



Notice of Privacy Practices

(Encompassing Multiple Sites Managed or Owned by CCC)

Administrative Office
232 N.W. 6th Avenue
Portland, OR 97209
(503) 294-1681

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 Director of Risk Management at (503) 294-1681, located at the above address.

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information. Protected Health Information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all Protected Health Information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment. You can also find a copy of our Notice of Privacy Practices on our web site at: www.centralcityconcern.org.

How We May Use and Disclose Your Protected Health Information

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

A. Treatment

We may use protected health information about you to provide you with medical treatment or services. We may disclose this 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 use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as telephoning 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 that we have.

B. For Payment

We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to you and payment may be collected from you, an insurance company or third party.

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 treatment you are going to receive to obtain prior approval, or to determine whether your plan will pay for the treatment.

C. 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 patients receive quality care.

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

We may also disclose your health information to health plans that provide you insurance coverage and other health care providers that care for you. Our disclosures of your health information to plans and other providers may be for the purpose of helping these plans and providers provide or improve care, reduce cost, coordinate and manage health care and services, train staff and comply with the law.

D. Appointment Reminders

We may contact you as a reminder that you have an appointment for treatment or medical care at the office.

a. Treatment Alternatives

We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

b. 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. If you advise us in writing (at the address listed at the top of this notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

Special Situations

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

c. 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 the public or another person.

d. Required by Law

We will disclose health information about you when required to do so by federal, state or local law. We will attempt to notify you about the disclosure unless expressly barred by a court or administrative order.

e. 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 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.

D. Organ and Tissue Donation

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

E. 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.

a. 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.

b. 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.

c. 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.

d. Lawsuits and Disputes

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

e. Law Enforcement

We may release 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.

f. Coroners, Medical Examiners, and Funeral Directors

We may release 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.

g. 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.

h. Others Involved In Your Healthcare

We will provide you the opportunity to object to such releases but unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care, your general condition or your death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster

relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

i. Emergencies

We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably feasible after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

j. Communication Barriers

We may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Other Uses and Disclosures of Health Information

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. If you give us Authorization to use or disclose health information about you, 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.

In some instances, we may need specific, written, authorization from you in order to disclose certain types of specially-protected information such as HIV, substance abuse, mental health, and genetic testing information for most of the areas where we may disclose your information referenced above. If we obtain your authorization, your information may not continue to be covered by the protections outlined in federal and state law, except for information about alcohol and chemical dependency diagnosis or treatment. In the case of alcohol and chemical dependency diagnosis and treatment, any party we disclose information to about such diagnosis and treatment is required to obtain your authorization before re-disclosing such information.

Your Rights Regarding Health Information About You

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

k. Right to Inspect and Copy

You have the right to inspect and copy 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 request to the Medical Records Department or the Privacy Officer in order to inspect and/or copy records of your health information. The appropriate form for this request is available from the Medical Records Department or the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other associated supplies which we will communicate to you prior to making a copy of your health information. You may also request a summary of the information contained in your health record. If you request a summary, we may also charge a fee which will be communicated to you before we create the summary.

We may deny your request to inspect and/or copy records 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.

l. Right to Amend

If you believe 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 the information is kept by this office.

To request an amendment, complete and submit a **Medical Record Amendment and/or Correction Form** to the Privacy Officer.

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:

1. We did not create, unless the person or entity that created the information is no longer available to make the amendment.
2. Is not part of the health information that we keep
3. You would not be permitted to inspect and copy
4. Is accurate and complete.

If we deny completely or in part your request for amendment, you have the right to submit a rebuttal that will be placed in your record. We also have the right to formally respond to your rebuttal and place a copy in your file. You also have the right to request any information about your request for amendment, including your rebuttal, be included with any request by someone outside Central City Concern. We must honor that request.

m. 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, disclosures you have specifically authorized, 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 the Privacy Officer. 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, 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.

n. 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. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member, friend or other provider. For example, you could ask that we not use or disclose information about a surgery you had.

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 Request For Restriction On Use/Disclosure of Medical Information to the Medical Records Department or the Privacy Officer. You may revoke any granted requests for restriction at any time. If a request for restriction is granted, it only applies to information provided following receipt and approval of your request.

o. 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 Request For Restriction On Use/Disclosure of Medical Information and/or Confidential Communication to the Privacy Officer. 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.

p. 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.

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. If the changes are significant, we will notify you at your next scheduled appointment. The current notice will be made available in the office and on the Central City Concern website with its effective date. 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 the HIPAA Coordinator at (503) 294-1681. You will not be penalized for filing a complaint. To file a complaint with the Secretary of the Department of Health and Human Services, send your complaint to:

Office for Civil Rights Region X
U.S. Department of Health & Human Services
2201 Sixth Avenue - Mail Stop RX-11
Seattle, WA 98121
(206) 615-2290; (206) 615-2296 (TDD)
(206) 615-2297 FAX

Instruction to staff: Remove this sheet and place in the client's file.

Acknowledgment of Receipt: I understand the **Notice of Privacy Practices** and have received a copy for my records or I was offered to receive a copy but declined knowing I can obtain a copy at anytime. I freely and voluntarily consent to participate in the services provided by CCC as they have been outlined to me, including privacy policies, CCC's obligations, my obligations, and my rights.

Full Name of Client (**please print**):

Signature/Mark of Consumer or Guardian/Parent

Date

For People Who Cannot Read:

I have read this form to the client. He/she understands it and has signed it freely and voluntarily.

Signature of Staff

Date

Staff Printed Name

If client refuses to sign but agrees to receipt of NPP, this section must be completed

For CCC Staff to complete

Client or guardian/ parent read/was read this form in my presence on ____/____/____
(date)

and agrees to receipt but declined to sign it because _____

If applicable, client's insurer or Medicaid Managed Care provider, _____,
(name of insurer/MMC provider)

was notified of his/her refusal to sign on ____/____/____. Mark "N/A" if not applicable.
(date)

Signature of Staff

Date

Staff Printed Name and Credentials