

**Notice of Privacy Practices  
of  
Links 4 Health**

**An initiative of HealthMatters of Central Oregon**

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.

*This privacy notice is effective as of February 2010*

*Privacy Law*

At HealthMatters of Central Oregon, we are committed to protecting the privacy rights of our enrollees. You have a variety of rights under the federal law known as HIPAA, the Health Insurance Portability and Accountability Act of 1996, and the related Privacy Rule published by the U.S. Department of Health and Human Services. Those rights are described in this notice.

Under the HIPAA and the Privacy Rule, we have certain obligations:

- We are required by law to maintain the privacy of protected health information.
- We must provide you with this notice of our legal duties and privacy practices with respect to your protected health information.
- We are required to abide by the terms of the privacy notice currently in effect.

*We reserve the right, when we change a privacy practice, to change the terms of our notice and to make the new notice provisions effective for all protected health information that we maintain. If we do update our policy, we will provide you with a new notice by sending you a copy and or by updating our website of the latest policy.*

*What is Protected Health Information?*

*Health information* includes more than just information about medical procedures. The term includes all information that relates to:

- The past, present, or future physical or mental health or condition of an individual.
- The provision of health care to an individual.
- The past, present, or future payment for the provision of health care to an individual.

Health information that identifies an individual or which can probably be used to identify the individual is protected by law. This protected health information is known as PHI.

#### WHEN WE CAN USE HEALTH INFORMATION

##### *WITHOUT WRITTEN AUTHORIZATION OR REACTION FROM YOU*

In the following circumstances, we are permitted to use or disclosure health information without obtaining written consent (called “authorization”), or without giving you a chance to object or agree to the use of disclosure.

**FOR TREATMENT.** *Treatment* means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another. If we refer you to a specialist, we will provide your relevant files to that specialist.

**FOR PAYMENT.** *Payment* means both the activities undertaken by a health care provider or health coverage plan to obtain or provide reimbursement for the provision of health care; and by a health coverage plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health coverage plan. For instance, we will share and obtain necessary information to coordinate payment for your doctor visits.

**FOR HEALTH CARE OPERATIONS.** *Health care operations* include (1) conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines; (2) reviewing the competence or qualifications of care professionals and plans evaluating practitioner and provider performance; or (3) certain underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. For instance, we may occasionally share your information with the managing doctor, nurse or social worker in this clinic when we are reviewing the work of our staff. In addition we may disclose your information to third party business associates who perform billing, consulting or transcription, or other services for our program.

**TO HEALTH OVERSIGHT AGENCIES SUCH AS STATE AND FEDERAL REGULATORY AGENCIES.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

TO SUPPORT PUBLIC HEALTH ACTIVITIES. These activities typically include reports to such agencies as the Oregon Department of Human Services as required or authorized by state law. These reports may include, but not necessarily be limited to, the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse or neglect. We will only make this disclosure if the patient agrees or when required or authorized by law.
- To the Food and Drug Administration relative to adverse events concerning food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

*USES AND DISCLOSURES THAT WE MAY MAKE UNLESS YOU OBJECT*

APPOINTMENT REMINDERS. We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care.

TREATMENT ALTERNATIVES. We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

HEALTH-RELATED BENEFITS AND SERVICES. We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

FAMILY OR FRIENDS INVOLVED IN YOUR CARE. Health professionals, using their best judgment, will disclose to a family member or close personal friend, or anyone else you identify, health information relevant to that person's involvement in your care. We may also give information to someone who helps pay for your care. If you do not want us to make these disclosures, you must notify us in writing, Attention Privacy Officer, 2525 NE Twin Knolls Dr, Bend, OR 97701.

IN THE EVENT OF A DISASTER. We may disclose health information about you to other health care providers and to an entity assisting in a disaster relief effort to coordinate care and so that your family can be notified about your condition and location. If you do not want us to make these disclosures, you must notify us in writing; Links 4 Health, Attention Privacy Officer, 2525 NE Twin Knolls Drive, Bend, OR 97701.

#### *USES REQUIRING YOUR CONSENT*

We may make certain other uses and disclosures of your health information that require your consent. We will only make these uses or disclosures with your written authorization. You may revoke this authorization in writing at any time. However, the revocation does not affect actions taken before we receive it.

#### *OTHER PRIVACY RIGHTS YOU CAN EXERCISE*

You have a variety of rights under HIPAA and the Privacy Rule, that you may choose to exercise. These consist of:

- The right to request restrictions on certain uses and disclosures of protected health information. For example, you can ask us to restrict use or disclosure of PHI to business associates or for referral to other organizations. We are not obligated to agree to these restrictions. If we do agree, we must honor that agreement (except in certain emergency situations).
- The right to receive confidential communications of protected health information. For instance, you may wish to be contacted only at home and not at work, or vice versa. For instance, if you request us to contact you only at a specific address or telephone number, we will make every effort to accommodate reasonable requests, and have an obligation to comply if you tell us that noncompliance may endanger you.
- You can inspect and copy the protected health information we have in our files.
- You can request amendment of any inaccurate protected health information.
- On request, you can receive an accounting of the disclosures of protected health information that we have made.
- Even if you have agreed to receive privacy notices electronically, you can have, on request, a paper copy of any notice.

*PRIVACY COMPLAINTS*

If you have a complaint about privacy matters, please let us know. You can make a complaint by writing or emailing our Privacy Officer.

You may also contact the Office for Civil Rights of the federal Department of Health and Human Services. You will find information about the HIPAA complaint procedure on their website (<http://www.hhs.gov/ocr/privacyhowtofile.htm>). You can call toll-free for assistance at: 1-800-368-1019.

We will not retaliate against you in any way for making a privacy complaint.

*CONTACT INFORMATION*

If you have any questions, or need further information, or wish to make a privacy complaint, please contact our Privacy Officer(s) as follows:

Telephone: 541-647-1765 x301

Fax: 541-647-1811

Email: [rebekah@helathmattersco.org](mailto:rebekah@helathmattersco.org)

Mail: 2525 NE Twin Knolls Drive, Bend, OR 97701

*ACKNOWLEDGMENT OF RECEIPT*

*OF PRIVACY POLICY*

I, \_\_\_\_\_ [name] have received a copy of the Privacy Policy of HealthMatters of Central Oregon.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_