

La Pine Community Health Center

Notice of Privacy Practices

This Notice of Privacy 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:

Chief Operations Officer
PO Box 3300
La Pine, Oregon 97739
541-536-3435

Purpose La Pine Community Health Center is committed to protecting your private health information and we encourage you to contact our staff first should any issue or question arise. Our goal is to have all privacy issues identified and resolved internally.

This notice of privacy practices describes established privacy practices followed by our staff in relation to your protected health information (PHI). This notice will explain how and when we may use and disclose your Protected Health Information, but may not include every possible situation. Please address any questions to the Chief Operations Officer.

YOUR PROTECTED HEALTH INFORMATION This notice applies to the information and records we maintain regarding your health, health status, as well as the health care and services you receive at this office. Your health information may include information created or 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, diagnosis, 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 explain how we may use and disclose Protected Health Information about you and describes your rights and our obligations regarding the use and disclosure of that information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR WRITTEN CONSENT:

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, nurses, technicians, office staff or other personnel who are involved in your care. 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 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 your Protected Health Information so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment.

We may also disclose your health information to health plans that provide your insurance coverage and other health care providers that care for you. Our disclosures of health information to plans and other providers may be for helping those plans and providers provide or improve care, reduce costs, coordinate and manage health care and services, train staff and comply with the law.

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 a 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.

FOR HEALTH CARE OPERATIONS-We may use and disclose Protected Health Information in order to operate and/or improve the office, its programs and services 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 your Protected Health Information so that we can become more efficient, or to determine whether certain new treatments are effective.

La Pine Community Health Center (LCHC) is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of La Pine Community Health Center (LCHC), OCHIN supplies information technology and related services to La Pine Community Health Center (LCHC) 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 access 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 health information may be shared by La Pine Community Health Center (LCHC) with other OCHIN participants when necessary for health care operation purposes of the organized health care arrangement.”

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE-Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

APPOINTMENT REMINDERS/TREATMENT ALTERNATIVES/HEALTH-RELATED BENEFITS AND SERVICES-We may use and disclose Protected Health Information to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

INSURANCE VERIFICATION-LCHC may contact your insurance company via telephone or their website to verify your insurance enrollment status.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY-We may use or disclose your Protected Health Information when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.

REQUIRED BY LAW-We will disclose health information about you when required to do so by federal, state or local law or by a court order. LCHC may disclose Protected Health Information in response to a subpoena, warrant, summons, or similar process subject to all applicable legal requirements.

BUSINESS ASSOCIATES-We may disclose Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your Protected Health Information.

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 set up protocols to ensure the privacy of your 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. However, 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.

ORGAN AND TISSUE DONATION-If you are an organ donor, we may release your Protected Health Information to organizations that handle organ procurement 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 your Protected Health Information. We may also release information about foreign military personnel to the appropriate foreign military authority.

MINORS-We may disclose the Protected Health Information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

WORKERS COMPENSATION -We may release your Protected Health Information for workers compensation or similar programs. These programs provide benefits for work-related injuries or illness.

ABUSE, NEGLECT, or DOMESTIC VIOLENCE- We may disclose Protected Health Information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.

INMATES-If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose Protected Health Information to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

PUBLIC HEALTH RISKS-We may disclose Protected Health Information for public health activities. This includes disclosures to : (1) a person subject to the jurisdiction of the Food and Drug Administration (“FDA”) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity;

(2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

HEALTH OVERSIGHT ACTIVITIES-We may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

DISASTER RELIEF-We may disclose your Protected Health Information to disaster relief organizations that seek our Protected Health Information 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 practicably can do so.

LAWSUITS AND DISPUTES-If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose Protected Health Information in response to subpoenas.

LAW ENFORCEMENT-If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information in response to a court or administrative order. We also may disclose Protected Health Information in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your Protected Health Information to defend ourselves in the event of a lawsuit.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS-We may release your Protected Health Information to a coroner, medical examiner or funeral director when requested.

INFORMATION NOT PERSONALLY IDENTIFIABLE-We may use or disclose Protected Health Information in a way that does not personally identify or reveal who you are.

FAMILY AND FRIENDS-We may disclose Protected Health Information 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 a disclosure and you do not raise any objections. We may also disclose PHI to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. In situations where you are not capable of giving consent due to incapacitation or a medical emergency, LCHC may, using our professional judgment, use or disclose PHI to a family or friend if it is in your best interest.

DATA BREACH NOTIFICATION PURPOSES-We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

RIGHT TO GET NOTICE OF A BREACH-You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

YOUR PHI PRIVACY RIGHTS-You have the following rights regarding your Protected Health Information:

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.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Chief Operations Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

HOW TO EXERCISE YOUR RIGHTS-To exercise your rights described in the Notice, send your request, in writing, to our Chief Operations Officer at the address listed at the beginning of this Notice. We may ask you to fill out a form that we will supply. To exercise your right to inspect and copy your Protected Health Information, you may also contact your physician directly. To get a paper copy of this Notice, contact our Chief Operations Officer by phone or mail.

RIGHT TO INSPECT AND COPY-You have the right to inspect and copy Protected Health Information that may be used to make decisions about your care or payment for your care. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee

for the costs of copying, mailing or other supplies associated with your request. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

RIGHT TO AN ELECTRONIC COPY OF ELECTRONIC MEDICAL RECORDS-If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record) you have the right to request that an electronic copy or a readable hard copy form, of your record be given to you. We may charge you a reasonable, cost-based fee for the labor associated with providing you with your medical records.

RIGHT TO AMEND-If you feel that the Protected Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to the Chief Operations Officer at the address provided at the beginning of this Notice and it must tell us the reason for your request. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS-You have the right that we communicate with you about your Protected Health Information in a certain way or at a certain location. For example, you may request that we contact you only at work, or only by mail. The request must be in writing. No reason is necessary. We will accommodate all reasonable requests.

RIGHT TO FILE A COMPLAINT-You have the right to file a complaint if you feel your privacy rights have been violated. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint. You may contact the Chief Operations Officer at the address listed on the front of this form, or the Office for Secretary of the U.S. Department of Health and Human Services.

Secretary of the U.S. Department of Health and Human Services
200 Independence Ave
S.W. Washington, D.C. 20201
Phone (202) 619-0257
Toll free (877) 696-6775
Website www.hhs.gov/ocr/hipaa/

RIGHT TO AN ACCOUNT OF DISCLOSURES-You have a right to request an “accounting of disclosures of your Protected Health Information.” This is a list of the disclosures we made of your medical information for the purpose other than treatment, payment, health care operations, and a limited number of special circumstances involving national security, correctional institutions and law enforcement. The 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 La Pine Community Health Center, with a stated time period. The first list you request within a 12-month period will be free. We may charge you for the costs of providing additional lists.

RIGHT TO REQUEST RESTRICTIONS-You have the right to request a restriction or limitation on the Protected Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Protected Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. To request a restriction on who may have access to your Protected Health Information, you must submit a written request to the Chief Operations Officer. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we do agree to the requested restriction, we may not use or disclose your Protected Health Information in violation of that restriction unless it is needed to provide emergency treatment.

RIGHT TO A PAPER COPY OF THIS NOTICE-You have the right to a paper copy of this notice at any time. Even if you agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact LCHC.

RIGHT TO A SUMMARY OR EXPLANATION-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.

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 the current notice (or a summary of the current notice) in the office with its effective date on the document. You are entitled to a copy of the notice currently in effect.

FOREIGN LANGUAGE VERSION-If you have difficulty reading or understanding English, you may request a copy of this Notice in Spanish.