



# NOTICE OF PRIVACY PRACTICES

## LA PINE COMMUNITY CLINIC, LLC

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 questions about this notice, please contact:

Chance Steffey, P.E.

Clinic Director

La Pine Community Clinic, LLC

P. O. Box 3300

La Pine, Oregon 97747

**541-536-3435**

**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 have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact Chance Steffey.

## **CHANGES TO THIS NOTICE**

We reserved 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 (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..

## **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 Chance Steffey, 541-536-3435. You will not be penalized for filing a complaint.



## LA PINE COMMUNITY CLINIC, LLC

51600 Huntington Rd.  
P. O. Box 3300  
La Pine, Oregon 97739

Phone: 541-536-3435  
Fax: 541-536-8047  
Email: csteffey@uci.net

- b. Is not part of the health information that we keep.
- c. You would not be permitted to inspect and copy.
- d. 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 the purpose other than treatment, payment, health care operation, and a limited number of special circumstance involving national security correctional instructions 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 Chance Steffey. 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 include 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 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 for disclosure about you for treatment, payment of 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 or we are required by law to use or disclose the information.

To request restrictions, you may complete and submit the **REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION** to Chance Steffey.

To request confidential communications and submit the **REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION AND/OR CONFIDENTIAL COMMUNICATION** to Chance Steffey. We will not ask you for the reason for your request. We will accommodate all reasonable requests.

Your request must specify how or where you wish to be contacted.

**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 specialty-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 that we keep and use to make decisions about your care, such as medical and billing records. You must submit a written request to Chance Steffey in order to inspect and/or copy record of your health informational. 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 a denial reviewed, we will select a licensed health care professional to review your request and the reason for 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 it. 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 **Chance Steffey, P.E.** If your request is not in writing or does not include a reason to support the request we may deny your request for an amendment.

In addition we may deny your request if you ask us to amend information that:

- a. We did not create, unless the person or entity that created the information is no longer available to make

## **WHO WILL FOLLOW THIS NOTICE**

This notice describes the information privacy practices followed by our employees, staff and other office personnel.

## **YOUR HEALTH INFORMATION**

This notice applies to the information and records we have about health, health status, as well as 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, 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 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.

## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.**

We may use and disclose information for the following purposes:

**For Treatment.** We may use health information about you to provide you with medical treatment of 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.

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 service you receive at this office may be billed and payment may be collected from you, an insurance company or third party.

For example, we may need to give your health plan

plan will pay us or reimburse you for the services. 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 Options.** 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 services we should offer; so we can become more efficient, or to determine whether certain new treatments are effective.

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 the purpose of helping those 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.** We may contact you as a reminder that you have an appointment for treatment or medical care at our office.

**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. 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 those purposes.

**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.

**Required By Law.** We will disclose health information about you when required to do so 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, 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 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 in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, relations to medications or problems with products.

**Health Oversight Activities.** We may disclose health information to health oversight agencies for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary to certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights law.

**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 subpoenas.

**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. 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 or reveal who you are.

**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 a disclosure and you do not raise any objections. 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 treatment is disclosed. 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, using 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 inference that it is in your best interest to allow another to act on your behalf, such as picking up, for example, filed prescriptions, medical supplies, or x-rays.

**OTHER USES AND DISCLOSURES OF HEALTH INFORMATION.** We will not use or disclose your health information for any other purpose 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