

Welcome

to OHSU Hospital



OHSU
Health

Welcome

Welcome to OHSU and thank you for trusting us with your care. We are committed to providing you with the best health care in the safest, most comfortable environment possible. We value the opportunity to serve you and appreciate the confidence you have placed in us.

Language services

OHSU provides free language services to patients. Please let your nurse know if you need an interpreter to help you during your stay or when making telephone calls to anyone at OHSU.

Disability and access support

Let your nurse know if you have questions or need support, such as: sign-language interpreter services (in-person or CART), TTY/TTD, a volume-controlled phone, help turning closed captions on the TV, etc. We do allow service animals (those trained to perform a task or service) in most places. There are some areas they can't go, such as burn units, cancer units, the ICU and other sterile places.

CAMPUS PHONES

To dial out	9 + (area code) + (7-digit number)
To dial on campus	Dial the last 5 digits of the number

IMPORTANT PHONE NUMBERS (DIAL LAST 5 DIGITS FROM ROOM PHONE)

Hospital operator	503-494-8311
Admitting	503-494-8927
Billing	503-494-8760
9th floor information desk	503-418-1818
Discharge planning / social work / care managers	503-494-2273
Gift shop	503-494-5761
Parking	503-494-8283
Patient Relations	503-494-7959
Pharmacy	1-866-770-2666
Privacy practices information	503-494-8849
Public Safety / Lost and found	503-494-7744
Spiritual care	503-494-8777

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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.

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!

إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. إذا كنت تحتاج إلى هذه الخدمات، فاتصل بمكتب مقدم الرعاية الخاص بك. سيكون الموظفون هناك سعداء بإجراء الترتيبات المتعلقة بالخدمات اللغوية من أجلك.

About OHSU Health



Scappoose

FOREST PAR

26



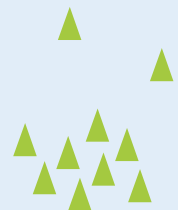
HILLSBORO MEDICAL CENTER

HILLSBORO



BEAVERTON

217



TIGARD

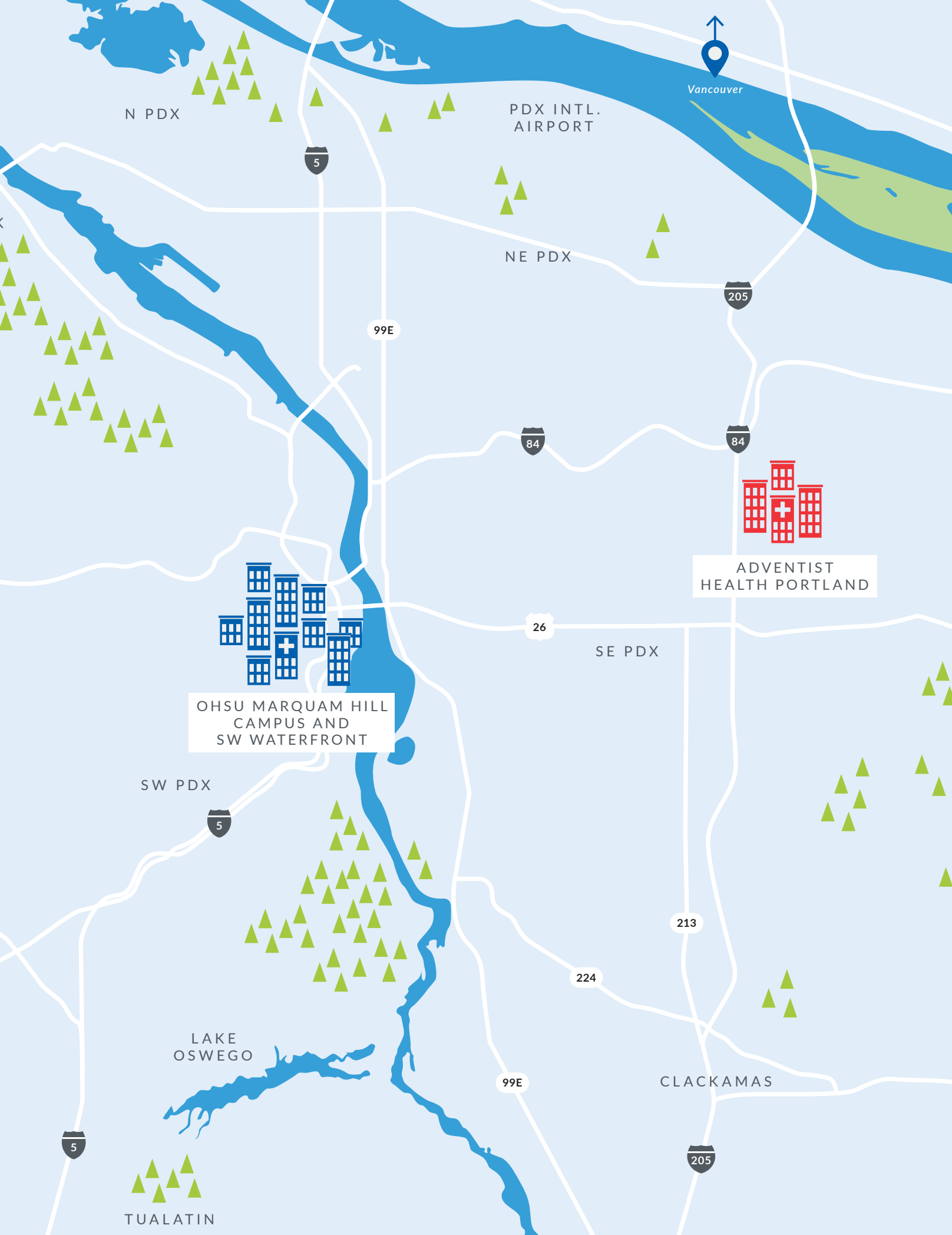
99W



You already know that OHSU is good at the big things. With OHSU Health we're good at the little things too, and everything in between. OHSU Health is a system of doctors, clinics and hospitals, all working together to build a better way to wellness.

And we're not just on Marquam Hill. Together with our partners at Hillsboro Medical Center and Adventist Health Portland, you'll find OHSU Health locations in communities from Forest Grove to the forests of Mount Hood. Because health happens where life happens.

OHSU Health is all about bringing health and wellness to every part of your life and to everyone in your family. From flu shots to physicals, screenings to surgeries, there's a complete range of care for everyone you care about.



Vancouver

N PDX

PDX INTL. AIRPORT

NE PDX

99E

205

84

84

ADVENTIST HEALTH PORTLAND

OHSU MARQUAM HILL CAMPUS AND SW WATERFRONT

26

SE PDX

SW PDX

5

213

224

LAKE OSWEGO

99E

CLACKAMAS

205

TUALATIN

5

Your hospital stay

Your healthcare team

We know that being a patient in a hospital can be an overwhelming experience, so we'll do everything we can to make you comfortable and get you back on the road to good health.

To best serve you, a team of highly trained medical professionals will work together to create your treatment plan. Depending on your needs, your team may be large or small. But, they all have one focus in mind — your health.

All members of your team will:

Introduce themselves when they enter your room.

Let you know what their role is in your care.

Wear an OHSU identification badge.

Clearly explain your care and what to expect from your team.







Bedside Reporting Tips

Decide which family members or visitors should be present with you during the meeting. We want to protect your privacy and will only talk about your health with others when you say it is okay.

Think about any concerns and questions you have and write them down. This is the perfect time to speak up.

Let us know if something is confusing. If the nurses use any words or share information that you don't understand, ask them to explain it.

Communicating with your team

Good communication is critical to ensure we provide the best care possible. Please ask questions and tell us about any special needs you may have so that we can help you recover as quickly as possible.

Family spokesperson

We recommend that you designate a trusted relative or friend as your family spokesperson — a person who can help with communications and keep other family and friends informed while you're in the hospital.

Healthcare agent or proxy

Tell us who you would want to speak for you in the event you are unable to speak for yourself. This may include loved ones not legally related to you, such as a non-registered domestic partner, significant other or foster parent. If you have a disability, you can always have a support person with you in the ER, during your hospital stay if you need them to help with your care, and for any talk about hospice care, advance directives or POLST forms.

Bedside reporting

When your nurse is about to go off duty and transition your care to a new nurse, they will meet at your bedside to talk about your care before a shift change. This gives you a chance to meet the nurse taking over your care, ask questions and share important information. During a bedside report, the nurses will:

Introduce your new nurse to you and anyone with you.

Talk with you about your health.

Check the medicines you are taking.

Ask what could have gone better during the last shift.

Answer any questions you may have.

Bedside reporting gives you and your family the chance to be more involved in your care.

Patient and family rounding

In addition to bedside reporting, on some units in the hospital, the care team performs rounds. Rounds are a structured time for doctors, nurses and representatives from other departments to discuss your health, results from labs and procedures, goals for the day and recommendations for next steps. The care team generally gathers in front of your room with a computer to discuss your health and care plan. You and your family spokesperson are encouraged to participate in rounds. Your questions and input help the team make the best decisions for you.



Medication Safety Tip

When you are brought medicines or IV fluids in the hospital, **make sure your care provider checks your ID bracelet** and asks for your name and other identifiers such as your date of birth. This ensures that you are receiving the right medicines.

Medications in the hospital

The proper use of medications is important for your health and safety. The key is communication.

ALLERGIES AND REACTIONS



Make sure your healthcare team knows any allergies or side-effects you have had to any medications in the past, including reactions to anesthesia, foods, latex products or other environmental allergens.

MEDICATIONS BEFORE YOUR HOSPITAL STAY



Tell your healthcare providers about all prescription and over-the-counter medicines, herbal vitamin supplements, natural remedies and recreational drugs that you were taking before you came to the hospital. It may be helpful to keep a list of these with you at all times.

MEDICINE FROM HOME



While you are in the hospital, **DO NOT** take any of your medications from home unless those medications **AND** the correct dose have been approved by your doctor. Make sure to tell your nurse if you do take your own medication.

HOSPITAL MEDICATION



Don't be afraid to ask questions regarding your medications, especially during your hospital stay. It is important that you and your caregiver know details regarding your medication plan. You should always ask:

- What is the name of the medication?
- Why do I need to take it?
- How much should I take and at what times?
- What are the possible side effects?

Pain management

If you are in pain, let us know. While it may not always be possible to take away all of your pain, we will do all we can to treat your pain safely.

If you are experiencing pain:

Alert your doctor, nurse or nurse manager.

Show us where on your body you are experiencing pain.

Use the rating scale of 0 to 10 to let us know how bad the pain is.

Understanding Advance Directives

You have the right to make decisions about your own medical treatment. We encourage you to express your wishes to your doctors and loved ones. Putting your wishes in writing is a good way to do that.

We will ask you if you have an Advance Directive or Provider Orders for Life-Saving Treatment (POLST). It is not required that you have one, but we want to be sure you have an opportunity to complete one. If you are interested in more information about an Advance Directive or POLST, please ask your healthcare team.

You also can go online to learn more at www.oregonhealthdecisions.org.

Online medical records

If you already have a MyChart account, you can securely access your OHSU medical record whenever you want and wherever you are. MyChart, a tool we provide just for patients, gives you easy online access. You can log on to connect with your OHSU health care team, request an appointment, check lab results, pay your bill or view your medical records. If you would like to sign up for MyChart, you will receive more information upon discharge.

Keeping your family doctor informed

Regardless of where your family doctor practices, he or she is a part of your health care team. We offer doctors around the state access to view their patients' up-to-date health care information through an online service called OHSU Connect. OHSU Connect allows for secure conversations with OHSU medical staff so your doctor can continue to be a part of your health care team while you are here at OHSU.

Feedback – Tell us how we're doing

Please help us serve you better. We encourage you to share your ideas when you're here. You also may receive a letter and a survey after your visit that will ask you questions about your experience while at OHSU.

Do you want to recognize someone for exceptional care? You can nominate them for OHSU's highest level of employee recognition — the Rose Award. Just ask any member of your health care team for a form or go to www.ohsu.edu/about/rose-nomination.





Help prevent infections

Healthcare-associated infections (HAIs) are infections that patients can get while in the hospital. HAIs can be caused by germs that live on objects and the skin. They can enter the body through an IV tube (small tube put into a vein), urinary catheter, intestinal tract or surgical site. HAIs can be serious and prolong your hospital stay. The good news is that most HAIs are preventable. Ask your care team about your risks and how you can partner with them to prevent these infections.

Your safety

Speak up

Talk to your care team about all questions or worries you have. Ask them what they are doing to protect you.

- If you have a urinary catheter or IV tube, ask each day if it is needed.
- If you are scheduled for surgery, ask what you can do to prepare for surgery to lower your risk of infection.

Hand hygiene

Proper hand hygiene is the single most important way to prevent the spread of infection. It is important for you and your visitors to practice good hand hygiene while you are in the hospital. Ask everyone who enters the room, including care providers, to wash their hands with soap and water or to clean their hands with hand sanitizer.

Signs and symptoms of infection

Some infections appear as redness, pain, swelling or drainage at an IV catheter site or surgery site. Often these symptoms come with a fever. Tell your care team if you have these symptoms.

One type of infection, *Clostridium difficile*, can cause diarrhea. Tell your care team if you have diarrhea 3 or more times in 24 hours, especially if you have been taking an antibiotic.

HOW TO PRACTICE GOOD HAND HYGIENE

Wash hands with soap and water for 15 seconds or use the hospital's hand sanitizer.

Make sure you and your visitors clean your hands often; remind care providers to clean their hands, too.

Always clean your hands:

Before eating.

After using the bathroom.

After blowing your nose, coughing or sneezing.

Whenever your hands look dirty.

Patient identification

Your healthcare team may ask you your name and birth date each time they interact with you. This is for your safety. We are ensuring that we are providing the right treatment to the right patient. In addition to asking your name and birth date, we will check your wristband before you receive any medications, treatments or tests.

Call, don't fall

We want to do everything we can to help you on your road to recovery. That includes preventing falls. If you need to get out of bed, please call, don't fall. You are never an inconvenience to our team.

Reporting safety concerns or injuries

If you or any of your family members or visitors have a safety concern, call your nurse immediately. If the concern is not resolved to your satisfaction, please ask to speak with the unit manager. If it is still not resolved by the unit/department manager, you can notify Patient Relations at 503-494-7959.

Rapid Response Safety Team

If you or your family member notices a sudden change in your condition or behavior, ask your nurse to check on you right away. If you do not feel the nurse or doctor is responding to your concerns, call 503-494-7777 to reach the Family Initiated Rapid Response Safety Team. The operator will ask for your name, and the response team will be called immediately.



Cell phones

For patient safety, cell phones and other radio-transmitting devices may not be used within 3 feet of any medical equipment. Signals from these devices can interfere with patient care equipment, potentially putting patients in danger.

Electrical equipment and devices

Your nurse must seek approval for any electronic devices or electrical equipment of any kind (games, computers, hair dryers, razors or medical equipment such as nursing pumps or sleep apnea devices) that you would like to use during your stay. Heat-producing devices (such as heating pads and space heaters) are strictly prohibited in the hospital.

No weapons at OHSU

The possession or use of weapons anywhere on OHSU property is prohibited.







Tips for visitors

Friends and family can play a vital role in a patient's recovery. Here are some tips for a successful visit:

Stay home if you are not feeling well. A phone call is much better than a contagious illness.

Wear masks at all times.

Keep voices low. Rest promotes healing and recovery.

Avoid touching any tubes, dressings or medical equipment.

Your visitors

Visiting during the COVID-19 pandemic

To keep our patients and visitors safe, we are limiting visitors and visits by following Oregon Health Authority guidelines. For details and the most up-to-date visitor policy, please go to www.ohsu.edu/health/patients-and-visitors.

Hours for visiting

There are usually no specific hours for visitation in our hospitals. However, only a limited number of loved ones may visit a patient in OHSU surgical preoperative areas, intensive care and oncology (cancer) units because of the level of care and activity. We respect your choice as to who your visitors will be.

Flowers

To control infection, flowers are not allowed in any of OHSU's intensive care or cancer units. Flowers may be sent to all other units.

Tobacco-free campus

OHSU is tobacco-free, indoors and outdoors. If your visitors smoke, we provide free nicotine lozenges to help manage cravings at the OHSU Physicians Pavilion Pharmacy. We recognize that nicotine is a powerful addiction. If you use tobacco, OHSU is committed to support you in quitting or in managing your cravings by providing medication during your stay with us.

Belongings

Please be sure that you and your visitors keep cell phones, computers and belongings where you need them. Some units may have special considerations as to what may or may not be brought onto the unit for infection control or safety reasons. Please check with your nurse.

Pet policy

Official therapy dogs are arranged by Volunteer Services. Personal service animals are permitted to accompany and assist their handlers while the handlers are at OHSU. If the handler is admitted to the hospital, somebody other than the patient needs to care for and

supervise the service animal. No other animals other than service animals or pet therapy dogs are allowed in patient care and/or common areas.

Overnight visits

Some patient areas have couches in the room for sleeping that accommodate one person. Semi-private rooms usually cannot accommodate overnight visitors. Unique situations should be discussed with staff.

Lodging

Many off-site hotel lodging options are available for families who come to OHSU from out of town. Some of them offer OHSU patients a discounted rate, so please ask for the most up-to-date rate when checking on availability or making your reservation. You may pick up a hotel list from any of the hospital concierge desks.

Parking / valets

Valet parking is available at the Kohler Pavilion, Physicians Pavilion and at the ER. Visitors of OHSU patients park for free. If you have questions about parking call 503 494-8283.



Concierge services

503-418-1818

Questions?

Need directions?

Our hospital concierge staff is here to help. Stop by any of our concierge desks and we can assist you with:

- Hospital information
- Directions to get around campus
- Tram passes for patients and their families
- Advice for visitors about where to dine, shop or find a hotel

Just contact us at 503-418-1818 or visit any of our locations:

OHSU Hospital

- Lobby
- Surgery waiting room

Kohler Pavilion

- Tram entrance

Physicians Pavilion

- Lobby

Doernbecher Children's Hospital

- Lobby

Center for Health and Healing Buildings 1 & 2

- Lobbies

Elks Children's Eye Clinic

- Lobby
- Parking entrance

Casey Eye Institute

- Lobby

Services

Financial assistance

503-494-1671

Request for financial assistance may be made at any point before, during, or after your stay. For questions about financial assistance, call **503 494-1671** or go to **www.ohsu.edu/billing**.

Social workers and care managers

503-494-2273

OHSU's Care Management Team is dedicated to supporting you and your family throughout your hospital stay. Specially trained nurse case managers will coordinate your plan of care during your hospitalization, and social workers are available to help you and your family cope with the wide range of challenges related to illness, including:

- Assessing your living situation and identifying any needs you may have.
- Arranging care conferences between you, your family and your medical team.
- Coordinating your health insurance benefits.
- Ensuring resources are being used in the most effective way.
- Planning for when you leave the hospital.

Patient Relations

503-494-7959

If you have concerns about your care or service please talk with someone on your care team. If you feel they cannot help you, or you wish to file a grievance, please contact our Patient Relations department for support in resolving your concerns. Call, email advocate@ohsu.edu or visit **www.ohsu.edu/advocate** for more information.

Pharmacy

1-866-770-2666

OHSU has many convenient pharmacy locations as well as online ordering for prescription mailing service (www.ohsu.edu/pharmacy). OHSU Pharmacy locations:

- Physicians Pavilion
- Casey Eye Institute
- Doernbecher Children's Hospital
- Center for Health & Healing at the South Waterfront
- Family Medicine at Gabriel Park
- OHSU Beaverton Clinics

Spiritual care

503-494-8777

A team of interfaith chaplains is available to patients and families for spiritual guidance, prayer, emotional support and comfort. Chaplains are available Monday through Friday from 9 a.m. to 5 p.m., and on an emergency basis on weekends and evenings. To contact a chaplain, ask your nurse or call 503-494-8777.

Volunteer services

Volunteers are dedicated to positively impacting our patients' and families' experience by providing companionship, comfort and non-medical support. You may request a visit from a volunteer by speaking with your nurse.

Your rights

Patient privacy

Your medical information is confidential. Under the federal Health Insurance Portability Accountability Act, or HIPAA, you have the right to:

Inspect and receive a copy of your medical information

Request changes to incorrect information about you

Request a restriction on how we use or share your information

File a complaint about our privacy practices

OHSU's Notice of Privacy Practices can be found in **Appendix A** of this guide.

Your rights and responsibilities

Your health care is our priority. You are why we are here. At OHSU, we provide patient- and family-centered care. That means:

We know who you are and care about you as a unique individual

We attend to your physical, emotional and spiritual needs

We acknowledge that we are guests in your life

We earn your trust and become your partner

As an OHSU patient, you have several rights, including the right to respect, privacy and dignity. As an OHSU patient, you and your visitors also have responsibilities, such as the responsibility to be considerate and respectful of others.

A full list of your rights and responsibilities can be found in **Appendix B** of this guide.

Inclusive patient care and communication

OHSU 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. For more information, please see **Appendix C**.

Right to decline future participation in biological sample research

OHSU is a research institution. Research helps us learn ways to prevent or better treat diseases such as diabetes and cancer. You can decide whether to allow us to store and use your biological samples (such as tissue, blood, or body fluids) in medical research. For more information, go to www.ohsu.edu/tbd. You can decline biological sample donation by filling out the form in **Appendix D** and returning it to the admitting desk.

Right to decline HIV Test

If an OHSU Healthcare workforce member has an exposure to a patient's blood and/or bodily fluid that has the potential for transmitting the human immunodeficiency virus (HIV) or Hepatitis B or C, OHSU may obtain and/or test the patient's blood for HIV and Hepatitis B and C. The patient may opt out of such testing by completing an opt out form that can be obtained from the provider. If the patient opts out of such testing, consent will be obtained from the patient or, if the patient is unable to consent, the patient's next of kin.



Going home

When your health care team determines you're ready, you will be authorized to be sent home from the hospital, or discharged. It takes time to coordinate all the things that need to happen for you to go home. You may hear early in the day that you are going home, but it still may be several hours before all the work is done to make that happen.

Once you have been approved for discharge your nurse will go over instructions with you. We want to make sure you have all the help and resources you need when you get home. Feel free to use this checklist of things that should be covered before you leave the hospital:

✓	HOW TO TAKE CARE OF YOURSELF AS YOU RECOVER
How do I take care of any wounds, cuts or incisions?	
What foods or drinks should I avoid? For how long?	
Are there any activities I should not do like driving, sex, heavy lifting, or climbing stairs? For how long?	
What exercises are good for me? When and how often should I do them?	
What do I need to do to make my home safer?	



Tips for waiting to go home

Once you are ready to leave OHSU, we may invite you to wait in our discharge lounge. This is a comfortable waiting area that makes it easier and faster for your ride to find you.



MEDICATIONS

What medicine(s) do I need to take when I leave the hospital? Do I take the same medicines that I took before I went into the hospital?

For each medication:

What is the name of this medicine? Is this the generic or brand name?

Why do I take this medicine?

When and how do I take this medicine?

How much do I take?

What does this medicine look like?

What are potential side effects of this medicine?
What problems do I need to look out for?

Will this medicine interfere with other medicines, foods, vitamins, or other herbal supplements I take?

Where and how do I get this medicine?

What medicines can I take for pain?
Upset stomach? Headaches? Allergies?



ASSISTANCE YOU MAY NEED AFTER YOU GET HOME

When I get home, what kind of help or care will I need? Should someone be with me all the time?

Will I need home nursing care?
For how long? Who pays for it?

Will I need physical or occupational therapy for help with exercises or relearning how to do things? For how long? Who pays for it?

Will I need help eating, bathing, or going to the bathroom? For how long?

Will I need any equipment, such as crutches or oxygen? Where do I get it? Who pays for it?
How do I use it?



WHAT PROBLEMS TO WATCH FOR WHEN YOU GET HOME

What problems do I need to watch for when I get home? If I have problems, how do I know when I should call?

Who do I call if I have questions or problems when I get home?



FOLLOW-UP CARE

What appointments do I need after I leave the hospital? Can the hospital help me make these appointments?

Am I waiting on results of any tests?
When should I get the results?

Are there tests I need after I leave the hospital?

If you have any questions about your discharge, please call 503-494-2273 to speak with Care Management.

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.

A. Purpose of this notice.

Oregon Health & Science University (“OHSU”) is committed to preserving the privacy of your health information. In fact, we are required by law to do so for any health information created or received by us. OHSU is required to provide this Notice of Privacy Practices (“Notice”) to you. The Notice tells you how we can and cannot use and disclose the health information that you have given to us or that we have learned about you when you were a patient in our system. It also tells you about your rights and our legal duties concerning your health information.

OHSU is required to abide by this Notice and any future changes to the Notice that we are required or authorized by law to make at all OHSU locations, including the schools of Dentistry, Medicine, Nursing, and Science & Engineering; OHSU Hospital, and Doernbecher Children’s Hospital; numerous primary care and specialty clinics; multiple research institutes and centers; and several community service and outreach programs. This Notice applies to the practices of:

- All OHSU employees, volunteers, students, residents and service providers, including clinicians, who have access to health information.
- Any health care professional authorized to enter information into your OHSU health record.
- Any non-OHSU clinicians who might otherwise have access to your health information created or kept by OHSU, as a result of, for example, their call coverage for OHSU clinicians.

For the rest of this Notice, “OHSU,” “we” and “us” will refer to all services, service areas, and workers of OHSU. When we use the words “your health information,” we mean any information that you have given us about you and your health, as well as information that we have received while we have taken care of you (including health information provided to OHSU by those outside of OHSU).

We will have a copy of the current Notice with an effective date in clinical locations and on our website at www.ohsu.edu/xd/about/services/integrity/ips/npp.cfm.

B. Uses and disclosures of health information for treatment, payment and health care operations at OHSU.

1. Treatment, Payment and Health Care Operations.

The following section describes different ways that we use and disclose health information for treatment, payment and health care operations. For each of those categories, we explain what we mean and give one or more examples. Not every use or disclosure will be noted and there may be incidental disclosures that are a byproduct of the listed uses and disclosures. The ways we use and disclose health information will fall within one of the categories.

- a. For Treatment. We may use your health information to provide you with medical or dental treatment or services. We may disclose your health information to staff physicians, staff dentists, post-graduate fellows, midwives or nurse practitioners, and other personnel involved in your health care. We may also disclose your health information to students and resident physicians who, as a part of their OHSU educational programs (and while supervised by physicians or dentists), are involved in your care. Treatment includes (a) activities performed by nurses, office staff, hospital staff, technicians and other types of health care professionals providing care to you or coordinating or managing your care with third parties, (b) consultations with and between OHSU providers and other health care providers, and (c) activities of non-OHSU providers or other providers covering an OHSU practice by telephone or serving as the on-call provider.

For example, a physician or dentist treating you for an infection may need to know if you have other health problems that could complicate your treatment. That provider may use your medical history to decide what treatment is best for you. They may also tell another provider about your condition so that he or she can decide the best treatment for you.

- b. For Payment. We may use and disclose your health information so that we may bill and collect payment from you, an insurance company, or someone else for health care services you receive from OHSU. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will pay for the treatment.

For example, we may need to give your health plan information about surgery you received at OHSU so your health plan will pay us or reimburse you for the surgery.

c. For Health Care Operations. We may use and disclose your health information in order to run the necessary administrative, educational, quality assurance and business functions at OHSU.

For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about patients to help us decide what additional services we should offer, how we can improve efficiency, or whether certain treatments are effective. Or we may give health information to doctors, nurses, technicians, or health profession students for review, analysis and other teaching and learning purposes.

2. Fundraising Activities. As a part of OHSU's healthcare operations, we may use and disclose a limited amount of your health information internally, or to the OHSU Foundation and Doernbecher Children's Hospital Foundation (collectively, "Foundations") to allow them to contact you to raise money for OHSU. The health information released for these fundraising purposes can include your name, address, other contact information, gender, age, date of birth, dates on which you received service, health insurance status, the outcome of your treatment at OHSU and your treating physician's name and department at OHSU. Any fundraising communications you receive from OHSU or its Foundations will include information on how you can elect not to receive any further fundraising communications from OHSU.

3. Uses and Disclosures You Can Limit.

a. Hospital Directory. Unless you notify us that you object, we may include certain information about you in the hospital directory in order to respond to inquiries from friends, family, clergy and others who inquire about you when you are a patient in the hospital. Specifically, your name, location in the hospital and your general condition (e.g., good, fair, serious, critical) may be released to people who ask for you by name. In addition, 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.

b. Family and Friends. Unless you notify us that you object, we may provide your health information to individuals, such as family and friends, who are involved in your care or who help pay for your care. We may do this if you tell us we can do so, or if you know we are sharing your health information with these people and you don't stop us from doing so. There may also be circumstances when we can assume, based on our professional judgment, that you would not object. For example, we may assume you agree to our disclosure of your information to your spouse if your spouse comes with you into the exam room during treatment.

Also, if you are not able to approve or object to disclosures, we may make disclosures to a particular individual (such as a family member or friend), that we feel are in your best interest and that relate to that person's involvement in your care. For example, we may tell someone who comes with you to the emergency room that you suffered a heart attack and provide updates on your condition. We may also make similar professional judgments about your best interests that allow another person to pick up such things as filled prescriptions, medical supplies and X-rays.

C. Other permitted uses and disclosures of health care information.

We may use or disclose your health information without your permission in the following circumstances, subject to all applicable legal requirements and limitations:

1. Required By Law. As required by federal, state, or local law.
2. Public Health Activities. For public health reasons in order to prevent or control disease, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications, school immunizations under certain circumstances or problems with products.
3. Victims of Abuse, Neglect or Domestic Violence. To a government authority authorized by law to receive reports of abuse, neglect or domestic violence when we reasonably believe you are the victim of abuse, neglect or domestic violence and other criteria are met.
4. Health Oversight Activities. To a health oversight agency for audits, investigations, inspections, licensing purposes, or as necessary for certain government agencies to monitor the health care system, government programs, and compliance with civil rights laws.
5. Lawsuits and Disputes. In response to a subpoena, discovery request or a court or administrative order, if certain criteria are met.
6. Law Enforcement. To a law enforcement official for law enforcement purposes as required by law; in response to a court order, subpoena, warrant, summons or similar process; for identification and location purposes if requested; to respond to a request for information on an actual or suspected crime victim; to report a crime in an emergency; to report a crime on OHSU premises; or to report a death if the death is suspected to be the result of criminal conduct.
7. Coroners, Medical Examiners and Funeral Directors. To a coroner or medical examiner, (as necessary, for example, to identify a deceased person or determine the cause of death) or to a funeral director, as necessary to allow him/her to carry out his/her activities.
8. Organ and Tissue Donation. To organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate a donation and transplantation.

9. **Research.** For research purposes under certain limited circumstances. Research projects are subject to a special approval process. Therefore, we will not use or disclose your health information for research purposes until the particular research project, for which your health information may be used or disclosed, has been approved through this special approval process.

10. **Serious Threat to Health or Safety; Disaster Relief.** To appropriate individual(s)/organization(s) when necessary (i) to prevent a serious threat to your health and safety or that of the public or another person, or (ii) to notify your family members or persons responsible for you in a disaster relief effort.

11. **Military.** To appropriate domestic or foreign military authority to assure proper execution of a military mission, if required criteria are met.

12. **National Security; Intelligence Activities; Protective Service.** To federal officials for intelligence, counterintelligence, and other national security activities authorized by law, including activities related to the protection of the President, other authorized persons or foreign heads of state, or related to the conduct of special investigations.

13. **Inmates.** To a correctional institution (if you are an inmate) or a law enforcement official (if you are in that person's custody) as necessary (a) to provide you with health care; (b) to protect your or others' health and safety; or (c) for the safety and security of the correctional institution.

14. **Workers' Compensation.** As necessary to comply with laws relating to workers' compensation or similar work-related injury program.

D. When written authorization is required.

Other than for those purposes identified above in Sections B and C, we will not use or disclose your health information for any purpose unless you give us your specific written authorization to do so. Special circumstances that require an authorization include most uses and disclosures of your psychotherapy notes, certain disclosures of your test results for the human immunodeficiency virus or HIV, uses and disclosures of your health information for marketing purposes that encourage you to purchase a product or service, and for sale of your health information with some exceptions. If you give us authorization, you can withdraw this written authorization at any time. To withdraw your authorization, deliver or fax a written revocation to OHSU Health Information Management, Mail Code OP17A, 3181 S.W. Sam Jackson Park Road, Portland, OR 97239; fax: (503) 494-6970. If you revoke your authorization, we will no longer use or disclose your health information as allowed by your written authorization, except to the extent that we have already relied on your authorization.

E. Your rights regarding your health information.

You have certain rights regarding your health information which we list below. In each of these cases, if you want to exercise your rights, you must do so in writing by completing a form that you can obtain from the OHSU Information Privacy and Security Office, Mail Code ITG09, 3181 S.W. Sam Jackson Park Road, Portland, OR 97239, or on the Web at www.ohsu.edu/xd/about/services/integrity/policies/ips-policies-hipaa-forms.cfm#results. In some cases, we may charge you for the costs of providing materials to you. You can get information about how to exercise your rights and about any costs that we may charge for materials by contacting the OHSU Information Privacy and Security Office at 503-494-0219.

1. **Right to Inspect and Copy.** With some exceptions, you have the right to inspect and get a copy of the health information that we use to make decisions about your care. For the portion of your health record maintained in our electronic health record, you may request we provide that information to or for you in an electronic format. If you make such a request, we are required to provide that information for you electronically (unless we deny your request for other reasons). We may deny your request to inspect and/or copy in certain limited circumstances, and if we do this, you may ask that the denial be reviewed.

2. **Right to Amend.** You have the right to amend your health information maintained by or for OHSU, or used by OHSU to make decisions about you. We will require that you provide a reason for the request, and we may deny your request for an amendment if the request is not properly submitted, or if it asks us to amend information that (a) we did not create (unless the source of the information is no longer available to make the amendment); (b) is not part of the health information that we keep; (c) is of a type that you would not be permitted to inspect and copy; or (d) is already accurate and complete.

3. **Right to an Accounting of Disclosures.** You have the right to request a list and description of certain disclosures by OHSU of your health information.

4. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you (a) for treatment, payment, or health care operations, (b) to someone who is involved in your care or the payment for it, such as a family member or friend, or (c) to a health plan for payment or health care operations purposes when the item or service for which OHSU has been paid out of pocket in full by you or someone on your behalf (other than the health plan). For example, you could ask that we not use or disclose information about a surgery you had, a laboratory test ordered or a medical device prescribed for your care. Except for the request noted in 4(c) above, we are not required to agree to your request. Any time OHSU agrees to such a restriction, it must be in writing and signed by the OHSU Privacy Officer or his or her designee.

APPENDIX B

Patient Rights, Responsibilities and Safety

5. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain place. OHSU will accommodate reasonable requests. For example, you can ask that we only contact you at work or by mail.

6. **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice, whether or not you may have previously agreed to receive the Notice electronically.

7. **Right to be Notified of a Breach.** You have the right to be notified if there is a breach — a compromise to the security or privacy of your health information — due to your health information being unsecured. OHSU is required to notify you within 60 days of discovery of a breach.

F. Revisions to this notice.

We have the right to change this Notice and to make the revised or changed Notice effective for health information we already have about you, as well as any information we receive in the future. Except when required by law, a material change to any term of the Notice may not be implemented prior to the effective date of the Notice in which the material change is reflected. OHSU will post the revised Notice at OHSU clinical locations and on its website and provide you a copy of the revised notice upon your request.

G. Questions or complaints.

If you have any questions about this Notice, please contact OHSU (503) 494-8311. If you believe your privacy rights have been violated, you may file a complaint with OHSU or with the Secretary of the Department of Health and Human Services. To file a complaint with OHSU, contact OHSU at 503-494-8311. You will not be penalized for filing a complaint.

This Notice tells you how we may use and share health information about you. If you would like a copy of this Notice, please ask your health care provider.

OHSU is committed to being a safe, respectful and welcoming place for people of all ages, cultures, abilities, ethnicities, genders, national origins, races, colors, religions, sexual orientations and ideas. All are welcome. OHSU will not discriminate against you.

For this same reason, OHSU will not honor patient requests to refuse involvement of specific healthcare or service personnel in their care based on race, ethnicity or creed. We are committed to providing care to all of our patients and to protecting our employees from bias or bigotry.

As an OHSU patient you have a right to:

- Care that is delivered in a way that is free from abuse, discrimination or harassment based on age, race, color, ethnicity, national origin, culture, language, sex, sexual orientation, gender identity and expression, physical or mental disability, religion, socioeconomic status, marital status, military or reserve status, or any other status protected by law.
- Individualized care that takes into account your comfort and dignity.
- Assistance with communication, including free language services.
- Privacy, confidentiality of your personal health information and dignity.
- Know the names of people who are helping or caring for you.
- Have a chaperone present during your examination.
- Tell us who you would like to help you make decisions about your care.
- Ask questions and receive answers in a way that meets your needs and helps you understand.
- Be involved in developing and implementing your care plan and the plans for your care after you leave the hospital.
- Receive information about your health condition and the results of the care we provided you.
- Informed consent: the right to understand and agree to the care plan your provider recommends.
- Informed refusal: the right to refuse care and receive information about the risks and benefits of refusing the care your provider recommends.
- Prepare an Advance Directive, which will tell your health care providers or family members in advance about the care you do or do

not want to receive. You also have the right to have those decisions respected.

- Make mental health treatment decisions, including to accept or refuse mental health treatment and formulating a declaration for mental health treatment and appointing a surrogate to make mental health treatment on his or her behalf to the extent permitted by law.
- Receive treatment that is not conditioned on having a POLST, Advance Directive, or similar instruction related to the administration of withholding or withdrawing of life sustaining procedures or artificially administered nutrition and hydration. *This means you can get care even if you decide not to fill out a form telling us about your future medical care wishes and end-of-life planning.*
- Designate a support person to be present with you, if you have a disability, for any discussion in which you are asked to consider electing hospice care or sign an Advance Directive or other instrument allowing the withholding or withdrawing of life sustaining procedures or artificially administered nutrition or hydration, unless you request to have the discussion outside the presence of a support person. *This means you can have a support person (family, friend, paid assistant, etc.) with you during talks about hospice care or when you are signing documents about your future medical care wishes and end-of-life-planning (Advance Directives and POLST forms). If you have a disability, OHSU will make sure that you have this person with you unless you tell us that you do not want them there.*
- Feel safe and free from any form of abuse or neglect. You also have the right to ask for protection or help through an advocate during your visit.
- Refuse to be part of a research project.
- Access to pastoral and other spiritual services.
- Request and receive relief from pain, as agreed upon by your provider.
- Be free from restraint, unless it is necessary to keep you safe.
- Understand a decision to transfer you to another facility.
- Review and ask questions about your bill.
- Tell us about your concerns or complaints, and to receive a response, without affecting the quality or delivery of care.
- Tell us who plays a significant role in your life, and who you would like to visit you or your child in the hospital. This may include loved ones not legally related to you, such as a non-registered domestic partner, different-sex or same-sex significant other, foster parents, same-sex parents, step-parents, and others.
- Identify, or have your representative identify, three support people and have one present with you at all times in the hospital and/or emergency department if you have a disability, including physical, intellectual, behavioral or cognitive impairment, deafness, hearing loss or other communication barrier, blindness, autism or dementia. A support person may be a family member, guardian, personal care assistant or other paid or unpaid attendant selected to physically or emotionally assist you or ensure effective communication with you. *This means that if you have a disability, you can tell us the names of*

three support people, and one of them can be at your bedside when you are in the hospital.

- Have family, friends and physicians promptly notified upon admission to the hospital.
- Opt out of being included in the directory for emergency room and admitted patients by notifying Patient Access Services at 503-494-8927. Unless you notify us that you object, we may include certain information about you in the hospital directory in order to respond to inquiries from friends, family, clergy and others who inquire about you when you are either admitted to the hospital or being seen in our emergency room. Specifically, your name, location in the hospital and your general condition (e.g., good, fair, serious, critical) may be released to people who ask for you by name. In addition, your religious affiliation may be given to a member of the clergy, such as a priest or rabbi with official OHSU Volunteer status, even if they don't ask for you by name.

If we are not doing what you expect, we hope you will tell us.

As an OHSU patient you, and your family and visitors, have a responsibility to:

- Be considerate and respectful of people who are helping or caring for you. They are chosen for their skill and ability, and would never be reassigned for reasons unrelated to their professional or service role.
- Refrain from using discriminatory, profane, derogatory or threatening language, imagery or behavior, and understand that these behaviors can result in limitation of visiting privileges and impact access to care at OHSU.
- Be thoughtful of other patients and visitors in order to maintain a healing environment.
- Provide accurate, honest and complete information about your medical history, including information about medicines and drugs you have used, previous illnesses, injuries or medical care, and information about your current health conditions.
- Take part in your health care decisions unless you give that responsibility to a friend or family member.
- Ask questions and tell us when you do not understand a treatment or decision we are considering.
- Tell us about unexpected changes in your condition and things about your care you think might be risks.
- Follow instructions once you and your provider have agreed on your care
- Accept what happens if you do not follow the care plan or treatment your providers recommend.
- Let the staff know if you must leave a care area (hospital or clinic), and when you expect to return.
- Follow the hospital's policies.
- Carefully review the OHSU Notice of Privacy Practices, which explains how we may use or share your health information. The NPP also explains how you may have access to this information.

- Cancel appointments you are not able to keep.
- Share your compliments and concerns, and provide suggestions that will help us provide you the best care possible.
- Meet your financial obligations.

Patient safety

When you are a patient at OHSU, you have a right to receive safe medical care. Being involved in your care is one important way to be certain you are safe. This means:

- Ask questions: Ask questions until you understand your illness, treatments, necessary surgeries or procedures, the medicine you will take, and how to care for yourself at home.
- Double check: Help our staff provide safe care and a safe care environment. It's OK to ask if they remembered to:
 - Confirm they are providing care to the correct patient.
 - Wash their hands.
 - Mark the site for your surgery or procedure.
 - Do everything they could to protect you from falling.

Please talk with your care givers or our patient advocates if you have concerns about the safety of your care. When we know about your concerns, we can help make the necessary changes.

Concerns and suggestions

Please talk with us if you have concerns. Tell us your complaints and suggest ways we can improve. We will not force you to do something, discriminate against you, interrupt the services we are providing or punish you in some way just because you complain. If you are concerned or upset about your visit, we would like you to talk with the manager of the service before you leave. He or she often can solve the problem or clear up a misunderstanding.

OHSU is committed to the prompt resolution of complaints and grievances. If you still have a concern after talking with the manager or wish to file a grievance, please contact OHSU Patient Relations department by phone, mail, fax or e-mail.

OHSU Patient Relations
 OHSU Hospital
 Mail code UHS-3
 3181 S.W. Sam Jackson Park Rd.
 Portland, OR 97239-3098
 503 494-7959, Fax: 503 494-3495, E-mail: advocate@ohsu.edu

Additional information is available online at:
www.ohsu.edu/advocate

If we still have not addressed your concern, the following resources are also available to assist you.

Oregon Health Authority
 Health Care Regulation and Quality Improvement
 800 N.E. Oregon St., Ste. 465
 Portland, OR 97232
 971-673-0540, Fax: 971-673-0556 E-mail: mailbox.hclc@state.or.us

DNV Healthcare USA Inc.
 Attn: Hospital Complaints
 4435 Aicholtz Road, Suite 900
 Cincinnati, OH 45245
 866-496-9647, Fax: 281-870-4818, Email: hospitalcomplaint@dnv.com
www.dnvhealthcareportal.com/patient-complaint-report

The Office of Civil Rights
 U.S. Department of Health and Human Services
 Centralized Case Management Operations
 HHH Building
 200 Independence Ave. S.W., Room 509F
 Washington, D.C. 20201
 800-368-1019, 800-537-7697 (TDD)
 Email: OCRMail@hhs.gov
www.hhs.gov/ocr/office/file/index.html

Patient feedback survey

You may receive a Patient Feedback Survey in the mail. Please complete and return it to us so we can learn about your experience at OHSU. We would like to hear about what may have been a concern or what you were particularly pleased with during your visit to OHSU. You may also provide positive feedback about the care you received at OHSU to the organizations listed in the "Concerns and suggestions" section.

Notice of privacy practices

OHSU protects the privacy of its patients' personal health information. If you would like a copy of the OHSU Notice of Privacy Practices, please ask for a copy at your next visit or call 503-494-0219.

Inclusive patient care and communication

OHSU is committed to providing inclusive patient care

OHSU 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

OHSU provides free auxiliary 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 and other formats)

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

- Qualified interpreters
- 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. OHSU offers free language services in over 120 languages.

We are here to help you with your concerns

If you believe that OHSU 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 to the Patient Advocate at the Patient Relations Office, 3181 SW Sam Jackson Park Road, Mail Code: UHS-3, Portland OR 97239, Phone: 503-494-7959, Fax: 503-494-3495, Email: advocate@ohsu.edu. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Patient Advocate 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, electronically through the 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, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Language services notification:

Translations for most-spoken languages in Oregon

Language assistance services (in person, live over the phone or live video) 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.

English

If you speak [insert language], language assistance services, free of charge, are available to you. Call your care provider's office and they are happy to make the language services arrangements for you.

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 مجاناً. إذا كنت تحتاج إلى هذه الخدمات، فاتصل بمكتب مقدم الرعاية الخاص بك. سيكون الموظفون هناك سعداء بإجراء الترتيبات المتعلقة 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. Reprezentanții acestuia vă vor ajuta cu plăcere să beneficiați de asistență lingvistică.

មន-ខ្មែរ (Mon-Khmer Cambodian)

ប្រសិនបើ លោកអ្នកនិយាយភាសា មន-ខ្មែរ, ភាសាខ្មែរ នោះសម្រាប់ នូវជំនួយភាសា មានផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ប្រសិនបើ លោកអ្នកត្រូវការសេវាទាំងនេះ សូម ទំនាក់ទំនងទៅកាន់ការិយាល័យ យុទ្ធសាស្ត្រការពារ របស់លោកអ្នក។ ពួកគេពេញចិត្ត ក្នុងការរៀបចំ សេវាជំនួយភាសាសម្រាប់លោកអ្នក។

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

فارسی (Farsi)

اگر به زبان فارسی صحبت می کنید، سرویس کمک زبانی به صورت رایگان در دسترس شما خواهد بود. اگر به این سرویس ها نیاز دارید، با دفتر ارائه دهنده خدمات تماس بگیرید. آنها حتماً مقدمات لازم را برای دسترسی به سرویس 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 จะมีบริการความช่วยเหลือทางด้านภาษาโดยไม่มีค่าใช้จ่าย หากท่านต้องการใช้บริการดังกล่าว โปรดติดต่อสำนักงานผู้ให้บริการดูแล ซึ่งพร้อมที่จะจัดหาบริการทางด้านภาษาให้แก่ท่าน

APPENDIX D

Notice of Your Right to Decline to Participate in Future Research, Including Anonymous or Coded Genetic Research

OHSU is a research institution. One of our missions is to provide breakthroughs for better health. Research is an important part of our mission because it helps us learn ways to prevent or better treat diseases such as diabetes and cancer. Oregon and federal laws protect your rights to privacy when it comes to research. You have the right to decide whether to allow us to store and use your biological samples (such as tissue, blood, or body fluids) in future research and to use your biological samples and health information in future anonymous or coded genetic research.

How are biological samples used in research?

At times you may need to have a procedure, treatment or tests done as part of your care at OHSU. We may need to take biological samples from you as part of the procedure, treatment or tests. If we have any leftover samples after using your biological samples for your care, you can choose to allow OHSU to store them for use in future research. For example, if you have surgery and we send your tissue to the lab for tests, you could agree to have any extra tissue stored and used later for research.

If you allow us to store your biological samples, you are also letting us use them for research and for anonymous or coded genetic research, along with your health information. The samples may be used by OHSU and others outside of OHSU who we work with. This may include companies that do research to develop products such as drugs and diagnostic tests. Your biological samples and health information may be used to make a discovery that could be profitable to OHSU or another company. You will not be financially compensated if this happens. However, you will not be responsible or liable for any use made of your biological samples or health information.

What is anonymous or coded genetic research?

We can also use these biological samples and health information in anonymous or coded genetic research, if you choose. For example, researchers could run genetic tests on your remaining samples to study the role our genes play in illness. We may learn why some people get sick and others don't, or what can prevent disease before it happens. Researchers may be able to use what they learn to develop new tests, find new ways to treat and diagnose disease,

and make new products and medicines. For more information go to www.healthoregon.org/genetics.

Your genetic information is personal. We follow the law to protect your privacy. If you agree to make your biological samples and health information available for future anonymous or coded genetic research, OHSU will use and disclose your samples in a way that is either anonymous or coded, to protect your identity.

- **Anonymous research:** Your identity cannot be linked to your samples or health information.
- **Coded research:** Your identity is kept separate from your samples or health information.

Is research at OHSU safe and ethical?

Yes. Federal law requires research institutions like OHSU to have an Institutional Review Board to review research before it begins. They make sure that all research at OHSU is safe and ethical by federal and state standards. The State of Oregon also has laws to protect the genetic privacy of individuals. These laws give you the right to refuse to have your biological samples or health information used for anonymous or coded genetic research. You can also choose to not allow use of your extra biological samples for any other future research. Your decision either way will not change the care you get from your health care provider or OHSU.

How do I participate or opt-out of future research?

If you agree to allow your biological samples to be stored and used in future research and your biological samples and health information to be used in future anonymous or coded genetic research, you do not have to do anything. If you make this choice, your biological samples may be stored and used in future research, and your biological samples and health information may be used in anonymous or coded genetic research without further notice to you.

If you do NOT want to have your biological samples stored and used for future research or your biological samples and health information used in future anonymous or coded genetic research, please answer the questions below and give this form to your OHSU provider, or send to:

OHSU Health Information Services
3181 S.W. Sam Jackson Park Rd.
Mail Code OP-17A
Portland, OR 97239-3098

Your decision to not participate will be effective the date your provider receives this form. If you change your mind later, write to your provider or send in a new form. The changes will apply to any health information and samples that we collect after we get your new written notice.

By checking the box and signing below, I am NOT allowing the use of my biological samples or health information, as follows:

<input type="radio"/>	I do NOT want my extra biological samples stored and used for future research.
<input type="radio"/>	I do NOT want my health information and extra biological samples to be used for anonymous or coded genetic research.

Printed Name of Patient

Address

City

State

Zip Code

Printed Name of Legally Authorized Representative (if applicable)

Signature of Patient or Legally Authorized Representative

Date (required)

Time (required)

If you have questions or want more information about anything in this notice, go to www.ohsu.edu/sample-research, call 503-494-8020 Option 1, or visit Oregon Health Authority Genetics and Privacy page at www.oregon.gov/oha/ph/diseasesconditions/geneticconditions/pages/research.aspx



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www.ohsu.edu

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