



## NOTICE OF PRIVACY PRACTICES 03.05.01

Effective Date: 9-1-13

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED  
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**

**PLEASE REVIEW CAREFULLY**

**If you have questions about this Notice please contact our Privacy Official  
who is Shannon Swanson at 541-726-1465; 3995 Marcola Road,  
Springfield, OR, 97477; or [sswanson@thechildcenter.org](mailto:sswanson@thechildcenter.org)**

### **OUR OBLIGATIONS:**

The Child Center is committed to protecting mental health, medical, and personal information about you (Health Information). We are required by law to: Maintain the privacy of protected health information; provide you with this notice of our legal duties and privacy practices regarding Health Information about you; inform you of your rights and the ways in which we may use Health Information and disclose it to other entities and persons.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:**

The following describes the ways we may use and disclose health information that identifies you (Health Information). Mental health information, certain drug and alcohol information, HIV information, and genetic information is entitled to special restrictions related to its use and disclosure. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories. Other than when fulfilling requests by a health care provider for treatment, requests by an individual or requests that require an authorization, reasonable efforts will be made to limit the disclosure of protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure or request. Other uses and disclosures not described in this Notice will be made only if we have your written authorization.

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

**For Treatment.** We may use Health Information about you to provide you with medical and mental health treatment or services. We may also disclose Health Information about you to outside providers

including doctors, nurses, technicians, students, or other health system personnel who are involved in taking care of you in the health system. For example, a doctor treating you for a physical or mental health condition may need to know what medications you are currently taking, because the medications may affect what other medications may be prescribed to you.

**For Payment.** We may use and disclose Health Information about you so that the treatment and services you received at The Child Center 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 information to your health plan about therapy you received at The Child Center so your health plan will pay us or reimburse you for the therapy. We may also tell your health plan about proposed treatment to determine whether your plan will pay for the treatment.

**For Health Care Operations.** We may use and disclose Health Information about you for our business operations. For example, your Health Information may be used to review the quality and safety of our services, or for business planning, management and administrative services. We may contact you about alternative treatment options for you or about other benefits or services we provide. We may also use and disclose your Health Information to an outside company that performs services for us such as accreditation, legal, computer or auditing services. These outside companies are called "business associates" and are required by law to keep your Health Information confidential. We may also disclose information to doctors, nurses, technicians, medical and other students, and other health system personnel for performance improvement and educational purposes.

**Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

**Fundraising Activities.** We may contact you to provide information about The Child Center sponsored activities, including fundraising programs and events. We may use contact information, such as your name, address and phone number, date of birth, physician name, the outcome of your care, department where you received services and the dates you received treatment from The Child Center. You may opt-out of receiving fundraising information for The Child Center by contacting us at 541-726-1465.

**Individuals Involved in Your Care or Payment of Your Care.** We may release medical information to anyone involved in your medical care e.g., a friend, family member, personal representative, or any individual you identify. We may also give information to someone who helps pay for your care.

**Disaster Relief Effort.** We may disclose Health Information about you to an entity assisting in a disaster relief effort so that others can be notified about your condition, status, and location.

**Research.** The Child Center is not a research institution, however, we may conduct or participate in research activities from time to time. We may disclose Health Information about you for research purposes, subject to the confidentiality provisions of state and federal law. For example, a research project may involve comparing the health of patients who receive one treatment to those who received another, for the same condition. All research projects involving patients or the information about living patients conducted by The Child Center must be approved through a special review process to protect patient safety, welfare and confidentiality.

In addition to disclosing Health Information for research, researchers may contact patients regarding their interest in participating in certain studies. Researchers may only contact you if they have been given

approval to do so by the special review process. You will only become a part of one of these research projects if you agree to do so and sign a specific permission form called an Authorization. When approved through a special review process, other studies may be performed using your Health Information without requiring your authorization. These studies will not affect your treatment or welfare, and your Health Information will continue to be protected.

**As Required By Law.** We will disclose Health Information about you when required to do so by federal or state law.

**To Prevent a Serious Threat to Health or Safety.** We may use and disclose Health Information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help stop or reduce the threat. We may also advise the parent or parents or legal guardian of any minor described in ORS 109.675 of the diagnosis or treatment whenever the disclosure is clinically appropriate and will serve the best interests of the minor's treatment because the minor's condition has deteriorated or the risk of a suicide attempt has become such that inpatient treatment is necessary, or the minor's condition requires detoxification in a residential or acute care facility (ORS 109.680).

**Organ and Tissue Donation.** If you are an organ donor, we may release your Health Information to organizations that obtain, bank or transplant organs, eyes, or tissue, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are or were a member of the armed forces, we may release Health Information about you to military command authorities as authorized or required by law.

**Worker's Compensation.** We may use or disclose Health Information about you for Worker's Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

**Public Health Disclosures.** We may discuss Health Information about you for public health activities such as:

- preventing or controlling disease (such as cancer and tuberculosis), injury or disability;
- reporting vital events such as births and deaths;
- reporting child abuse or neglect;
- reporting adverse events or surveillance related food, medications, or defects or problems with products;
- notifying persons of recalls, repairs, or replacements of products they may be using;
- notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.

**Abuse and Neglect Reporting.** We may disclose your Health Information to a government authority that is permitted by law to receive reports of abuse, neglect or domestic violence.

**Lawsuits and Other Legal Proceedings.** We may disclose Health Information to courts, attorneys and court employees in the course of conservatorship, writs and certain other judicial or administrative proceedings. We may also disclose Health Information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, or other lawful process.

**Law Enforcement.** If asked to do so by law enforcement, and as authorized or required by law, we may release Health Information:

- To identify or locate a suspect, fugitive, material witness, certain escapees, or missing person;
- About a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death suspected to be the result of criminal conduct;
- About criminal conduct at The Child Center; and
- In case of a medical emergency, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also disclose medical information about patients of The Child Center to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** As required by law, we may disclose Health Information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities.

**Proactive Services for the President and Others.** As required by law, we may disclose Health Information about you to authorized federal offices so they may conduct special investigations or provide protection to the President, other authorized persons, or foreign heads of state.

**Inmates or Individuals in Custody.** If you are an inmate of a correctional institute or under the custody of law enforcement officials, we may release Health Information about you to the correctional institution as authorized or required by law. This release would be if 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.

**Psychotherapy Notes.** Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session, and that are separated from the rest of the individualism medical record.

Psychotherapy notes have additional protections under federal law and most uses or disclosures of psychotherapy require your written authorization.

**Marketing or Sale of Health Information.** Most uses and disclosures of your Health Information for marketing purposes or any sale of your Health Information would require your written authorization.

## **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

Other uses and disclosures of Health Information not covered by this Notice will be made only with your written authorization. If you authorize us to use or disclose your Health Information, you may revoke that authorization, in writing, at any time. However, the revocation will not be effective for information that we have already used and disclosed in reliance on the authorization.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

**Your Health Information is the property of The Child Center. You have the following rights regarding the Health Information we maintain about you:**

**Right to Inspect and Copy.** With certain exceptions, you have the right to inspect and/or receive a copy of your Health Information. If we have the information in electronic format then you have the right to get your Health Information in electronic format if it is possible for us to do so. If not we will work with you to agree on a way for you to get the information electronically or as a paper copy.

To inspect and/or receive a copy of your Health Information, you must submit a request in writing to The Child Center, Privacy Official, 3995 Marcola Road, Springfield, Oregon 97477. If you request a copy of the information, there is a fee for these services.

We may deny your request to inspect and/or to receive a copy in certain limited circumstances. If you are denied access to Health Information, in most cases, you may have the denial reviewed. Another licensed health care professional chosen by The Child Center will review your request and denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Request an Amendment or Addendum.** If you feel that Health Information we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record). You have the right to request an amendment or addendum for as long as the information is kept by or for The Child Center.

**Amendment.** To request an amendment, complete and submit a CLINICAL RECORD AMENDMENT/CORRECTION FORM to The Child Center, Privacy Official, 3995 Marcola Road, Springfield, Oregon 97477. You must be specific about the information that you believe to be incorrect or incomplete and you must provide a reason that supports the request.

We may deny a request for an amendment if it is not in writing, we cannot determine from the request the information you are asking to be changed or corrected or your request does not include a reason to support the change or addition. In addition, we may deny your request if you ask us to amend information that:

- Was not created by The Child Center.
- Is not part of the Health Information kept by or for The Child Center.
- Is not part of the information which you would be permitted to inspect and copy; or
- The Child Center believes to be accurate and complete.

**Addendum.** To submit an addendum, the addendum must be made in writing and submitted to The Child Center, Privacy Official, 3995 Marcola Road, Springfield, Oregon 97477. An addendum must not be longer than 250 words per alleged incomplete or incorrect item in your record.

**Right to an Accounting of Disclosures.** You have a right to receive a list of certain disclosures we have made of your Health Information.

To request this accounting of disclosures, you must submit your request in writing to The Child Center, Privacy Official, 3995 Marcola Road, Springfield, Oregon 97477. Your request must state a time period that may not be longer than the seven previous years. You are entitled to one accounting within any 12-month period at no cost. If you request a second accounting within that 12-month period, there will be a charge for the cost of compiling the accounting. We will notify you of the cost involved and you may choose to withdraw or to modify your request at that 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 your 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 of your care, such as a family member or friend.

To request a restriction, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF CLINICAL INFORMATION to The Child Center, Privacy Official, 3995 Marcola Road, Springfield, Oregon 97477. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, only to you and your spouse.

***We are not required to agree to your request*** except in the limited circumstances described below. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency care.

We are required to agree to a request not to share your information with your health plan if the following conditions are met:

1. We are not otherwise required by law to share the information;
2. The information would be shared with your insurance company for payment purposes;
3. You pay the entire amount due for the health care item or services out of your own pocket or someone else pays the entire amount for you.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about your Health Information in a certain way or at a certain location. For example, you may ask that we contact you only at home or only by mail.

To request confidential medical communications, you must make your request in writing to The Child Center, Privacy Official, 3995 Marcola Road, Springfield, Oregon 97477. 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 the Notice electronically, you are still entitled to a paper copy of this Notice.

Copies of this Notice are available throughout The Child Center.

**Right to be Notified of a Breach.** You have the right to be notified if we or one of our Business Associates discovers a breach of unsecured Health Information about you.

### **CHANGES TO – HEALTH SYSTEM'S PRIVACY PRACTICES AND THIS NOTICE.**

We reserve the right to change The Child Center's privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for Health Information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice throughout The Child Center. In addition, at any time you may request a copy of the current Notice in effect.

### **QUESTIONS OR COMPLAINTS**

If you have questions about this Notice, please contact Shannon Swanson, Privacy Official.

If you believe your privacy rights have been violated, you may file a complaint with The Child Center or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Shannon Swanson, Privacy Official. All complaints must be made in writing. **You will not be penalized for filing a complaint.**