

This notice describes how your medical information may be used and disclosed and how to get access to this information. Please review it carefully.

Article I. Who We Are

Section 1.01 This notice provides information about Clatsop Behavioral Healthcare's (CBH) privacy practices. CBH contracts with the Addictions and Mental Health Division, Department of Medical Assistance, and Oregon Health Authority to provide behavioral health benefits to individuals receiving services under the Oregon Health Plan.

Article II. Our Privacy Obligations

Section 2.01 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). CBH's Privacy Officer role is fulfilled by the Deputy Director.

Article III. Permissible Uses and Disclosures Without Your Written Authorization

Section 3.01 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:
 - (i) *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.
 - (ii) *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.

- (iii) *Health Care Operations.* We may use and disclose your PHI for our healthcare 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 healthcare workers. We may disclose PHI for our patient satisfaction survey process.
- (b) Public Health Activities. We may disclose your PHI for the following public health activities:
- (i) Report health information to public health authorities to prevent or control disease, injury, or disability.
 - (ii) To report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports.
 - (iii) To report information about products and services under the jurisdiction of the U.S. Food and Drug Administration.
 - (iv) 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.
 - (v) 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 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, a grand jury, or an 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 use or disclose your PHI, consistent with applicable law and standards of ethical conduct, 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, for national security and intelligence activities and to protect 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 for the following:
 - (i) For the institution to provide you with health care.
 - (ii) To protect your health and safety or the health and safety of others
 - (iii) The safety and security of the correctional institution.
- (m) Coroners, Medical Examiners, and Funeral Directors. We may disclose your PHI to a coroner, medical examiner, or funeral director to carry out their duties.
- (n) Business Associates. We may disclose your PHI to our business associates who perform functions on our behalf or provide us with services if the PHI 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 by any other law not already referred to in the preceding categories.

Article 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 under the following circumstances:
 - (i) We obtain your agreement.
 - (ii) We provide you with the opportunity to object to the disclosure, and you do not object.
 - (iii) We 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 will 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 PHI to disaster relief organizations that seek your PHI 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.

Article V. Uses and Disclosures Requiring Your Written Authorization

- (a) Use or Disclosure with Your Authorization. We may use or disclose your PHI only when you grant us written authorization to do so for purposes other than those described in Section III and Section V.
- (b) Genetic, HIV/AIDS, and substance abuse treatment. Treatment information related to genetics, HIV/AIDS, and substance use treatment 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 PHI for marketing purposes or sell your PHI without your written authorization.
- (d) Audio/Visual recording for educational and training purposes. If our practitioners are required to record and submit clinical session content for the purpose of their professional development, you may be asked to consent to release the content. Consent can be revoked at any time. Audio/Visual recording of clinical session content is prohibited in the absence of signed consent.

Article 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 Clinical Operations Officer, 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 under the following circumstances:
 - (i) For treatment, payment, and healthcare operations

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- (ii) 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.
- (iii) 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 complete the Release Revocation form and submit it to the Records Technician. 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 would like to make a request, please send a written request to our Privacy Officer via email to contactcbh@clatsopbh.org or via US Mail to 65 N Hwy. 101, Ste. 204, Warrenton, OR 97146.
- (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 completing a Release Revocation form and submitting it to the Records Technician.
- (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 Records Custodian and submit the completed form to the Records Custodian. 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 denied access, you may request that the denial be reviewed.
 - (i) Parents or legal guardians should be aware that minors 14 years or older are entitled to privacy and confidentiality. Please refer to ORS 109.675 for more information.
- (f) Right to an Electronic Copy of this Notice. You have the right to receive this Notice electronically upon request. To request a PDF of this document, send an email request to contactcbh@clatsopbh.org or speak to a receptionist at any CBH clinic.
- (g) Right to Receive Paper Copy of this Notice. You may obtain a paper copy of this notice upon request, even if you have agreed to receive it electronically.

- (h) Right to Amend Your Records. You have the right to request that we amend the PHI maintained in your medical record file or billing records. If you would like to amend your records, please send a written request to our Privacy Officer via email to contactcbh@clatsopbh.org or via US Mail to 65 N Hwy. 101, Ste. 204, Warrenton, OR 97146. We will comply with your request unless we believe that the information that will be amended is accurate and complete or if 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, 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, a fee of \$1.00 per page for the accounting statement and any postage cost may be assessed.
- (j) Right to Restrict Disclosures to a Health Plan. If you paid out-of-pocket and have requested that we not bill your health plan for a specific item or service, you have the right to ask that your PHI 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.
 - (i) Your request to restrict must be made in writing and should identify the following:
 - a) The information to be restricted.
 - b) The type of restriction being requested (e.g., on the use of information, the disclosure of information, or both)
 - c) To whom the limits should be applied.
- (k) Right to Get Notice of a Breach. You have the right to be notified of any breach of your PHI.

Article VII. Effective Date and Duration of This Notice

- (a) Effective Date. This Notice is effective on September 23, 2013
 - (i) Last Updated: March 11, 2024.
- (b) Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we do, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. We will post the new notice in our corporate office and on our website at www.clatsopbh.org. You may also obtain any new notice by contacting the Records Technician.

Article VIII. CBH Privacy Office

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

Clatsop Behavioral Healthcare
Privacy Officer/Deputy Director
65 N. Hwy 101, Suite 204, Warrenton, OR 97146
Phone: 503-325-5722 ext. 375 | Fax: 503-861-2043
Email: contact@clatsopbh.org

You may contact the Records Technician if you want help accessing or restricting access to your records.

Clatsop Behavioral Healthcare
Records Technician
115 W. Bond St., Astoria, OR 97103
Phone: 503-501-4773 | Fax: 503-325-8483

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
Phone: (206) 615-2290; (206) 615-2296 (TDD) | Fax: (206) 615-2297
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>