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## 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.**

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

### **YOUR HEALTH INFORMATION**

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.

### **WHO WILL FOLLOW THIS NOTICE**

The privacy practices described in this notice will also be followed by all our employees and volunteers. The privacy practices will also be followed by 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 example:** Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

- **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 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 cover the treatment.

- **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.

**For example:** We may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional service we should offer. We may also use health information in order to secure funding to keep our programs running. We may use telehealth technology (electronic communication) for medical information exchange through a secure network from one site to another.

**For example:** Rogue Community Health is part of an organized health care arrangement including participants in the Oregon Community Health Information Network (OCHIN). A current list of OCHIN participants is available at [www.ochin.org](http://www.ochin.org). As a business associate of Rogue Community Health, OCHIN supplies information technology and related services to Rogue Community Health and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by Rogue Community Health with other OCHIN participants when necessary for health care operations purposes of the organized health care arrangement. Health care operations can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw with consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

- **Appointment Reminders:** We may contact you as a reminder that you have an appointment for treatment or medical care at the office.

**For example:** if we cannot reach you by phone we may leave a message on your answering machine or with someone in your household about an upcoming appointment, or text you an appointment reminder.

- **Treatment Alternatives:** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**For example:** if there is a hypertension study at another provider office or organization we may tell you about it if we feel it may benefit 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.

**For example:** If we had to evacuate our building and we thought you were in the building we may tell an emergency crew member who you are in order to find you.

- **Required By Law:** We will disclose health information about you when required to do so by federal, state or local law.

**For example:** If we are required by law to report a communicable disease we will disclose to the required organization.

- **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.

**For example:** If you have a reportable condition, such as a communicable disease, we are required to report certain conditions to our local health department.

- **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 who will be involved in your care at the office.

**For example:** If you are eligible for a project in order to receive low cost medication the organization will need access to personal health information in order to process the request.

- **Funding/Grants/Fundraising/Reporting Statistics:** We may use or disclose health information about you for the purpose of securing funding for Rogue Community Health's operations. We will ask you for your permission if we use your name, address or other information that reveals who you are.

**For example:** We may use demographics in a grant in order to secure grant funds to fund our clinic. Our contractor may have your name while extracting it from the non-identifiable data.

- **Fundraising Activities:** We may use or disclose your protected health information, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communication. If you do not want to receive these materials, please submit a written request to the Privacy Officer.

- **Research:** We may use and disclose your protected health information for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has setup protocols to ensure the privacy of our protected health information. Even without that special approval, we may permit researchers to look at protected health information to help them prepare for research.

For example: to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any protected health information. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. We will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1)

use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.

- **Billing:** If you are under the age of 18, but can give legal consent for treatment, you give permission for Rogue Community Health to bill your parent's or legal guardian's insurance.

**For example:** The insurance information may reveal the condition for which you were seen. If you would like a different payment arrangement, you are responsible to notify Rogue Community Health.

- **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.

**For example:** We may disclose your name, address, phone numbers, outstanding balance, etc. to a collection agency in order to pursue payment. \* We will not disclose conditions for which you have been seen.

- **Photos:** If we take your picture for any of our projects we will ask for your written consent.

**For example:** After you have a baby we may take a picture of you and your baby and place it in our waiting room where others may see. This picture may contain the name of you and your child. You may opt out at any time and ask us to not use the picture.

- **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 Rogue Community Health.

**For example:** Health Information will be disclosed if you need a physical form filled out that will be given to your school in order to play sports.

- **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.

**For example:** If we are required by law to release health information to the military for your enlistment we will provide the information with your consent.

- **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.

**For example:** If your condition prevents you from work we may write a work release that states your diagnosis. This information may be given to your employer if you request.

- **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.

**For example:** We may disclose health information to organizations such as an agency who oversees medical records, in order to maintain legal compliance within the record.

- **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.

**For example:** If you are involved in a court case and Rogue Community Health is subpoenaed we will disclose all information required by law.

- **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.

**For example:** If we are subpoenaed we may be required to disclose your PHI to a judge or court.

- **Coroners, Medical Examiners and Funeral Directors:** We may release health information to a coroner or medical examiner.
- **For example:** 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 disclose health information about you in a way that does not personally identify you or reveal who you are.

**For example:** We may use statistical information that does not identify a person in order to secure funds through grants and foundations.

- **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.
- **For example:** We may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse or a friend with you into the exam room during treatment or while treatment is discussed.
- 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.

### **Your Written Authorization is required for Other Uses and Disclosures**

The following uses and disclosures of your protected health information will be made only with your written authorization:

1. Most uses and disclosures of psychotherapy notes;
2. Uses and disclosures of protected health information for marketing purposes; and
3. Disclosures that constitute a sale of your protected health information.

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 can also provide you with a summary of your protected health information, rather than the entire record or we can provide you with an explanation of the protected health information which has been provided to you, so long as you agree to this alternative form and pay the associated fees.
- Your protected health information is maintained in an electronic format (known as an electronic medical record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form or format you request, if it is readily producible in such form or format. If the protected health information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

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 the 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.

- **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 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, and we will honor that request.
- **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 Rogue Community Health’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.