

**Your Rights Regarding Protected Health Information About You**

You have the following rights regarding protected health information we maintain about you:

**Right to Inspect and Copy:**

You have the right to inspect and obtain a copy of your protected health information, such as medical and billing records, that we keep and use to make decisions about your care. Copies of your protected health information may be obtained in an electronic or paper format depending on your request if it is readably producible in such form and format. If not, copies will be provided in an alternative readable hard or electronic copy as agreed to by us and you. You must submit a written request to your clinic in order to inspect or obtain a copy of your protected health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy records in certain limited circumstances. If you are denied copies of or access to protected health information that we keep about you, you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

**Right to Amend:**

If you believe protected 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 as long as this office keeps the information.

To request an amendment, complete and submit a Patient Rights Form, Section 3 (sent to the Compliance Officer at the address listed on this notice).

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 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 protected 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 have made of medical information about you for purposes other than treatment, payment, healthcare operations and a limited number of special circumstances involving national security, correctional institutions and law enforcement. This list will also exclude any disclosures we have made based on your written authorization.

To obtain this list, you must submit your written request sent to the Compliance Officer at the address listed on this notice. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list, (for example, on paper or electronically). The first list you request within a 12 month period will be free of

charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and at that time you may choose to withdraw or modify your request before any costs are incurred.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the protected 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 protected health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. You also have the right to restrict disclosures of protected health information to a health plan where you have paid out of pocket for services in full.

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 you emergency treatment or we are required by law to use or disclose the information.

To request restrictions, you may complete and submit the Patient Rights Form, Section 2 (sent to the Compliance Officer at the address listed on this notice).

**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, you may complete and submit the Patient Rights Form, Section 5 (sent to the Compliance Officer at the address listed on this notice). 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 paper copy of our Notice of Privacy Practices at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy.

To obtain such a copy, contact your medical office, or the Compliance Officer at the phone number or address listed on this notice.

**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. We will post the current version in the office with its effective date in the top right hand corner of the first page. We will also post the current version on our website. You are entitled to a copy of the notice currently in effect.

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact our Compliance Officer at the phone number or address listed on the first page of this notice. You will not be penalized for filing a complaint.

**THE OREGON CLINIC, P.C.**

Administrative Office  
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Portland, OR 97232

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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 questions about this notice, please contact our Compliance Officer at 503.963.2843 or by mail to the address listed above.

**Who Will Follow This Notice**

This notice describes the privacy practices followed by The Oregon Clinic providers and employees.

**Your Protected Health Information**

This notice applies to the information and records we have about your health status and the health care services you receive at our office. Your health record may include information created and received by our office; it may be in the form of written or electronic records, or spoken words. Your records may include information about your health history and status, symptoms, examinations, tests ordered, test results, treatments, procedures, diagnoses, medications, related billing activity and similar types of health related information.

We are required by law to maintain the privacy of protected health information, to give you this notice, and to notify affected individuals following a breach of unsecured protected health information. It explains how we may use and disclose protected health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

## **How We May Use and Disclose Health Information About You**

We may use and disclose protected health information for the following purposes:

**For Treatment:** We may use protected health information about you to provide you with medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may view your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition to determine the most appropriate care.

Personnel in our office may disclose information about you to people who do not work in our office 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 this office and may require information about you.

**For Payment:** We may use and disclose protected health information about you so treatment and services you receive from us may be billed, and payment made from you, an insurance company or a third party.

For example, we may need to tell your health plan about a proposed treatment to obtain prior approval, or to determine whether your plan will pay for the treatment.

**For Health Care Operations:** We may use and disclose protected health information about you to ensure that you and our other patients receive quality care.

For example, we may use your protected health information to evaluate the performance of our staff in caring for you. We may also use protected health information about all or some of our patients to help us decide what additional services should be offered, how we can become more efficient, or whether certain new treatments or medications are effective.

We may also disclose your protected health information to health plans that provide you with insurance coverage and other health care providers who care for you. Our disclosures of your protected health information to your health plan and other providers may be used to improve care, reduce cost, coordinate services and comply with the law.

**Treatment Alternatives:** We may tell you about or recommend possible treatment options or alternatives that may be of available to you.

**Health Related Products and Services:** We may tell you about health related products or services that may be of interest to you. Please notify us if you do not wish to be contacted for appointment reminders or if you do not wish to receive communications about treatment alternatives or health related products and services. Please send your written request to the Compliance Officer at the address listed on this notice.

## **Special Situations**

We may use or disclose protected health information about you for the following purposes, subject to all applicable legal requirements and limitations:

**To Avert a Serious Threat to Health or Safety:** We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Required by Law:** We will disclose protected health information about you when required to do so by federal, state or local law.

**Research:** We may use and disclose protected health information about you 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 information that identifies who you are, or if the researcher will be involved in your care at our office.

**Organ and Tissue Donation:** If you are an organ donor, we may release protected health information to organizations that handle organ procurement, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

**Military, Veterans, National Security and Intelligence:** If you are or were a member of the armed forces or part of the national security or intelligence communities, we may be required by military command or other government authorities to release protected health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation:** We may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks:** We may disclose protected health information about you for public health reasons in order to prevent or control disease, injury or disability; to report births and deaths; to report suspected abuse or neglect, or non-accidental physical injuries; to report reactions to medications or problems with products.

**Health Oversight Activities:** We may disclose protected health information to a health oversight agency for audits, investigations, inspections or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs and compliance with civil right laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose protected health information about you in response to a subpoena.

**Law Enforcement:** We may release protected health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

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

**Information Not Personally Identifiable:** We may use or disclose protected health information about you in a way that does not personally identify you or reveal who you are.

**Family and Friends:** We may disclose protected 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 protected health information to your family or friends if we can infer from circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your protected 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 use our professional judgment and determine that a disclosure to your family member or friend is in your best interest. In those situations, we will disclose only protected health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the hospital that you suffered a stroke and provide updates on your progress and prognosis. We may also use our professional judgment to recommend that it's in your best interest to allow another person to act on your behalf, to drive you to appointments, pick up prescriptions and/or medical supplies or x-rays.

**Fundraising:** We may use or disclose your protected health information for limited fundraising purposes. You have the right to opt-out of fundraising communications.

**Other Uses and Disclosures of Protected health information:** We will not use or disclose your protected health information for any purpose other than those identified in the previous sections without your written authorization. We will not use or disclose your protected health information without your authorization related to: (i) uses and disclosures for marketing purposes; (ii) uses and disclosures that constitute a sale of protected health information (iii) most uses and disclosures of psychotherapy notes; and (iv) other uses and disclosures not described in this notice. If you give us authorization to use or disclose protected health information about you, you may revoke that authorization at any time. This must be done in writing, sent to the Compliance Officer at the address listed on this notice. 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.

In some instances we may need written authorization for you in order to disclose certain types of specially protected information such as HIV, substance abuse, mental health or genetic testing information.