

Columbia River Women's Clinic, LLC

NOTICE OF PRIVACY INFORMATION PRACTICES

Effective date: **APRIL 14, 2003** Date(s) of revision: _____

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.

Please contact our Privacy Officer at 541-298-1188 if you have any questions regarding this notice. You may also check with the receptionist for the Privacy Officer's name for Columbia River Women's Clinic, LLC at 1810 East 19th St. Suite 209, The Dalles, OR 97058

A. General description and purpose of notice.

This notice describes our information privacy practices and that of:

1. Any health care professional authorized to enter information into your medical record created and/or maintained at our office;
2. All office employees, staff, and other personnel.
3. In cooperation with Wasco/Sherman Public Health Department.

All of the individuals or entities identified above will follow the terms of this notice. These individuals or entities may share your health information with each other for purposes of treatment, payment, or health care operations, as further described in this notice.

B. Our facility's policy regarding your health information.

We are committed to preserving the privacy and confidentiality of your health information created and/or maintained at our office. Certain state and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your health information.

This notice will provide you with information regarding our privacy practices and applies to all of your health information created and/or maintained by this practice, including any information that we receive from other health care providers or facilities. The notice describes the ways in which we may use or disclose your health information and also describes your rights and our obligations regarding any such uses or disclosures. We will abide by the terms of this notice, including any future revisions that we may make to the notice as required or authorized by law.

We reserve the right to change this notice and 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 in our office. The first page of the notice contains the effective date and any dates of revision.

C. Uses or disclosures of your health information.

We may use or disclose your health information in one of following ways:

- (1) Pursuant to your written consent (for purposes of treatment, payment or health care operations)
- (2) Pursuant to your written authorization (for purposes other than treatment, payment or health care operations)
- (3) Pursuant to your verbal agreement (to discuss your health condition with family or friends who are involved in your care);
- (4) As permitted by law
- (5) As required by law

The following describes each of the different ways that we may use or disclose your health informa-

tion. Where appropriate, we have included examples of the different types of uses or disclosures. While not every use or disclosure is listed, we have included many of the ways in which we may make such uses or disclosures.

1. Uses or disclosures made pursuant to your consent.

We may use or disclose your health information for purposes of treatment, payment, or health care operations upon your receipt of our privacy notice.

a. Treatment. We may use your health information to provide you with health care treatment and services. We may disclose your health information to doctors, nurses, assistants, technicians, or other personnel who are involved in your health care. For example, your physician may order diagnostic tests, therapy or referral to another healthcare provider. Our physician/staff will need to talk with the referring entity so that we can coordinate services and develop a plan of care. We may also provide your subsequent healthcare provider or primary care provider with copies of various reports that should assist him or her in treating you. We also may disclose your health information to people outside of our facility who may be involved in your health care, such as family members, social services, or home health agencies.

i. Appointment reminders. We may use or disclose minimum health information for purposes of contacting you to remind you of a health care appointment, such as voicemail messages.

ii. Treatment alternatives, Health-related benefits and services. We may use or disclose your health information for purposes of contacting you to inform you of treatment alternatives or health-related benefits and services that may be of interest to you.

b. Payment. We may use or disclose your health information so that we may bill and collect payment from you, an insurance company, or another third party for the health care services you receive by our providers. For example, we may need to give information to your health plan regarding the services you received from Columbia River Women's Clinic, LLC so that your health plan will pay us or reimburse you for the services. We also may tell your health plan about a treatment you are going to receive in order to obtain prior approval for the services or to determine whether your health plan will cover the treatment.

c. Health care operations. We may use or disclose your health information in connection with quality assessment and improvement activities, business planning and development, medical reviews, legal services and auditing functions.

2. Uses or disclosures made pursuant to your written authorization.

We may use or disclose your health information pursuant to your written authorization for purposes other than treatment, payment or health care operations and for purposes, which are not permitted or required law. You have the right to revoke a written authorization at any time as long as your revocation is provided to us in writing. If you revoke your written authorization, we will no longer use or disclose your health information for the purposes identified in the authorization. You understand that we are unable to retrieve any disclosures, which we may have made pursuant to your authorization prior to its revocation. Examples of uses or disclosures that may require your written authorization include the following:

- a. Requests to provide certain health information to another health provider for purposes of transferring care or second opinion.
- b. Requests to provide your health information to an attorney for use in a civil litigation claim.
- c. Requests to provide your health information for purposes of obtaining life or medical insurance or disability benefits.

3. Uses or disclosures made pursuant to your verbal agreement.

We may use or disclose your health information, pursuant to your verbal agreement, for purposes of releasing information to persons involved in your care as described below.

a. Individuals involved in your care. We may disclose your health information to individuals, such as family and friends, who are involved in your care or who help pay for your care. We also may disclose your health information to a person or organization assisting in disaster relief efforts for the purpose of notifying your family or friends involved in your care about your condition, status and location.

b. Recommendations for alternative payment sources. Often we can help you with resources for care and payment for services but will involve a minimum amount of patient identity shared for the referral. For example the Breast and Cervical Cancer Program administered in each county.

4. Uses or disclosures permitted by law

Certain state and federal laws and regulations either require or permit us to make certain uses or disclosures of your health information without your permission. These uses or disclosures are generally made to meet public health reporting obligations or to ensure the health and safety of the public at large. The uses or disclosures, which we may make pursuant to these laws and regulations, include the following:

a. Public health activities. We may use or disclose your health information to public health authorities that are authorized by law to receive and collect health information for the

purpose of preventing or controlling disease, injury or disability. We may use or disclose your health information for the following purposes:

- i. To report suspected or actual abuse, neglect, or domestic violence involving a child or an adult
 - ii. To report adverse reactions to medications or problems with health care products
 - ii. To notify individuals of product recalls
 - iv. To notify an individual who may have been exposed to a disease or may be at risk for spreading or contracting a disease or condition
 - v. To report to the Cancer Registrar
- b. **Health oversight activities.** We may use or disclose your health information to a health oversight agency that is authorized by law to conduct health oversight activities. These oversight activities may include audits, investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.
- c. **Judicial or administrative proceedings.** We may use or disclose your health information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your health information pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if efforts have been made to (i) notify you of the request for disclosure or (ii) obtain an order protecting your health information.
- d. **Worker's compensation.** We may use or disclose your health information to worker's compensation programs when your health condition arises out of a work-related illness or injury.
- e. **Law Enforcement.** We may disclose health information for law enforcement purposes as required by law or in the response to a valid subpoena.
- f. **Research.** Under certain circumstances, we may use and disclose minimally necessary medical information about you for research purposes. All research projects are subject to a special approval process. In most instances, we will ask for your specific permission to use or disclose your health information before the researcher will have access to your name, address or other identifying information.
- g. **Military and veterans.** If you are a member of the armed forces, we may use or disclose your health information as required by military command authorities.
- h. **National security and intelligence activities.** We may use or disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.
- i. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your health information to the correctional institution or to the law enforcement official as may be necessary (i) for the institution to provide you with health care; (ii) to protect the health or safety of you or another person; or (iii) for the safety and security of the correctional institution.

We may use or disclose your information where such uses or disclosures are required by federal, state or local law.

D. Your rights regarding your health information

You have the following rights regarding your health information, which we create and/or maintain:

1. **Right to inspect and copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Generally, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy your health information, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy your health information in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed. Another licensed health care professional selected by our facility will review your request and the denial. The person conducting the review will not be the person who initially denied your request. We will comply with the outcome of this review.

2. **Right to request an amendment.** If you feel that the health information we have about you 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 our clinic.

To request an amendment, your request must be made in writing and submitted to the author of the entry. In addition, you must provide us with a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that

- a. was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- b. is not part of the health information kept by or for our clinic
- c. is not part of the information which you would be permitted to inspect and copy
- d. is accurate and complete

3. **Right to an accounting of disclosures.** You have the right to request an accounting of the disclosures, which we have made of your health information. This accounting will not include disclosures of health information that we made for purposes of treatment, payment, or health care operations.

To request an accounting of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period that may not be longer than six (6) years prior to the date of your request and may not include dates before April 14, 2003. Your request should indicate in what form you want to receive the accounting (for example, on paper or via electronic means). The first accounting that you request within a twelve (12)-month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the cost involved,

and you may choose to withdraw or modify your request at that time before any costs are incurred.

4. **Right to request restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for 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, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received.

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 emergency treatment to you.

To request restrictions, you must make your request in writing to our Privacy Officer. In your request, you must tell us (a) what information you want to limit; (b) whether you want to limit our use, disclosure or both; and (c) to whom you want the limits to apply (for example, disclosures to a family member).

5. **Right to request confidential communications.** You have the right to request that we communicate with you about your health care in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

6. **Right to a paper copy of this notice.** You have the right to receive 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 this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, contact our Privacy Officer or the receptionist.

E. Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information in response to a request you made to amend or restrict the use or disclosure of your health information, or to have us communicate with you by alternative means, you may complain to us via the contact information listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services, address provided upon request.

Contact: Privacy Officer
1810 East 19th Street, Suite 209
The Dalles, OR 97058
541-298-1188

All calls are kept confidential and are received by our Privacy Officer.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.