

NOTICE OF PRIVACY PRACTICES

Effective Date: May 1, 2024

This notice describes how protected health information (PHI) about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice of Privacy Practices applies to the following organizations.



If you have any questions about this notice, please contact our Compliance Officer at 541-382-6633 x375, 1460 NE Medical Center Drive, Bend, OR 97701.

SECTIONS

- OUR USES AND DISCLOSURES
- YOUR CHOICES
- YOUR RIGHTS
- OUR RESPONSIBILITIES

► OUR USES AND DISCLOSURES

How do we typically use or share your health information? We may use or share your PHI for treatment, payment and operations (TPO) purposes.

Treat you (Treatment)

We can use your PHI and share it with other professionals who are treating you; use your PHI to contact you for appointments; share PHI electronically with your healthcare providers to ensure they have your information as quickly as possible.

Example: A doctor providing radiology services to you asks another doctor about your overall health condition.

Bill for your services (Payment)

We can use and share your PHI to bill and get payment from health plans or other entities.

Example: We may give information about you to your health insurance plan so it will pay for your services.

Run our organization (Operations)

We can use and share your PHI to run our practice, improve your care, and contact you when necessary.

Example: We may use health information about you to manage your treatment and ensure we are providing quality care.

OTHER USES AND DISCLOSURES

How else can we use or share your PHI? We are allowed or required to share your PHI in other ways without your authorization – usually in ways that contribute to the public good, such as public health and research. We have to meet certain conditions in the law before we can share your PHI for these purposes

Help with public health and safety issues

We can share PHI about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety.

Research

Under certain circumstances, we can use or share your PHI for health research. All research projects must be reviewed and approved by either an institutional review board (IRB) or privacy board

Comply with the law	We will share PHI about you if federal, state or local laws require it.
Respond to organ and tissue donation requests	If you are an organ donor, we can share PHI about you with organ procurement organizations.
Work with a medical examiner or funeral director	We can share PHI with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	We can use or share PHI about you: <ul style="list-style-type: none"> · For workers' compensation claims · For certain law enforcement purposes or with a law enforcement official · With health oversight agencies for activities authorized by law · For special government functions such as military, national security, and presidential protective services.
Respond to lawsuits and legal actions	We can share PHI about you in response to a court, administrative order or subpoena.

▶ **YOUR CHOICES**

USES AND DISCLOSURES FOR WHICH YOU MAY HAVE AN OPPORTUNITY TO OBJECT

For certain PHI, you can tell us your choices about what we share. If you have a clear preference for how we share your PHI in the situations described below, talk to us.

- In these cases, you have both the right and choice to tell us to:**
- Share PHI with family, friends or those involved in your care
 - Share PHI in a disaster relief situation to notify of your condition, health status and location.
 - Receive appointment reminders via text, voice mail or email.

In the above situations, if you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest

- In these cases, we MUST obtain your authorization, subject to the limited exceptions set forth in applicable law:**
- Use your PHI for marketing purposes
 - Sell your PHI
 - If we ever create or maintain PHI for a facility directory
 - If we ever create or maintain psychotherapy notes about you

You may revoke an authorization at any time, in writing, except to the extent that we have already taken action based on the use or disclosure permitted by the authorization.

If you need for us to share your PHI with someone for purposes other than those listed here, you should contact Medical Records for an authorization form.

▶ **YOUR RIGHTS, OUR RESPONSIBILITIES**

When it comes to your PHI, you have certain rights:

- Review and/or receive an electronic or paper copy of your medical record**
- You can ask to see or get an electronic or paper copy of your PHI, such as medical and billing records that we keep to make decisions about your care. Contact Medical Records.
 - We will provide a copy or a summary of your PHI, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Ask us to correct your medical record**
- You can ask us to correct PHI about you that you think is incorrect or incomplete. Contact Medical Records for correction form.
 - We may say "no" to your request, but we'll tell you why in writing within 60 days.

- Request confidential communications
 - We will accommodate reasonable requests to communicate with you by different methods or alternative locations

- Ask us to limit what we use or share
 - You can ask us not to use or share certain PHI for treatment, payment, or our operations. We are NOT required to agree to your request and we may say “no” if it affects your care.
 - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that PHI for the purpose of payment or our operations with your health insurer.
 - If we agree to a restriction, we will not use or disclose your PHI in violation of that restriction, unless it is needed for an emergency.
 - If a restriction is no longer feasible, we will notify you.

- Get a list of those with whom we've shared information
 - You can ask for a list (accounting) of the times we've shared your PHI for six years prior to the date you ask; who we shared it with, and why.
 - We will include all the disclosures except for those for TPO and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable fee if you ask for another one within 12 months.

- Get a copy of this privacy notice
 - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

- Choose someone to act for you
 - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI.
 - We will make sure the person has this authority and can act for you before we take any action.

- File a complaint if you feel your rights are violated
 - You can complain if you feel we have violated your rights by contacting our Compliance Officer (contact information on first page of this Notice).
 - You can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
 - We will not retaliate against you for filing a complaint.

When it comes to your PHI, we have certain responsibilities:

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know promptly if a reportable breach occurs that may have compromised the privacy or security of your PHI.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

CHANGES TO THE TERMS OF THIS NOTICE

- We can change the terms of this Notice
- We can apply those changes to all information we already have about you
- Each time you register for services, we will present this Notice and will have this Notice available for you to take with you, at your request.