



NOTICE OF PRIVACY PRACTICES

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.

Neighborhood Health Center respects your privacy. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. All agents of NHC are responsible to abide by the terms and conditions of this notice, maintain the privacy of your personal health information and provide you with notice of NHC's legal obligations and privacy practices. This notice applies to the information and records we have about you, your health, health status, and the health care and services you receive at all Neighborhood Health Center primary care clinics, dental clinics, School Based Health Centers, and pharmacies. Your health information may include information created and received by Neighborhood Health Center, 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, diagnoses, 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 your health information and describes your rights and our obligations regarding the use and disclosure of that information.

OUR USES AND DISCLOSURES

We typically use or share your health information in the following ways:

For Treatment. We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, dentists, behaviorists, nurses, technicians, pharmacists, staff, or other NHC personnel who are involved in your care.

Example: A doctor treating you for an injury asks another doctor about your overall health condition to make sure they are making the right treatment decisions for you.

Different personnel in our organization may share information about you and disclose information to people who do not work for Neighborhood Health Center 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 of this office and may require information about you. We will request your permission before sharing health information with your family or caregivers unless you are unable to give permission to such disclosures due to your health condition.

For Payment. We may use and disclose health information about you to bill and get payment from health plans or other entities.

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

For Health Care Operations. We may use and disclose your health information to measure and improve the quality of our operations. Neighborhood Health Center or an authorized associate organization may contact you

for quality assessment and improvement activities using the method (i.e., phone, text, e-mail) you have authorized NHC to use.

Example: We review your health information to evaluate staff performance and determine training needs.

SPECIAL SITUATIONS

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues: We may use and disclose your health information in the following situations:

- 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

Comply with the law: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Research. We may use and disclose your health information 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 may identify you.

Organ and Tissue Donation. If you are an organ donor, we may release your health information to organizations that handle organ procurement.

Address workers' compensation, law enforcement, and other government requests: We may disclose your health information for the following purposes:

- Workers' compensation claims
- Law enforcement purposes
- Health oversight agencies for activities authorized by law.
- Special government function such as military, national security, and presidential protective services.

Lawsuits and Disputes. We may disclose your health information in response to a court or administrative order, or in response to a subpoena.

Coroners, Medical Examiners and Funeral Directors. We may release health information to a coroner, funeral director, or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Fund Raising. We may contact you for fundraising efforts, but you can ask that we do not contact you again.

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 to such a disclosure and you do not raise an objection. 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 discussed.

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.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information. If a breach occurs that may have compromised the privacy or security of your information, we will notify you promptly.

We must follow the duties and privacy practices described in this notice and give you a copy of it. In the case of patients who are minors, notice will be given to both the patient and the minor's parent or guardian. We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization. Written authorization is required for us to use your health information for marketing purposes, sharing of psychotherapy notes, and sale of your information. You may revoke that authorization, in writing, at any time. If you revoke your 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.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

ORGANIZED HEALTH CARE ARRANGEMENTS TERMS

Neighborhood Health Center is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org as a business associate of Neighborhood Health Center, OCHIN supplies information technology and related services to Neighborhood Health Center and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by Neighborhood Health Center with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present, and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

YOUR RIGHTS

You have the following rights regarding your health information:

Right to Inspect and Copy. You have the right to access your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written Release of Information to your NHC clinic to obtain a copy of your records.

Right to Amend. If you believe health information we have about you is incorrect or incomplete, you may ask us to correct that information. Ask us how to do this.

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

- We did not create, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information that we keep;
- You would not be permitted to inspect and copy;
- 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 purposes other than treatment, payment, health care operations, when specifically authorized by you and a limited number of special circumstances involving national security, correctional institutions and law enforcement.

To obtain this list, you must submit your request in writing to Billing Clerk. It must state a time period, which may not be longer than six years. Your request should indicate 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 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 you for treatment, payment or health care operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters 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, speak to your care team. 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.

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 it electronically, you are still entitled to a paper copy. You may also find a copy of this Notice on our web site.

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 health information. We will make sure the person has this authority and can act for you before we take any action.

CHANGES TO THIS NOTICE

We reserve 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. New notices will be available upon request in our office and on our website, nhcoregon.org.

QUESTIONS, CONCERNS, OR COMPLAINTS

If you have questions about this policy or believe your privacy rights have been violated, you may contact our us using the information below. You may also choose to 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/.

You will not be penalized for filing a compliant.

Neighborhood Health Center
ATTN: Risk and Compliance
7320 SW Hunziker Road, Suite 300
Portland, OR 97223
503-941-3087
concerns@nhcoregon.org