



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:

PRIVACY OFFICER
Phone: 1-866-667-2870
Siskiyou Community Health Center
1701 NW Hawthorne Ave., Grants Pass, OR 97526

WHO WILL FOLLOW THIS NOTICE

All Siskiyou Community Health Center employees, staff, and other office personnel.

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 this office. 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, 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 tells you how we may use and disclose your health information and describes your rights and our obligations regarding that use and disclosure.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

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

- **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, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.
For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your health history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that a doctor can help determine the most appropriate care for you. Different personnel in our office may share and disclose information about you to people who do not work in our office to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays. Family members and other healthcare providers may be part of your healthcare 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 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 pay for the treatment.
- **For Health Care Operations.** We may use and disclose health information about you 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 our patients to help us decide what additional services we should offer, how we can become more efficient, and/or whether certain new treatments are effective. We may also disclose your health information to health plans that provide your insurance coverage and other healthcare providers that care for you. Our disclosures of your health information to plans and other providers may be to help these plans and providers provide or improve care, reduce cost, coordinate and manage health care and services, train staff and comply with the law.

- **Appointment Reminders.** If authorized by you we will send a text message reminding you of an upcoming appointment to the cell phone number authorized, and if you opt-out, we will make a phone call reminding you of your appointment. We may leave a message on an answering machine or voicemail if unable to contact. A 24-hour appointment confirmation rule is in effect.
- **Treatment Alternatives.** We may tell you about or recommend possible treatment options or alternative 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 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 disclose health information about you 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 health and safety of the public or another person.
- **Health Information Exchanges.** We participate in health information exchanges to facilitate the secure exchange of your electronic health record among several healthcare providers or other healthcare entities for your treatment, payment, and operations purposes. This means we may share information that we obtain or create about you with outside entities (such as hospitals, doctors' offices, pharmacies, and insurance companies), or we may receive information they create or obtain about you (such as medical history, medications, and insurance information) so that each of us can provide better treatment and coordination of your health care services.
- **Required By Law.** We will disclose health information about you when required to by federal, state, or local law.
- **Research.** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher 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.
- **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 to facilitate such donation and transplantation.
- **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 disclose health information about you for public health reasons 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 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 as 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.
- **Family and Friends.** We may disclose health information about you to your family members or friends if we obtain a written or 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 or friends 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 with you into the exam room during treatment or while discussing treatment.
- 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. 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. In some instances, we may need specific, written authorization from you in order to disclose certain types of specially-protected information such as HIV, substance abuse, mental health, and genetic testing information.

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 copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written request to MEDICAL RECORDS in order to inspect and/or copy records of your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy records in certain limited circumstances. If you are denied copies of or access to health information that we keep about you, you may ask that our 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 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 this office keeps the information.

To request an amendment, complete and submit a MEDICAL RECORD AMENDMENT / CORRECTION FORM to our PRIVACY OFFICER. We may deny your request for an amendment if your request is not in writing or does not include a reason to support the request. Also, 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, health care operations, and a limited number of special circumstances involving national security, correctional institutions, and law enforcement. This list will also exclude any disclosures we have made based on your written authorization. To obtain this list, you must submit your request in writing to MEDICAL RECORDS. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). 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 modify your request at that time before any costs are incurred.
 - **Right to Request Restrictions.** You have the right to request a restriction of 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. You may choose to opt out of participation in the health information exchange, except in the case of an emergency.

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 emergency treatment or we are required by law to use or disclose the information.

We are required to agree to your request. If you pay for your treatment, services, supplies, and prescriptions out of pocket and request the information not be communicated to 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.

- To request restrictions, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION to our 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 our PRIVACY OFFICER. We will not 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. To obtain such a copy, contact the RECEPTIONIST in this office. You may also find a copy of this notice on our website: www.siskiyouhealthcenter.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 and any information we receive in the future. We will post the current notice (optional: or 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. We will inform you of any changes to this notice by posting a notice in our waiting room directing you to our website or other means of communication.

BREACH OF HEALTH INFORMATION

We will inform you if there is a breach of your health information.

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:

PRIVACY OFFICER
Phone 1-866-667-2870
Siskiyou Community Health Center
1701 NW Hawthorne Ave
Grants Pass, OR 97526

You will not be penalized for filing a complaint.