

## 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.

If you have any questions about this notice, please contact Community Health Center's Privacy Officer at (541) 773-3863. Rogue Community Health, 19 Myrtle Street Medford, Oregon 97504

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information. This notice applies to the information and records we have about your health, health status, and the health care and services you receive at all clinic locations and school based health centers. This privacy practices described in this notice will also be followed by all our employees and volunteers including providers you consult with by telephone or in person when your regular primary care provider is not available.

#### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

- **For Treatment:** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, physician assistants, family nurse practitioners, nurses, integrated health staff, medical assistants, technicians, office staff, other personnel or volunteers and other medical professionals who are involved in taking care of you and your health.
- **For Payment:** We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party.
- **For Health Care Operations:** We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. Community Health Center is part of an organized health care arrangement including participants in the Oregon Community Health Information Network (OCHIN). As a business associate of Community Health Center, OCHIN supplies information technology and services including quality assessment and improvement activities. We may use telehealth technology (electronic communication) for medical information exchange through a secure network from one site to another.
- **Appointment Reminders:** We may contact you as a reminder that you have an appointment for treatment or medical care at the office.
- **Treatment Alternatives:** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Products and Services:** We may tell you about health-related products or services that may be of interest to you.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us in writing (at the address listed at the top of this Notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

You may revoke your Consent at any time by giving us written notice. Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures which occurred before that time. If you do revoke your Consent, we will not be permitted to use or disclose your information for purposes of treatment, payment or health care operations, and we may therefore choose to discontinue providing you with health care treatment and services.

**SPECIAL SITUATIONS:** We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

- **To Avert A Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Required By Law:** We will disclose health information about you when required to do so by federal, state or local law.
- **Public Health Risks:** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
- **Reporting for Special Projects:** We may use and disclose health information about you to report to our special programs/projects. We will ask you for your permission if the program/project will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.
- **Funding/Grants/Fundraising/Reporting Statistics:** We may use or disclose health information about you for the purpose of securing funding for Community Health Center's operations. We will ask you for your permission if we use your name, address or other information that reveals who you are.
- **Billing:** If you are under the age of 18, but can give legal consent for treatment, you give permission for Community Health Center to bill your parent's or legal guardian's insurance.
- **Collection Agency or Billing Service:** If you are responsible for payment on your account and we receive no payment we may turn your account over to a collection agency or billing service.
- **Photos:** If we take your picture for any of our projects we will ask for your written consent.
- **DMV/DOT/School Physical:** We may disclose health information about you to outside organization with your prior consent in order to complete physical forms that you have requested of Community Health Center.
- **Military, Veterans, National Security and Intelligence:** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.
- **Worker's Compensation:** We may release health information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Health Oversight Activities:** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.
- **Law Enforcement:** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
- **Coroners, Medical Examiners and Funeral Directors:** We may release health information to a coroner or medical examiner.

- **Information Not Personally Identifiable:** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- **Family and Friends:** We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family if we can infer from the circumstances, based on our professional judgment that you would not object.

*In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, use our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or x-rays.*

**OTHER USES AND DISCLOSURES OF HEALTH INFORMATION:** We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. We must obtain your Authorization separate from any Consent we may have obtained from you. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without your special signed, written authorization (different than the Authorization and Consent mentioned above). In order to disclose HIV or substance abuse records for purposes of *treatment, payment or health care operations*, we will have to have both your signed Consent and a special written authorization that complies with the law governing these records.

**YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:**

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request in order to inspect and/or copy your health information. If you request a copy of the information, we charge a fee for the costs of copying, mailing or other associated supplies.

We may deny your request to inspect and/or receive a copy of your health information in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

- **Right to Amend:** If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, complete and submit a MEDICAL RECORD AMENDMENT/CORRECTION FORM to Rogue Community Health's Privacy Officer.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the health information that we keep
- You would not be permitted to inspect and copy
- Is accurate and complete

- **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures," This is a list of disclosures we made of medical information about you for purposes other than treatment, payment, and health care operations. To obtain this list, you must submit your request in writing to Rogue Community Health's Privacy Officer. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

**We are not required to agree to your request:** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION to Rogue Community Health's Privacy Officer.

- **Right to 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. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION AND/OR CONFIDENTIAL COMMUNICATION to Community Health Center's Privacy Officer. We will ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This 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 it electronically, you are still entitled to a paper copy.

**CHANGES TO THIS NOTICE:** We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

**COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Rogue Community Health's Privacy Officer at (541) 773-3863. You will not be penalized for filing a complaint.

This HIPAA Privacy Notice is an abbreviated version. A full version of Rogue Community Health's HIPAA Privacy Notice can be read at [www.communityhealthcenter.org](http://www.communityhealthcenter.org) or available at any Rogue Community Health location.