



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.

I. Who We Are

This notice gives you information about the privacy practices of Clatsop Behavioral Healthcare (CBH). CBH contracts with the Addictions and Mental Health Division, Department of Medical Assistance, Oregon Health Authority to provide behavioral health benefits to individuals receiving services under the Oregon Health Plan.

II. Our Privacy Obligations

We are required by law to maintain the privacy of your health information ("Protected Health Information" or "PHI") and to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information. When we use or disclose your Protected Health Information, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

III. Permissible Uses and Disclosures Without Your Written Authorization

Subject to the limitations, which we will describe in Section IV below, we may use and/or disclose your PHI without your written permission for the following purposes:

- A. Uses and Disclosures For Treatment, Payment and Health Care Operations. We may use and disclose PHI in order to treat you, obtain payment for services provided to you and conduct our "health care operations" as detailed below:
- *Treatment.* We may use and disclose your PHI to provide treatment and other services to you - for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment.
 - *Payment.* We may use and disclose your PHI to obtain payment for services that we provide to you - for example, disclosures to claim and obtain payment from your

health insurer, the Oregon Health Plan, or other organization that arranges or pays the cost of some or all of your health care to verify that they will pay for your health care.

- *Health Care Operations.* We may use and disclose your PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our physicians, nurses and other health care workers. We may disclose PHI for our patient satisfaction survey process. We may disclose PHI to our Patient Advocate in order to resolve any complaints you may have and ensure that you have a comfortable visit with us.
- B. Public Health Activities. We may disclose your PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.
- C. Victims of Abuse or Neglect. If we reasonably believe you are a victim of abuse or neglect, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse or neglect.
- D. Health Oversight Activities. We may disclose your PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid and civil rights laws.
- E. Judicial and Administrative Proceedings. We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.
- F. Law Enforcement Officials. We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.
- G. Decedents. We may disclose your PHI to a funeral director or medical examiner as authorized by law.
- H. Organ and Tissue Procurement. We may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

- I. Health or Safety. We may, consistent with applicable law and standards of ethical conduct, use or disclose your PHI to prevent or lessen a threat of imminent, serious physical violence against you or another readily identifiable individual.
- J. Specialized Government Functions. We may use and disclose your PHI to units of the government with special functions, such as the U.S. military, or for national security and intelligence activities and for the protection of the president of the United States.
- K. Workers' Compensation. We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.
- L. Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- M. Coroners, Medical Examiners and Funeral Directors. We may disclose your Protected Health Information to a coroner, medical examiner or funeral director to carry out their duties.
- N. Business Associates. We may disclose your Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions or services.
- O. Other Uses and Disclosures as Required by Law. We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories.

IV. Uses and Disclosures that Give You an Opportunity to Object or Opt-Out

- A. Disclosure to Relatives, Close Friends and Other Caregivers. We may use or disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer from the circumstances that you do not object to the disclosure.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.

- B. Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we can practicably do so.

V. Uses and Disclosures Requiring Your Written Authorization

- A. Use or Disclosure with Your Authorization. For any purpose other than the ones described above in Section III and in this Section IV, we only may use or disclose your PHI when you grant us your written authorization to do so.
- B. Genetic, HIV/AIDS and substance abuse treatment related Information is specially protected by law and your authorization is generally required for its release.
- C. Marketing and Sale of Protected Health Information. CBH will not disclose your Protected Health Information for marketing purposes or sell your Protected Health Information without your written authorization.

VI. Your Rights Regarding Your Protected Health Information

- A. Right to Receive Further Information or File Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact our Privacy Office, the State of Oregon or the Office for Civil Rights. We will not retaliate against you if you file a complaint.
- B. Right to Request Restrictions. You may request restrictions on our use and disclosure of your PHI (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for restrictions carefully, we are not required to agree to a requested restriction. If you wish to request restrictions, please obtain a request form from our Privacy Office and submit the completed form to the Privacy Office. We will send you a written response. If we agree to the requested restrictions, we will comply with your request unless PHI is needed for emergency treatment.
- C. Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations. If you wish to make a request, please contact our Privacy Office in writing.
- D. Right to Revoke Your Authorization. You may revoke your authorization, except to the extent that we have taken action in reliance upon it, by delivering a written revocation

statement to the Privacy Office identified below. [A form of Written Revocation is available upon request from the Privacy Office.]

- E. Right to Inspect and Copy Your Health Information. You may request access to any protected health information maintained by us that is used to make decisions about your health care in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form from the Privacy Office and submit the completed form to the Privacy Office. If you request copies, we will charge you \$1.00 per page, for the first 100 pages, and \$0.25 per page after that, up to a maximum of \$200.00 per record. We will also charge you for our postage costs, if you request that we mail the copies to you. If you are denied access, you may request that the denial be reviewed.

You should take note that, if you are a parent or legal guardian of a minor, certain portions of the minor's medical record will not be accessible to you (for example, records relating to pregnancy, abortion, sexually transmitted diseases, substance use or abuse, or contraception and/or family planning services).

- F. Right to an Electronic Copy of PHI. You have the right to receive the NPP electronically, upon request.
- G. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.
- H. Right to Amend Your Records. You have the right to request that we amend Protected Health Information maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Privacy Office and submit the completed form to the Privacy Office. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.
- I. Right to Receive An Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. The accounting will not include uses or disclosures for treatment, payment, or healthcare operations, or uses or disclosures pursuant to an authorization you have already provided. If you request an accounting more than once during a twelve (12) month period, we will charge you \$1.00 per page for the accounting statement. We will also charge you for our postage costs, if you request that we mail the copies to you.
- J. Right to Restrict Disclosures to a Health Plan. 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 Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations. We will honor that request except where CBH is required by law to make a disclosure. Your request to restrict must be made in writing and should

identify: (i) the information to be restricted, (ii) the type of restriction being requested (i.e. on the use of information, the disclosure of information, or both), and (iii) to whom the limits should apply.

- K. Right to get Notice of a Breach. You have the right to be notified upon any breach of any of your unsecured Protected Health Information.

VII. Effective Date and Duration of This Notice

- A. Effective Date. This Notice is effective on September 23, 2013.
- B. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in our corporate office and on our Internet site at www.clatsopbh.org. You also may obtain any new notice by contacting the Privacy Office.

VIII. CBH Privacy Office

You may contact our Privacy Office below if you want to file a complaint.

Clatsop Behavioral Healthcare – Privacy Officer
65 N. Hwy 101, Suite 204
Warrenton, OR 97146
Phone: 503-325-5722
Fax: 503-861-2043

You may also file a complaint with the following:

State of Oregon Department of Human Services – Governor’s Advocacy Office
500 Summer St. NE, E17
Salem, OR 97301-1097
Phone: 800-442-5238
Fax: 503-378-6532
Email: dhs.info@state.or.us

Office for Civil Rights, U.S. DHHS
2201 Sixth Avenue-Mail Stop RX-11
Seattle, WA 98121
(206) 615-2290; (206) 615-2296 (TDD); (206) 615-2297 FAX
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>