

NOTICE OF PRIVACY PRACTICES

Effective September 23, 2013

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION. PLEASE READ IT CAREFULLY.

Clackamas County through its Behavioral Health, Health Centers and Public Health Divisions provides health care services. To provide this service we collect protected health information about you. By law, we must keep your protected health information private, give you our Notice of Privacy Practices, and follow its terms.

This notice tells you how we may use and share your protected health information, although not all situations will be described. This notice also tells you about your rights and how to use them.

We have the right to change this notice and apply the changes to protected health information we already have or may receive about you. We will notify you in writing if we change this notice. A copy of the current notice will be posted in our office reception area.

HOW WE MAY USE OR SHARE YOUR PROTECTED HEALTH INFORMATION

The following describes the ways we may use and share protected health information that identifies you ("Information"). Except for the purposes described below, we will use and share Information only with your written permission. You may revoke such permission at any time by writing to our Privacy Officer.

For Treatment. We may use or share Information with others for your treatment and to provide you with treatment-related health care services. For example, we may share Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your health care and need the information to provide you with health care.

For Payment. We may use or share Information to get paid or to pay for the services we give you. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations. We may use or share Information for business operations. For example, we may use information to check on the quality of services you get, or for fraud or abuse detection.

Organized Health Care Arrangements. We participate in organized health care arrangements and may use or share your Information to members of those arrangements as allowed by the Health Insurance Portability and Accountability Act (HIPAA).

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and share Information to contact you to remind you that you have an appointment with us. We also may use and share Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may share Information with your family, personal representative or others involved in your care or payment for care if you give verbal permission or otherwise do not object. We also may notify your family about your location or general condition or share such information to an organization assisting in a disaster relief effort.

Government Programs. We may use and share Information with other government programs that provide public benefits to see if you are eligible for public benefits and to coordinate services.

Public Health Activities. We may use or share Information about you for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report reactions to medications or problems with products; and notify people of recalls of products

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they may be using; contact a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.. We will only make this disclosure if you agree or when required or permitted by law.

Abuse Reports. By law, we must report possible abuse, neglect, or unsafe situations affecting protected people. Protected people include children and adolescents under the age of 18; persons over the age of 65; persons on Social Security Disability; and persons receiving mental health services from us who report being victims of abuse or neglect, including domestic violence. *You will receive services even if you choose not to answer questions about safety or the age of your sexual partner.*

Avert a Serious Threat to Health or Safety. We may use and share Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Coroners, Medical Examiners and Funeral Directors. We may share your Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may share Information to funeral directors as necessary for their duties.

Organ and Tissue Donation. We may use or share your Information to organizations that handle organ or tissue donations.

Health Oversight Activities. We may share your Information with a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Legal Proceedings. We may share Information about you in response to a court order, subpoena, discovery request, activities related to workers' compensation benefits, or other lawful purpose.

Law Enforcement. We may share Information about you to the police or other people who enforce the law when this disclosure is permitted or required by law. We may share Information to report a crime on our premises.

Inmates or Individuals in Custody. If you are an inmate of a jail or prison or under the custody of law enforcement, we may share Information as required or permitted by law.

Business Associates. We may share Information with a business associate so it can perform a service on our behalf. For example, we may use another company to perform billing services on our behalf or to translate for you during an office visit. We will have a written agreement with the business associate requiring it to protect the privacy of your Information under the same privacy protections that we provide.

Military and Veterans. We may share your Information as required by armed forces personnel for military benefits.

National Security and Intelligence Activities. We may share Information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may share Information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Workers' Compensation. We may share Information about you for workers' compensation or other programs that provide benefits to you for work-related injuries or illness.

Disaster Relief Efforts. We may share your Information to disaster relief organizations to coordinate your care; identify, locate and notify family, guardians or others responsible for your care of your location, condition or death in a disaster.

Limited Data Set. We may share limited Information to third parties for purposes of research, public health or health care operations. This disclosure will not include any Information which can be used to directly identify you.

Incidental Disclosures. Incidental disclosures of your Information may occur as a by-product of permissible uses and disclosures.

Required or Permitted by Law. We may use or share your Information when required or permitted to do so by federal, state or local law.

Data Breach Notification Purposes. We may use or share your Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Research. Under certain circumstances, we may use and share Information for research approved by an Institutional Review or Privacy Board or through an authorization signed by you. For example, a research project may involve comparing the health of clients/patients who received one treatment to those who received another, for the same condition.

Marketing. We may communicate with you face-to-face about products or services that may interest you. Otherwise, we do not use or share your Information for marketing without your authorization.

DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Other laws may require your written permission to share your Information about certain mental health, alcohol and drug abuse treatment, HIV/AIDS testing or treatment, and genetic testing. We must obtain permission for the use and sharing of psychotherapy notes and the sale of your Information.

Uses and sharing of Information other than those permitted will only be made with your written permission. If you do give us permission, you may revoke it, in writing, at any time. If you revoke your permission, we will no longer use or disclose your Information for the purposes given in the written revocation. The revocation will not affect disclosures previously made in reliance on your written permission.

YOUR RIGHTS ABOUT YOUR INFORMATION

You have the following rights regarding Information we have about you:

Inspect and Copy. You have a right to inspect and copy your Information held in a “designated record set”. A “designated record set” is a group of records that is used to make decisions about your care. We will respond to your request for treatment records no later than 5 days after we receive your request. For all other requests we will try to answer your request within 30 days of receipt. To inspect and copy this Information, you must make your request, in writing. We can help you make a written request. We may charge you a reasonable fee for the costs of copying and mailing the records to you. If you cannot afford the fee you still have a right to see and copy your records. We may deny your request in certain limited circumstances. If we make that decision we will tell you why in writing and explain your right to have our decision reviewed.

Electronic Copy of Electronic Health Records. If your Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or a third party that you identify. We will make every effort to provide access to your Information in the form or format you request. If the Information is not readily available in the form or format you request, your record will be provided in a readable hard copy form.

Amendment. You have the right to ask us to change some of the Information in your designated record set that you believe is incorrect or incomplete. To use this right you must ask us in writing and tell us why you want to change your information. We can help you make a written request. We will respond to you in writing within 60 days of receiving your request. If we agree to your request we will change your information and we will tell you that in writing. If we do not agree to change your information we will tell you why in writing and explain how you can tell us in writing that you disagree with our decision. You also have the right to have your request, the denial and a statement of disagreement, if any, included in future releases of your record.

Accounting of Disclosures. You have the right to ask for a list of certain disclosures of your Information in your designated record set. The list may not include disclosures made for treatment, payment, or health care operations, disclosures made to you or individuals involved in your care or payment for care. It also will not include disclosures made prior to 6 years before the date of the request. Your request must be made writing. We can help you make a written request. We will try to answer you within 60 days of receiving your request. We may charge you a fee if you ask for a list more than once every 12 months.

Restrictions. You have the right to ask us to limit how your Information is used or shared. *We do not have to agree to the limits that you request.* If we do agree, we can still use or share your health information when you need emergency treatment. Your request must be in writing. We can help you make a written request. You can cancel your request at any time, by writing to us.

Out-of-Pocket Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Information not be shared to a health plan for purposes of payment or health care operations, and we will honor that request.

Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Your request must specify how or where you wish to be contacted. For example, you can ask that we only contact you by mail or at work. We will accommodate any reasonable request.

Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. This notice can be made available in other languages and alternative formats.

Breach Notice. You have the right to be notified in the event that we discover a breach of unsecured Health Information.

Complaints. You have the right to file a complaint if you believe we have violated your privacy rights. You may file a complaint, in writing, with our Privacy Officer or the Secretary of the United States Department of Health and Human Services. We can help you make a written complaint. *We will not take any action against you for filing a complaint.*

HOW TO CONTACT THE PRIVACY OFFICER

If you want to:

- Get more information about this notice
- File a complaint
- See or copy your records
- Change information in your records
- Get a record of when we shared information about you
- Ask us to limit how we use or share information about you
- Tell us you cancel your permission to share information with others
- Tell us how to contact you

Send your request in writing to:

Privacy Officer
Clackamas Health Centers
Public Services Building
2051 Kaen Road, Suite 367
Oregon City, OR 97045-4035

503-655-8514
503-742-5356 (facsimile)