Siskiyou Community Health Center

NOTICE OF PRIVACY PRACTICES

Effective Date: 09/01/2026

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.

Questions or privacy concerns: Privacy Officer, Siskiyou Community Health Center
1701 NW Hawthorne Ave., Grants Pass, OR 97526 1-866-667-2870

Your Information. Your Rights. Our Responsibilities.

This Notice explains how Siskiyou Community Health Center (SCHC) may use and disclose your protected health information (PHI), your rights regarding that information, and our responsibilities under federal and applicable Oregon law.

Your Rights

- Get a paper or electronic copy of your medical record.
- Ask us to correct or amend your medical record.
- Request confidential communications.
- Ask us to limit certain uses or disclosures.
- Get an accounting of certain disclosures.
- Get a paper copy of this Notice.
- Choose someone legally authorized to act for you.
- File a complaint if you believe your privacy rights have been violated.

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will notify you following a breach of unsecured PHI when notification is required by law.
- We must follow the duties and privacy practices described in the Notice currently in effect.
- We will not use or disclose your information other than as described in this Notice unless you authorize us in writing or another law permits or requires the use or disclosure.

Who Will Follow This Notice

This Notice applies to SCHC and its workforce, including employees, staff, health care professionals, trainees, volunteers, and other persons who provide services on our behalf as permitted by law. It also describes certain information-sharing arrangements in which SCHC participates.

OCHIN and Our Electronic Health Record

SCHC is part of an organized health care arrangement involving participants in the Oregon Community Health Information Network (OCHIN). A current list of OCHIN participants is available at www.ochin.org. As a business associate of SCHC, OCHIN supplies information technology and related services to SCHC 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 records 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 SCHC with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation 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 this 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.

Health Information Exchanges

SCHC may participate in health information exchanges (HIEs) to facilitate secure electronic exchange of health information among participating health care providers and organizations for treatment, payment, operations, and public health 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.

You may have the right to opt out of certain HIE participation. Opting out does not prevent disclosures otherwise permitted or required by law and may be subject to exceptions, including emergency circumstances. Contact SCHC's Privacy Officer for information about available HIE privacy choices.

How We Typically Use or Share Your Health Information

Treatment
We may use and disclose your health information to provide, coordinate, or manage your health care. We may share relevant information with physicians, nurses, pharmacists, dentists, behavioral health professionals, specialists, hospitals, laboratories, imaging facilities, pharmacies, and other health care professionals involved in your care.

Payment
We may use and disclose your health information to bill and obtain payment for services provided to you, including to determine eligibility or coverage, obtain prior authorization, submit claims, or obtain payment.

Health Care Operations
We may use and disclose your health information to operate SCHC and improve care. Activities may include quality assessment and improvement, patient safety, training, credentialing, auditing, compliance, legal services, business planning, population health activities, evaluating provider performance, and improving health care delivery.

Appointment Reminders and Health Care Communications
We may contact you regarding appointments and other matters related to your health care or our relationship with you using the communication method you provide. This includes telephone, text message, email, patient portal, and mail. Communications may use automated technology or prerecorded or artificial voice messages when permitted by law. You may opt out at any time by contacting our office.

Mobile Phone Numbers and Text Messages
If you provide a mobile phone number, we may communicate with you via SMS and/or RCS text messages for purposes such as appointment reminders, billing notifications, and care coordination. Your privacy is a priority. Your number will not be sold or shared with third parties or affiliates for marketing or promotional purposes. We will not use your number for unrelated marketing without your express written consent. Message frequency may vary and message and data rates may apply. You are not required to opt in as a condition of receiving care. Participation is voluntary. However, opting out may prevent us from sending you timely updates regarding your care. Text messages sent via SMS and RCS channels are not fully secure and may not be HIPAA-compliant; however, we take reasonable precautions to safeguard your privacy by restricting the content of these messages to non-sensitive notifications. Any messages containing Protected Health Information (PHI) will be sent via a separate, secure messaging channel. You may opt out of text messages by replying STOP. You will receive a final confirmation text to verify you have opted out. No further messages will be sent. If you would like to rejoin, you can authorize us to restart by texting START.

Your Choices About Certain Uses and Disclosures

Family, Friends, and Others Involved in Your Care
We may share information relevant to your care or payment for your care with a family member, friend, personal representative, or other person involved in your care when permitted by law. When possible, we will give you an opportunity to agree or object. If you cannot tell us your preference, such as during an emergency or incapacity, we may disclose information when, in our professional judgment, doing so is in your best interest and is permitted by law.

Treatment Alternatives and Health-Related Services
We may contact you about treatment alternatives or health-related benefits, products, programs, or services that may be of interest to you as permitted by law.

Marketing, Sale of Information, and Fundraising
When HIPAA requires your authorization for marketing or the sale of PHI, we will obtain that authorization before using or disclosing your information for that purpose. If SCHC conducts fundraising communications permitted by HIPAA, you may tell us not to contact you again. If Part 2 information is involved, we will provide the advance notice and choice required by applicable law.

Other Uses and Disclosures Permitted or Required by Law

- Public health activities and reporting required by law.
- Reporting suspected abuse, neglect, or domestic violence as permitted or required by law.
- Preventing or reducing a serious threat to health or safety.
- Health oversight activities.
- Workers' compensation purposes.
- Organ and tissue donation.
- Coroners, medical examiners, and funeral directors.
- Certain law enforcement purposes.
- Judicial and administrative proceedings.
- Military, veterans, national security, and intelligence activities.
- Correctional institutions and law enforcement custody.
- Research when applicable legal requirements are satisfied.
- Other purposes permitted or required by federal or Oregon law.

Some categories of health information receive additional protection under federal or Oregon law. When a more protective law applies, we will follow that law.

Uses Requiring Your Written Authorization

For uses and disclosures not otherwise permitted or required by law, we will obtain your written authorization. Authorization is generally required for most uses and disclosures of psychotherapy notes when applicable, certain marketing purposes, the sale of PHI, and other uses or disclosures for which authorization is required by law. If you give us written authorization, you may revoke it in writing at any time, except to the extent we have already acted in reliance on it or as otherwise provided by law.

Your Rights Regarding Your Health Information

Get a Copy of Your Health Information

You have the right to inspect and obtain a copy of health information used to make decisions about your care, subject to certain exceptions. You may request an electronic or paper copy when applicable. We generally will provide access within the time required by law and may charge a reasonable, cost-based fee as permitted by law.

Ask Us to Correct or Amend Your Record

If you believe health information we maintain about you is incorrect or incomplete, you may request an amendment. We may deny the request in circumstances permitted by law. If we deny it, you have rights regarding documentation of your disagreement as provided by law.

Get an Accounting of Certain Disclosures

You may request a list of certain disclosures made during the six years before the date of your request. The accounting generally does not include disclosures for treatment, payment, and health care operations and certain other disclosures excluded by law. We generally provide one accounting in a 12-month period without charge and may charge a reasonable, cost-based fee for an additional accounting during that period.

Request Restrictions

You may ask us to restrict certain uses or disclosures for treatment, payment, or health care operations. We generally are not required to agree. However, if you pay in full out of pocket for a particular health care item or service and ask us not to disclose information about that item or service to your health plan for payment or health care operations, we will honor the request unless disclosure is required by law.

Request Confidential Communications

You may request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests as required by law.

Choose Someone to Act for You

If someone has authority to act as your personal representative, such as under a medical power of attorney or guardianship, that person may exercise your rights and make choices about your health information as permitted by law. We may verify the person's authority before taking action.

Get a Copy of This Notice

You may obtain a paper copy of this Notice at any time, even if you agreed to receive it electronically.

Siskiyou Community Health Center

Special Privacy Protections

Certain health information may receive additional protection under federal or Oregon law, including certain behavioral health, substance use disorder, HIV or other communicable disease, genetic, reproductive health, and minor-consented service information. SCHC will comply with applicable federal and Oregon confidentiality requirements when those requirements provide greater protection than HIPAA.

Reproductive Health Information

Reproductive health information is protected health information under HIPAA and may also be protected by other federal or Oregon law. SCHC will use or disclose reproductive health information only as permitted or required by applicable law. Because federal requirements in this area have changed through regulation and court decisions, SCHC will apply the requirements that are legally in effect at the time a request for information is received.

Substance Use Disorder Records (42 C.F.R. Part 2)

If SCHC creates, receives, or maintains substance use disorder patient records that are subject to 42 C.F.R. Part 2, those records receive additional federal confidentiality protections. We will use and disclose Part 2 records in accordance with applicable law.

Part 2 records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against a patient except as permitted by federal law. When Part 2 requires patient consent for a use or disclosure, we will obtain that consent. Part 2 also provides privacy rights and protections that may differ from or be more protective than HIPAA; SCHC will follow those requirements when they apply.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with SCHC's Privacy Officer at the contact information on the first page. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). Information about filing an OCR complaint is available at www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you or deny you services for filing a complaint.

Changes to This Notice

We may change the terms of this Notice, and the changes may apply to all information we have about you. The current Notice will be available upon request, at our facilities, and on our website as required by law.