaint.

Inspect, Amend, or Copy

- If you wish to inspect, amend, or copy your medical information, you must submit your request in writing to Health Information Management Department, 900 11th St SE, Bandon, OR 97411. We will have 30 days to respond to your request for information that we maintain at our facility.

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.
- 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 or share your health information?

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 see:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticet.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 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.

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:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html>

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.

Questions and Complaints

Southern Coos Hospital & Health Center – A Critical Access Hospital
And Southern Coos Outpatient Multi-Specialty Clinic

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer, Southern Coos Hospital and Health Center, 900 Eleventh Street SE, Bandon, Oregon 97411, in writing, in person, or by calling the Southern Coos Hospital and Health Center Risk and Compliance Officer:

Amanda Bemetz
Director of Quality, Risk & Compliance
Southern Coos Hospital and Health Center
Email: abemetz@southerncoos.org
541-347-0512 (office)
541-347-2426, ext. 190 (front desk)

Address: 900 Eleventh Street SE, Bandon, Oregon 97411 Telephone:
(541) 347-2426
website: <http://www.southerncoos.org>

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

Inclusive Patient Care and Communication

Southern Coos Hospital & Health Center is committed to providing inclusive patient care.

SCHHC complies with applicable state and federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of:

- Race
- Color
- National origin
- Age
- Disability; or
- Sex.

We are happy to help you with communication aids and language access.

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

- Written information in other formats (large print, audio, accessible electronic formats and other formats)

SCHHC also provides free language services to people whose primary language is not English, such as:

- Information written in other languages

If you need these services, contact your care provider's office. They will make the language services arrangements for you.

We are here to help you with your concerns.

If you believe that Southern Coos Hospital & Health 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 in writing with the Risk and Quality Compliance Officer:

Amanda Bemetz
Director of Quality, Risk & Compliance
Southern Coos Hospital and Health Center
Email: abemetz@southerncoos.org
541-347-0512 (office)
541-347-2426, ext. 190 (front desk)

Address: 900 Eleventh Street SE, Bandon, Oregon 97411

Telephone: (541) 347-2426

website: <http://www.southerncoos.org>

Telephone: (541) 347-2426
website: <http://www.southerncoos.org>

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Risk & Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, D.C. 20201, [800-868-1019](tel:800-868-1019), [800-537-7697](tel:800-537-7697) (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language services notification: Translations for most spoken languages in Oregon.

Language assistance services are available to you free of charge upon request. Please let your provider's office staff know that you need language services for your visit.

Español (Spanish)

Si usted habla español, contamos con servicios de asistencia de idiomas, sin costo, disponibles para usted. Si necesita estos servicios, comuníquese al consultorio de su proveedor de atención médica. Ellos gustosamente coordinarán los servicios de idiomas para usted.

Tiếng Việt (Vietnamese)

Nếu bạn nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn dành cho bạn. Nếu bạn cần những dịch vụ này, hãy liên lạc văn phòng của bác sĩ chăm sóc của bạn. Họ sẽ sẵn sàng thu xếp các dịch vụ ngôn ngữ cho bạn.

中文(Chinese-Simplified)

如果您说中文，可为您提供免费的语言援助服务。如果您需要这些服务，请联系您保健提供者的办公室。他们将乐意为您安排语言服务。

Русский (Russian)

Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Если вам требуются такие услуги, обратитесь в офис своего поставщика медицинских услуг. Сотрудники с радостью предоставят вам переводчика!

한국어 (Korean)

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 이 서비스가 필요하시면 귀하의 의료 제공자 사무실에 연락하십시오. 귀하를 위해 기꺼이 언어 서비스를 준비해드릴 것입니다.

Українська (Ukrainian)

Якщо ви розмовляєте українською мовою, послуги мовної допомоги доступні для вас безкоштовно. Якщо вам потрібні ці послуги, зв'яжіться з офісом вашого постачальника послуг. Вони будуть раді надати вам послуги мовної допомоги.

日本語 (Japanese)

あなたの母語が日本語であれば、言語サポートサービスを無料にてご用意しています。サービスをご希望の場合には、あなたのケアプロバイダー事務所までご連絡ください。喜んで言語サポートサービスの手配をいたします。

العربية (Arabic)

إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متاحة لك. إذا كنت تحتاج إبل هذه الخدمات، فاتصل مكتب مقدممانالرعاية الخاص بك. سيكون اموظفون هناك سعداء بإجراء الرتتبيات. املتعلقة بالخدمات اللغوية من أجلك

Română (Romanian)

Dacă vorbiți română, puteți beneficia de asistență lingvistică gratuită. Dacă aveți nevoie de astfel de servicii, luați legătura cu biroul furnizorului dvs. de servicii medicale. Reprezentantții acestuia vă vor ajuta cu plăcere să beneficiați de asistență lingvistică.

មន-ខ្មែរ (Mon-Khmer Cambodian)

ប្រសិនបើលើកអកកនិយមមន-ខ្មែរ, ប្រើខ្មែរ ៖ សេវាជំនួយ
យល់ដឹងក្នុងសង្គមសេវាកម្មកម្រិតខ្ពស់

ប្រសិនបើលើកអកក ត្រូវការសេវាជំនួយ
សូមទំនាក់ទំនងសេវាជំនួយ លើកអកក ក្នុងសង្គមសេវាកម្មកម្រិតខ្ពស់ ក្នុងកំរិត
ពេញចិត្តក្នុង ប្រព័ន្ធប្រចាំសេវាជំនួយក្នុងសង្គមសេវាកម្មកម្រិតខ្ពស់

Oroomiffa (Oromo)

Afaan Kuush (Oromoo) , dubbattu yoo ta'e, tajaajilliwwan deeggarsa afaanii, kaffaltii irraa bilisa ta'an, isiniif ni jiraatu. Tajaalilawwan kanneen ni barbaaddu yoo ta'e , wajjira dhiyeessaa deeggarsa keessanii qunnamaa. Isaan gammachuudhaan tajaajilawwan afaanii isiniif mijeessu.

Deutsch (German)

Wenn Sie Deutsch sprechen, stehen für Sie kostenlos Sprachassistentendienste zur Verfügung. Wenn Sie diese Dienste in Anspruch nehmen möchten, wenden Sie sich bitte an das Büro Ihres Leistungserbringers. Dort wird man die Sprachassistentendienste gerne für Sie arrangieren.

فارسی (Farsi)

اگر به زبان فارسی صحبت می کنید، رسوویس کمک زبانی به صورت رایگان در دسترس شما خواهد بود. اگر به این رسوویس هانیاز دارید، با دفرت ارائه دهنده خدمات متاس بگیرید. آنها حتا ّمقدمات الزم را برای دسترسی به رسوویس های زبانی در اختیارتان قرار می دهند

Français (French)

Si vous parlez français, des services d'aide linguistique gratuits sont à votre disposition. Si vous nécessitez ces services, contactez le cabinet de votre prestataire de soins. Ils se feront un plaisir d'organiser ces services linguistiques pour vous.

ไทย (Thai)

หากท่านพูดภาษาไทย รการความช่วยเหลือทางดาน ่าไข้ าย
จะมึี ึ ึ ภาษาดูยไม่มลึ
หากท่านต้อ งการไข้ รการดจ้ กล่าว ต้อสำนั กงานผุ้ ารดูลล ซงึ่ ะจด้ หา
โปรดตติ ้ หบรลึ พรอ้ มทลึ
บรการทางดานภาษาให้ ่าน
ึ กท้

Effective: September 23, 2013

Revised: August 14, 2024