



NOTICE OF PRIVACY PRACTICES

This notice describes how your health information may be used and released and how you can get access to this information.

*If you have any questions about this notice, please contact the
Corporate Compliance Officer at 503-214-1652 or
P.O. Box 6149
Aloha, OR 97007*

WHO WILL FOLLOW THIS NOTICE

This notice describes the information privacy practices followed by all workforce members.

YOUR HEALTH 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 Virginia Garcia Memorial Health Center (VGMHC) clinics and pharmacies. Your health information may include information created and received by this office, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related information.

We are required by law to give you this notice. It will tell you about the ways we may use and release your health information and describes your rights and our duties regarding the use and release of that information.

HOW WE MAY USE AND RELEASE HEALTH INFORMATION ABOUT YOU

We may use and disclose health information for the following purposes:

- **For Treatment.** We may use your health information to provide you with treatment or services. We may share your health information with doctors, dentists, other providers, pharmacists, nurses, and other staff who are involved in taking care of you.

We may share information about you with people who do not work in our office in order to coordinate your care, such as refilling prescriptions at your pharmacy, scheduling lab work, and ordering x-rays. Family members, caregivers, and other health care providers may be part of your healthcare outside this office and may require information about you.

- **For payment.** We may use and release health information about you so that the treatment and services you receive at VGMHC so that we may receive payment.

For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. 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 Health Care Operations.** We may use and release health information about you in order to run the office and make sure that you and our other patients receive quality care.

For example, we may use your health information to evaluate the performance of our staff in caring for you.

We may release your health information to health plans that provide you insurance coverage and other health care providers that care for you so that they can provide or improve care, reduce cost, coordinate and manage health care and services, train staff, and comply with the law.

We may also share your health information with the Oregon Community Health Information Network (OCHIN) or other third party "business associates" that perform various activities (e.g., scheduling, health record maintenance, accounting, billing, legal or transcription services) for VGMHC. Other healthcare organizations that participate in OCHIN may also have access to your record; however, they are only permitted to access your information if they are involved in your treatment.

Whenever an arrangement between our office and a business associate involves the use or release of your health information, we will have a written contract that ensures that they will protect the privacy of your health information.

- **Appointment Reminders.** We may contact you by phone, mail, or secure text messaging as a reminder that you have an appointment.
- **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. For example, we may call new mothers and offer parenting classes.

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.

SPECIAL SITUATIONS

We may use or release health information about you for the following purposes, subject to all applicable legal requirements and limitations:

- **To Avoid a Serious Threat to Health or Safety.** We may use and share 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 release health information about you when required to do so by federal, state or local law.



- **Research.** We may use and release health information about you for research projects that are subject to a special approval process.
- **Organ and Tissue Donation.** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary.
- **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.
- **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may release 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.
- **Health Oversight Activities.** We may release 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 release your health information in response to a subpoena or a court or administrative order.
- **Law Enforcement.** We may release your 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. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **Information Not Personally Identifiable.** We may use or release health information about you in a way that does not personally identify you or reveal who you are.
- **Family and Friends.** We may release health information about you to your family members or friends if you agree to allow us or if we give you an opportunity to object and you do not raise an objection. We may also release health information to your family or friends if we can assume, based on our professional judgment that you would not object. For example, we may assume you agree to allow us to release your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.



In situations where you are not capable of giving consent (due to your incapacity or medical emergency), we may, using our professional judgment, determine that speaking to your family member or friend is in your best interest. In that situation, we will only release health information related to the person's involvement in your care. For example, we may inform the person who brought you to the clinic 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 decisions 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 RELEASES OF HEALTH INFORMATION

We will not use or release your health information for any purpose other than those identified in the previous sections without your specific, written permission. If you give us permission to use or release your health information, you may revoke that permission, **in writing**, at any time. If you revoke your permission, we will no longer use or release that information but we cannot take back any uses or releases already made with your permission.

In some instances, we may need specific, written permission from you in order to release certain types of specially-protected information such as substance abuse information for purposes such as treatment, payment, and healthcare operations.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

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

- **Right to View and Copy.** You have the right to view and copy your health information, such as medical, dental, and billing records, that we keep and use to make decisions about your care. You must submit a written request to the Clinic Operations Manager (COM) in order to view and/or copy records of your health information. If you request a copy of the information, we may charge a fee for the associated costs. We will notify you of the cost and you may choose to cancel or change your request. You have the right to request a copy of your health information in electronic form if we store your health information electronically.

We may deny your request to view and/or copy your record or parts of your record in certain circumstances. If you are denied copies of or access to health information that we keep about you, you may ask that the denial be reviewed. If the law gives you a right to have our denial reviewed, 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 Correct.** If you believe health information we have about you is incorrect or incomplete, you may ask us to correct the information. You have the right to request this as long as the information is kept by VGMHC. If you wish to make a correction, complete and submit a REQUEST TO AMEND OR CORRECT HEALTH RECORD FORM to the COM.

We may deny your request for a correction if your request is not **in writing** or does not include a reason to support the request. In addition, we may deny or partially deny your request if you ask us to correct information that:

- We did not create
- Is not part of the health information that we keep



- You would not be permitted to view and copy
- Is accurate and complete

If we deny or partially deny your request for correction, you have the right to submit an appeal and have the appeal be included in your health record. VGMHC also has the right to file a response to your appeal in your health record. You also have the right to request that all documents associated with the correction be sent to any other party any time that portion of the health record is released.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the releases we made of your health information for purposes other than treatment, payment, health care operations, when specifically authorized by you and a limited number of special circumstances involving national security, correctional institutions and law enforcement.

To obtain this list, you must submit a REQUEST FOR ACCOUNTING OF DISCLOSURES FORM including the time period, which may be no longer than six years. Your request should indicate in whether you want the list on paper or in electronic form. Submit requests to the COM. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or change your request at that time.

- **Right to Request Limitations.** You have the right to request a restriction or limitation on the health information we use or release about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we release 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 grant your request unless the information is needed to provide you emergency treatment or we are required by law to use or release the information.

We are required to agree to your request if you pay for treatment, services, supplies and prescriptions “out of pocket” and you request the information not be shared with your health plan for payment or health care operations purposes. There may be instances where we are required to release this information if required by law.

We may terminate an agreed upon restriction/limitation at any time; but we will notify you of the termination.

To request restrictions, you may complete and submit the REQUEST TO RESTRICT USE & DISCLOSURE OR CONFIDENTIAL COMMUNICATIONS FORM to the COM.

- **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 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 TO



RESTRICT USE & DISCLOSURE OR CONFIDENTIAL COMMUNICATIONS FORM to the COM. 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. [*You may also find a copy of this Notice on our web site.*] To obtain such a copy, contact the COM.

CHANGES TO THIS NOTICE

We reserve 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. We will post the current notice (or a summary) at our locations with its effective date included. You have a right to receive a copy of the Notice currently in effect.

We will inform you of any significant changes to this Notice. This may be through our newsletter, a sign posted at our location(s), a notice posted on our web site, or other means of communication.

BREACH OF HEALTH INFORMATION

We will inform you if there is a breach (violation) of your health information, as required by law.

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 at:

Region X - Seattle (Alaska, Idaho, Oregon, Washington)

Regional Manager

Office for Civil Rights

U.S. Department of Health and Human Services

2201 Sixth Avenue - M/S: RX-11

Seattle, WA 98121-1831

Voice Phone (800) 368-1019

FAX (206) 615-2297

TDD (800) 537-7697

To file a complaint with VGMHC, contact the Quality Assurance Manager at 503-352-8561.

You will not be penalized for filing a complaint.