



**Cascadia Healthcare, LLC  
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.

**Understanding Your Medical Record and Your Health Information**

Bend of Cascadia, LLC (Bend Transitional Care), a skilled nursing facility, which Facility is a wholly owned subsidiary of Cascadia Healthcare, LLC ("Cascadia"), is committed to protecting the privacy and safeguarding the security of your protected health information. Each time you received services from the Facility or one of its affiliates (together, an Affiliated Covered Entity), we record information that identifies you and relates to your medical condition, examination, observations, test results, diagnosis, care summaries, treatment, and future care plans. Understanding your health information and how it is used is important in maintaining its accuracy in confidentiality. This notice pertains to our workforce members and other healthcare providers we work with in a clinically integrated setting (e.g. members of our medical and clinical staff) and other participants in our organized healthcare arrangements, and pertains to uses and disclosures of your protected health information whether made verbally, on paper, or electronically, including through a health information exchange.

**How We May Use and Disclose Your Health Information**

Federal privacy laws allows us, the Facility, as a Covered Entity, to use and disclose your health information for the following reasons or to the following entities:

- **Treatment** - We may use and disclose your health information to provide, coordinate or manage your treatment and related services, including disclosures to doctors, nurses, technicians, students,

volunteers, or other personnel involved in your care. We may disclose your health information to other providers to facilitate the care they provide you. For example, we may share your health information with your doctor or others who provide care to you, such as care summaries, prescriptions, lab work and x-rays.

● **Payment** - We may use and disclose your health information so that the treatment and services you received are billed to and payment is collected from you, an insurance company or a third party. For example, we may tell your health plan about the care you are receiving to help determine whether your plan will cover the treatment.

● **Health Care Operations** - We may use and disclose your health information for our health care operations. These uses and disclosures allow us to continually improve the quality and effectiveness of your care. For example, we may use your health information to make sure that we are giving you the best possible care. We may also combine your health information with health information from others who are providing care to you so that we can identify better ways to provide you with care and services.

● **Facility Directory Purposes** - We may include certain limited information about you in a Facility directory while you are a Resident. This information may include your name, location in the facility, general condition (fair, stable, etc.) and religious affiliation. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. The Facility directory is used so your family, friends and clergy can visit you and generally know how you are doing. If you would like to opt out of being in the directory, please contact the business office or social worker.

● **To Family Members and Others Involved in Your Care** - Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose health information to notify or assist in notifying a family member, personal representative, or any other person responsible for your care of your location, general condition, or death.

● **Disaster Relief** - We may use or disclose your health information to an authorized public or private entity to assist in disaster relief efforts to coordinate notifying your family members of your location, general condition or death.

● **Incidental Disclosures** - Some incidental disclosures of your health information may occur during otherwise permitted use or disclosure of your health information. For example, a visitor may overhear a discussion about your care at the nurses station. We have implemented appropriate safeguards to protect the privacy of your information, such as keeping those conversations at a quiet volume.

● **As Required by Law** - We may disclose your health information when we are required to do so by federal, state or local law.

● **Public Health Activities** - We may disclose your health information to appropriate bodies for public health activities, including prevention or controlling disease, reporting adverse events, product defects, or for Food and Drug Administration reporting. We may provide required immunization records to a school with agreement from a parent, guardian, or other representative.

● **Crime, Abuse, and Neglect Reporting** - We may disclose your health information to a government Authority if we reasonably believe that you have been a victim of a crime or a victim of abuse, neglect or domestic violence.

● **Health Oversight Activities** - We may disclose your health information to a health oversight agency for activities such as audits, investigations, licensure or disciplinary actions, or for civil, administrative or criminal proceedings.

● **Judicial and Administrative Proceedings** - We may disclose your health information in response to a court or administrative tribunal order. We may also disclose your health information in response to a subpoena, Discovery request, or other lawful process once efforts have been made to tell you about the request or obtain an order protecting the information requested.

● **Law Enforcement Purposes** - In certain circumstances, we may disclose your health information for law enforcement purposes to a law enforcement official including disclosures for identification and location purposes; pertaining to crime victims; if we suspected death occurred as a result of a crime; if we believe a crime occurred on the premises; or to alert law enforcement of medical emergencies.

● **Coroners, Medical Examiners, and Tissue Donation** - We may disclose your health information to identify a deceased person or determine the cause of death, the funeral directors to assist in their duties, or organ procurement organizations to facilitate organ, eye or tissue donation and transplantation.

● **Research** - We may use and disclosure health information to researchers in certain circumstances, such as research that has been approved through a special process designed to protect your health information privacy.

● **To Avert a Serious Threat to Health or Safety** - We may use and disclosure health information when necessary to prevent a serious and imminent threat to your health and safety or the health and safety of the public or another someone able to help prevent the threat.

● **Specialized Government Functions** - We may use and disclosure health information for some military and Veteran activities, such as to military authorities if you are or were previously a member of the Armed Forces. We may also disclose information when requested by federal officials for National Security or intelligence activities or for the protection of certain public officials.

● **Correctional Institutions** - If you are an inmate, we may disclose your health information to your custodial Correctional Institution or law enforcement officials and certain circumstances.

● **Workers' Compensation** - We may disclose your health information to comply with laws related to workers' compensation or similar programs.

● **Communication** - We may contact you to provide appointment and refill reminders, alternative treatments, and other health-related services such as disease management programs and community-based services that may be of interest to you.

● **Business Associates** - Service providers with whom we have contracted to provide a service on our behalf make create, receive, maintain or transmit your health information once they agree in writing to protect the privacy and security of your health information.

● **To Health and Human Services** - We may disclose your health information to the Secretary of Health and Human Services for compliance reviews and complaint investigations.

- **Marketing** - With a few exceptions, we must have your written authorization to use or disclose your health information to make a communication about a product or service that encourages the recipients of the communication to purchase or use the product or service. For example, we may communicate with you face-to-face regarding services that may be of interest to you.
- **Psychotherapy Notes** - We must have your written authorization to use or disclose your Psychotherapy notes except for certain treatment, payment and Health Care operations purposes, if the disclosure is required by law or for health oversight activities, or to avert a serious threat.
- **Sale of Protected Health Information** - With few exceptions, we must have your written authorization for any disclosure of your health information that is a sale of protected health information and we must notify you that we will be paid for the disclosure.
- **Other Uses and Disclosures** - Other uses and disclosures not described in this notice will be made only with your written authorization unless otherwise required or permitted by law.
- **Revoking an Authorization** - You may revoke an authorization at any time in writing, except to the extent that we have relied on the authorization to disclose your health information or in certain circumstances when the authorization was obtained as a condition of obtaining insurance coverage.

### **Your Health Information Rights**

Although your medical record is the property of the facility, the information belongs to you. You have legal rights regarding your health information, which are described below. Your legal rights include a:

- **Right to Inspect and Copy** - With some exceptions, you have the right to inspect and obtain an electronic or paper copy of your health information maintained in your designated record set. We may charge a fee for the associated cost of labor, mailing, or other supplies. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access, you may request a review of the denial.
- **Right to Amend** - If you believe the health information we have about you is inaccurate or incomplete, you have the right to request an amendment of your health information. This right exists as long as we keep this information. You must provide a reason that supports your request. We may deny your request for an amendment in some circumstances.
- **Right to an Accounting of Disclosures** - You have the right to obtain a listing of certain disclosures we have made of your health information. You can request an accounting of these disclosures made for up to 6 years prior to the date of your request. The first request in a 12-month period is provided at no cost to you. There may be a charge for subsequent request within the same 12 month period. We will notify you of the cost involved so you may withdraw or modify your request before incurring any costs.
- **Right to Request Restrictions** - You have the right to request restrictions on the use or disclosure of your health information for treatment, payment and healthcare operations. You also have a right to request a restriction on disclosures about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request except when you 1) request a restriction to your health plan for payment or healthcare operations

purposes, and the disclosure is not otherwise required by law, and 2) the request pertains solely to a healthcare item or service for which we have been paid out of pocket in full. If we do agree to a requested restriction, we will comply with your request unless the information is needed to provide you emergency treatment. You will need to notify other providers if you want them to abide by the same restrictions.

- **Right to Receive Confidential Communications** - You have the right to request to receive Communications of health information by alternate means or at alternative locations. We will accommodate all reasonable requests.

- **Right to a Paper Copy of this notice** - You have a right to a paper copy of this Notice at any time even if you have agreed to receive this Notice electronically.

### **Our Responsibilities**

We are required by law to maintain the privacy of protected health information, provide you with this Notice of our legal duties and privacy practices with respect to protected health information, and to notify you if you are affected by a breach of unsecured protected health information.

We are required to abide by the terms of this Notice while it is in effect. We reserve the right to change the terms of our Notice and to make the new Notice provisions effective for all protected health information that we maintain. If we change the terms of our notice, we will make copies of the new notice available to you and post a copy of the new notice in a prominent location in the Facility.

### **Complaints**

If you believe your privacy rights have been violated, you may file a report with the facility Chief Executive Officer, or the Chief Nursing Officer, at (Address: 900 NE 27th Street, Bend, OR 97001, Phone: (541) 382-0479, or our anonymous reporting hotline, 1-833-255-0308, or to the Secretary of Health and Human Services. 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 [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

You will not be retaliated against for filing a complaint.

### **Contact Us**

If you have questions about this Notice, please contact the Chief Executive Officer at the above phone number or address.

### **Resident Acknowledgement**

I acknowledge that I have received a copy of Bend Transitional Care Notice of Privacy Practices.

Signature of Resident / Representative: \_\_\_\_\_

Date:\_\_\_\_\_

If not signed by resident, list personal representative's authority to act on behalf of the resident:

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