

## CHILDREN AND ADOLESCENTS CLINIC NOTICE OF PRIVACY PRACTICES EFFECTIVE DATE: 1/9/19

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 any questions about this notice, please contact the office manager at (541)779-1300  
All requests must be made in writing to the Privacy Officer at 2940 Doctors Park Drive Medford, OR 97504

### We may use and disclose your health information (PHI) for the following purposes:

- In the course of providing treatment such as faxing chart notes and test results to a specialist to whom we are referring you.
- For payment purposes such as sending your diagnosis codes to your insurance carrier to bill for a visit.
- For health care operations such as a facility directory or educating staff about your diagnosis to help care for you in the future.
- To avert a serious threat to the health or safety of yourself or another person, when required by law or law enforcement including court order or subpoena, to facilitate organ donation if you are a donor, and if de-identified.
- To "Business Associates" who provide services to our clinic and for research projects subject to special approval. We will ask permission before revealing personally identifiable information to a researcher or involving a researcher in your care.
- For workers compensation/similar programs, for public health reasons such as statutory reporting, for health oversight activities such as audits and inspections, and to coroners, medical examiners and funeral directors after death.
- For members of domestic or foreign armed services if required to do so by government authorities.
- To family members or friends (including personal representatives) if we obtain your verbal agreement or if we give you an opportunity to object and you do not. We may also disclose your PHI to your family or friends if we infer, based on our professional judgment, that you would not object. In situations where you are not capable of consenting such as absence or incapacity we may, using our professional judgment, determine that a disclosure to a family member or friend is in your best interest but will disclose only PHI relevant to the person's involvement in your care. We may also use our judgement to infer that it is in your best interest to allow another person to act on your behalf to pick up prescriptions, supplies etc.
- We may disclose your PHI to disaster relief organizations that seek it to coordinate your care or notify family/friends of your location/condition in a disaster but will provide you with an opportunity to object to this whenever we can practically do so.

We will not use or disclose your PHI for any purpose other than those above without your written authorization which you may request to revoke at any time. If revoked, we will no longer disclose PHI for the reasons covered by the authorization but cannot reverse previous disclosures. We will need written authorization from you most of the time to disclose PHI for marketing purposes, sell PHI, or to disclose certain types of specially-protected PHI such as HIV, substance abuse, mental health, and genetic testing information for purposes such as treatment, payment and healthcare operations.

### Your rights:

- You have the right to request to inspect, copy, or obtain a summary of your PHI. We may charge a reasonable fee for copies. We may deny your request and if so, you may request a review of the denial. If legally allowed, we will choose a licensed health care professional not involved in the denial to review it and abide by their decision.
- You have the right request that we amend your PHI possessed by us if you believe it is incorrect or incomplete. Your request may be denied if it does not include supporting information, the person creating the PHI is no longer here to amend it, we did not create the PHI, or the PHI is accurate and complete. If we deny your request, you have the right to submit a rebuttal and request it be made a part of your record. Your rebuttal needs to be less than two pages in length. We may rebut your rebuttal in the medical record. You have the right to request that all documents associated with the amendment request be transmitted to any other party when that portion of the medical record is disclosed.
- You have the right to request an "accounting of disclosures" of your PHI for no longer than 6 previous years for purposes other than treatment, payment, health care operations, or when specifically authorized by you plus some circumstances involving national security, correctional institutions and law enforcement. One list per 12 months is free.
- You have the right to request a restriction/limitation on the PHI we use/disclose about you for treatment, payment or health care operations, facility directories and to someone involved in your care or the payment for it, like a family member/friend. We are not required to agree to this except for PHI disclosure to your health insurer if all services/supplies were paid "out of pocket".
- You have the right to request that we communicate with you about PHI in a certain way or at a certain location such as only by mail or via your home phone number. We will do our best to accommodate reasonable requests.
- You have the right to a paper copy of this notice upon verbal request while in the office or written request by mail.

We are required to maintain the privacy of your PHI, provide you with a notice of legal duties and privacy practices with respect to PHI, notify affected individuals affected by a breach of unsecured PHI and abide by the terms of this notice. We reserve the right to make changes to our privacy policy and update this Notice accordingly making the revised Notice effective for any current PHI and any future PHI we possess. If you believe your privacy rights have been violated, you may file a complaint with our office by contacting the Privacy Officer at (541)779-1300 or with the Secretary of HHS. You will not be retaliated against for filing a complaint.