

CENTER FOR FAMILY DEVELOPMENT NOTICE OF PRIVACY PRACTICES

This notice describes how clinical 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 CFD's Contact Person, Shanti Rios at 1258 High Street, Eugene, OR 97401, 541/342-8437.

Who Will Follow This Notice

This notice describes the privacy practices followed by all CFD employees.

Your Health Information

This notice applies to the information and records we have about your health, status, and the health services you receive at this office. Your health information may include information created and received by this office, 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, diagnoses, services, procedures, 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 protected health information (PHI) about you and describe your rights and our obligations regarding the use and disclosure of that information.

How We May Use and Disclose Health Information About You Without Your Authorization

For Treatment. We may use health information about you to provide you with clinical services. We may disclose health information about you to other health care providers who are involved in your services. For example, information may be shared to create and carry out a plan for your services.

For Payment. We may use and disclose health information about you to get payment or to pay for the services you receive. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a service you are going to receive to obtain prior approval or to determine whether your plan will pay for services.

For Health Care Operations. We may use and disclose health information about you in order to run the office and make sure that you and our other clients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you or to help us decide what additional services we should offer.

Required By Law and for Law Enforcement. We will disclose health information about you when required to do so by federal, state or local law or in response to a court order.

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

For Drug and Alcohol Program Clients: Federal and State law require your written consent each time we release health information. The Consent will specify who is to receive the information, the purpose of the release of information, and a time period after which the Consent will terminate. You may change or cancel a Consent at any time. However, if we are unable to fulfill our requirements related to services, payment or health care operations, we may choose to discontinue providing you with health care services.

In most instances, we will need specific, written authorization from you in order to disclose mental health information; drug/alcohol diagnosis, treatment or referral information; HIV/AIDS information; or genetic testing information, including situations listed below.

Uses and Disclosures in Special Situations

We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations. Please notify us if you do not wish to be contacted for appointment reminders, or if you would not like to receive information about other health services. If you advise us **in writing** that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

Appointment Reminders. We may contact you as a reminder that you have an appointment for services at our office.

Alternative Health Services. We may tell you about other possible service options that may be of interest to you.

Research. We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your written permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

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

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 health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. This is not relevant for clients in the Adult and Youth Recovery Programs.

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

Health Oversight Activities. We may disclose 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 rights laws.

Family and Friends. We may disclose health information about you to your family members or friends if you so choose. In addition, 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 room during services or while services are 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. For example, we may inform the person who accompanied you to the emergency room of your health status.

Other Uses and Disclosures Require Your Written Authorization

We will not use or disclose your health information for any purpose other than those listed above without your specific, written *Authorization*. If you give us *Authorization* to use or disclose health information about you, you may cancel that *Authorization*, **in writing**, at any time. If you cancel 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 made before your cancelled the *Authorization*.

Your Privacy Rights

Right to Inspect and Copy

- In many cases, you have the right to look at and copy your health information, such as clinical records that we keep.
- You must submit a written request to CFD's Contact Person, in order to look at and/or copy records. We may charge a fee for the costs of copying, mailing or supplies.
- We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied copies of or access to 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 health information we have about you is incorrect or incomplete, you may ask us to correct or update the information. You have the right to request this change as long as the information is kept by this office.
- To request an amendment, complete and submit a "Clinical Record Amendment/Correction Form" to CFD's Contact Person.
- 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. If your request is denied, we will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial. In addition, we may deny your request if you ask us to amend information that:
 - We did not create, unless the person or agency that created the information is no longer available to make the change
 - 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 a List of Disclosures

- You have the right to request a list, or an "accounting" of disclosures. This is a list of the disclosures we made of clinical information about you for purposes other than treatment, payment, health care operations, and the special circumstances involving national security, correctional institutions and law enforcement listed above. The list will not include the disclosures that were made with your written authorization.
- To obtain this list, you must submit your request **in writing** to CFD's Contact Person. It must state a time period, which may not be longer than seven years and may not include dates before April 14, 2003. Your request should indicate how 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 can decide if you want the list or not.

Right to Request Restrictions.

- You have the right to request a limitation on the health information we use or disclose about you for treatment, payment or health care operations. For example, you could ask that we not use or disclose specific information to a particular party.
- **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 services.
- To request restrictions, you may complete and submit the "Request for Restriction on Use/Disclosure of Clinical Information" to CFD's Contact Person.

Right to Request Confidential Communications.

- You have the right to choose how we communicate with you. 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 "Request for Restriction on Use/Disclosure of Clinical Information and/or Confidential Communication" to CFD's Contact Person. You do not have to explain the reason for your request. We will accommodate all reasonable requests. Your request should state how you would like to be contacted by us.

Right to a Paper Copy of This Notice.

You will be given a copy of this notice. If you have not received a copy of it, you may request a copy at any CFD office location.

Changes to This Notice

Changes may be made to this notice. We will post a summary of the current notice in the office with its effective date in the top right hand corner. 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 Shanti Rios, Assistant Director / Contact Person at 1258 High Street, Eugene, OR 97401 or 541/342-8437. You will not be penalized for filing a complaint.