

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

In this notice we use the terms "we," "us," "our," and "CCCHS" to describe Central City Concern Health Services. For more details, please refer to section IV of this notice.

I. What is "Protected Health Information?"

Your protected health information ("PHI") is health information that contains identifiers, such as your name, Social Security number, or other information that reveals who you are. For example, your medical or dental record is PHI because it includes your name and other identifiers. If you are a CCCHS patient or client and also an employee of any CCC entity, PHI does not include the health information in your employment records.

II. About our responsibility to protect your PHI

By law, we must:

- protect the privacy of your PHI;
- tell you about your rights and our legal duties with respect to your PHI; and
- tell you about our privacy practices and follow our notice currently in effect.

We take these responsibilities seriously and, as in the past, we will continue to take appropriate steps to safeguard the privacy of your PHI.

III. Your rights regarding your PHI

This section tells you about your rights regarding your PHI, for example, your health and billing records. It also describes how you can exercise these rights.

• Your right to see and receive copies of your PHI: In general, you have a right to see and receive copies of your PHI in designated record sets such as your medical record or billing records. If you would like to see or receive a copy of such a record, please request a copy of CCCHS Form #312, Request to Inspect or Obtain of a Copy of Medical Records or CCCHS Form #315, Request to Inspect or Obtain a Copy of Mental Health Records, complete the form, and submit it to medical records staff at your treatment location or to the Director of Quality and Compliance at 232 NW Sixth Ave, Portland 97209. After we receive your written request, we will let you know when and how you can see or obtain a copy of your record.

If you agree, we will give you a summary or explanation of your PHI instead of providing copies. We may charge you a fee for the copies, summary, or explanation. If we don't have the record you asked for, but we know who does, we will tell you who to contact to request it. In limited situations, we may deny some or all of your request to see or receive copies of your records, but if we do, we will tell you why in writing and explain your right, if any, to have our denial reviewed.

- Your right to choose how we send PHI to you: You may ask us to send your PHI to you at a different address
 (for example, your work address) or by different means (for example, fax instead of regular mail). If the cost of
 meeting your request involves more than a reasonable additional amount, we are permitted to charge you our
 costs that exceed that amount.
- Your right to correct or update your PHI: If you believe there is a mistake in your PHI or that important
 information is missing, you may request that we correct or add to the record. You may discuss your request with

your provider or submit your request in writing. To make a written request, ask for a copy of CCCHS Form #308, *Medical Records Amendment or Correction*, complete the form, and submit it to medical records staff at your treatment location or to the Director of Quality and Compliance at 232 NW Sixth Ave, Portland 97209. We will respond in writing after receiving your written request. If we approve your request, we will make the correction or addition to your PHI. If we deny your request, we will tell you why and explain your right to file a written statement of disagreement.

- Your right to an accounting of disclosures of PHI: You may ask us for a list of our disclosures of your PHI. Write to the Director of Quality and Compliance at 232 NW Sixth Ave, Portland 97209. The list we give you will include disclosures made in the last six years, unless you request a shorter time or if less than six years have passed since you began receiving services from CCCHS. You are entitled to one disclosure accounting in any 12-month period at no charge. If you request any additional accountings less than 12 months later, we may charge a fee. An accounting does not include certain disclosures: for example, disclosures to carry out treatment, payment, and health care operations; disclosures that occurred prior to April 14, 2003; disclosures for which CCCHS had a signed authorization; disclosures made by CCC entities other than CCCHS; disclosures of your PHI to you; disclosures from a facility directory; disclosures for notifications for disaster relief purposes; or disclosures to persons involved in your care and persons acting on your behalf.
- Your right to request limits on uses and disclosures of your PHI: You may request that we limit our uses and disclosures of your PHI for treatment, payment, and health care operations purposes. We will review and consider your request. You may write to the Director of Quality and Compliance at 232 NW Sixth Ave, Portland 97209, for consideration of your request.
- Your right to receive a paper copy of this notice: You also have a right to receive a paper copy of this notice upon request.

IV. CCCHS programs and sites subject to this notice

This notice applies to Central City Concern Health Services:

- Benefits and Entitlements Specialist Team
- Central City Concern Health Improvement Projects (CHIPs) Team
- Central City Concern Hooper Inebriate Emergency Response Service (CHIERS)
- Central City Concern Recovery Center
- Central City Concern Sobering Station
- Community Engagement Program

- Eastside Concern
- Hooper Detoxification Stabilization Center
- Letty Owings Center
- Old Town Clinic
- Old Town Recovery Center
- Puentes/Esperanza Juvenil
- Recuperative Care Program

To provide you with the health care you expect, to treat you, to pay for your care, and to conduct our operations, such as quality assurance, accreditation, licensing, and compliance, these CCCHS programs and sites share your PHI with each other. Our personnel may have access to your PHI either as employees, professional staff members of CCCHS facilities, and others authorized to enter information in a CCCHS health record, volunteers or persons working with us in other capacities. As a provider committed to providing a full spectrum of integrated health, recovery, and support services, Central City Concern may use and disclose your information among its programs in order to make decisions about, and plan for, your care and treatment as well as to refer to, consult with, coordinate among, and manage along with other healthcare providers for your care and treatment. This may include any or all of the programs listed below. If you do not want your information shared with one or more of the CCC programs listed above, please contact the Director of Quality and Compliance at 232 NW Sixth Ave, Portland 97209, or 503-294-1681.

V. How we may use and disclose your PHI

Your confidentiality is important to us. Our providers and employees are required to maintain the confidentiality of the PHI of our clients and patients, and we have policies and procedures and other safeguards to help protect your PHI from improper use and disclosure. Sometimes we are allowed by law to use and disclose certain PHI without your written

permission. We briefly describe these uses and disclosures below and give you some examples. How much PHI is used or disclosed without your written permission will vary depending, for example, on the intended purpose of the use or disclosure. Sometimes we may only need to use or disclose a limited amount of PHI, such as to send you an appointment reminder. At other times, we may need to use or disclose more PHI such as when we are providing medical treatment.

- Treatment: This is the most important use and disclosure of your PHI. For example, our physicians, nurses, and other health care personnel (including trainees) involved in your care use and disclose your PHI to diagnose your condition and evaluate your health care needs. Our personnel will use and disclose your PHI in order to provide and coordinate the care and services you need: for example, prescriptions, X-rays, and lab work. If you need care from health care providers who are not part of CCCHS, such as hospitals or community resources to assist with your health care needs at home, we may disclose your PHI to them.
- Treatment alternatives and health-related benefits and services: In some instances, the law permits us to contact you: 1) to describe our services 2) for your treatment; 3) for case management and care coordination; or 4) to direct or recommend available treatment options, therapies, health care providers, or care settings. For example, we may tell you about a new drug or procedure or about educational or health management activities.
- Payment: Your PHI may be needed to determine our responsibility to pay for, or to permit us to bill and collect
 payment for, treatment and health-related services that you receive. If you are insured but choose to pay in full
 for certain services yourself, we may not disclose information about those services to your insurer.
- Health care operations: We may use and disclose your PHI for certain health care operations, for example, quality assessment and improvement, training and evaluation of health care professionals, licensing, accreditation, and determining costs of providing health care.
- **Business associates:** We may contract with business associates to perform certain functions or activities on our behalf, such as payment and health care operations. These business associates must agree to safeguard PHI.
- **Appointment reminders:** Your PHI allows us to contact you about appointments for treatment or other health care you may need.
- Specific types of PHI: There are stricter requirements for use and disclosure of some types of PHI, for example, drug and alcohol addiction treatment information, mental health, and HIV or genetics testing information. However, there are still circumstances in which these types of information may be used or disclosed without your authorization. If you are a client in our chemical dependency program, please see section IX of this notice.
- Coordinated Care Organizations: If you are insured by a member of a CCO, there are times when we must share
 your general PHI within the CCO, including to other health care providers and hospitals that are CCO members.
 General PHI includes most protected health information but excludes HIV/AIDS, genetic testing, and chemical
 dependency treatment information. We are required to share general PHI for purposes such asservice delivery,
 care coordination, service planning, transitional services, and reimbursement. We may share other types of PHI,
 including HIV/AIDS or genetic testing information, within the CCO for whole-person care, including diagnosis
 information. We will not release chemical dependency treatment or referral information without your
 authorization.
- Communications with family and others when you are present: Sometimes a family member or other person involved in your care will be present when we are discussing your PHI with you. The person will be asked to sign a Visitor Confidentiality Agreement before being present when we are discussing your PHI with you. If you object, please tell us and we won't discuss your PHI or we will ask the person to leave.
- Communications with family and others when you are not present: There may be times when it is necessary to disclose your PHI to a family member or other person involved in your care because there is an emergency, you

are not present, or you lack the decision-making capacity to agree or object. In those instances, we will use our professional judgment to determine if it's in your best interest to disclose your PHI. If so, we will limit the disclosure to the PHI that is directly relevant to the person's involvement with your health care.

- **Disclosure in case of disaster relief:** We may disclose your name, city of residence, age, gender, and general condition to a public or private disaster relief organization to assist disaster relief efforts, unless you object at the time.
- Disclosures to parents as personal representatives of minors: In most cases, we may disclose your minor child's
 PHI to you. In some situations, however, we are permitted or even required by law to deny you access to your
 minor child's PHI. An example of when we must deny such access is if your minor child (14 years or older in
 Oregon) receives treatment for alcohol and drug addiction.
- Research: CCCHS engages in extensive and important health research. Some of our research may involve medical procedures and some is limited to collection and analysis of health data. Research of all kinds may involve the use or disclosure of your PHI. Your PHI can generally be used or disclosed for research without your permission if an Institutional Review Board (IRB) approves such use or disclosure. An IRB is a committee that is responsible, under federal law, for reviewing and approving human subjects research, to protect the safety of the participants and the confidentiality of PHI.
- Organ donation: We may use or disclose PHI to organ-procurement organizations to assist with organ, eye, or other tissue donations.
- **Public health activities:** Public health activities cover many functions performed or authorized by government agencies to promote and protect the public's health and may require us to disclose your PHI. For example, we may disclose your PHI as part of our obligation to report to public health authorities certain diseases, injuries, conditions, and vital events such as births. Sometimes we may disclose your PHI if you may have exposed someone to certain communicable diseases. Additionally, the Food and Drug Administration (FDA) is responsible for tracking and monitoring certain medical products, such as pacemakers and hip replacements, to identify product problems and failures and injuries they may have caused. If you have received one of these products, we may use and disclose your PHI to the FDA or other authorized persons or organizations, such as the maker of the product. We may also use and disclose your PHI as necessary to comply with federal and state laws that govern workplace safety.
- Health oversight: As health care providers and health plans, we are subject to oversight conducted by federal
 and state agencies. These agencies may conduct audits of our operations and activities and in that process, they
 may review your PHI.
- Workers' compensation: In order to comply with workers' compensation laws, we may use and disclose your PHI. For example, we may communicate your medical information regarding a work-related injury or illness to claims administrators, insurance carriers, and others responsible for evaluating your claim for workers' compensation benefits.
- **Military activity and national security:** We may sometimes use or disclose the PHI of armed forces personnel to the applicable military authorities when they believe it is necessary to properly carry out military missions. We may also disclose your PHI to authorized federal officials as necessary for national security and intelligence activities or for protection of the President and other government officials and dignitaries.
- Marketing and fundraising: CCCHS may use and disclose your PHI to contact you about benefits, services or supplies that we can offer you in addition to your current services. This does not include communication with you that is about your current treatment, services, or medications. We may use or disclose PHI to contact you to raise funds for our organization. You have the choice to opt out of receiving this kind of communication, and

doing so will not affect your treatment. If you choose to opt out, you may opt back in at a future date. To opt in or out of marketing communication, please contact the Director of Quality and Compliance at 232 NW Sixth Ave, Portland 97209, or 503-294-1681.

- Required by law, lawsuits, and other legal disputes: In some circumstances federal or state law requires that we disclose your PHI to others. For example, the Secretary of the Department of Health and Human Services may review our compliance efforts, which may include seeing your PHI. We may use and disclose PHI in responding to a court or administrative order, a subpoena, or a discovery request. We may also use and disclose PHI to the extent permitted by law without your authorization, for example, to defend a lawsuit or arbitration.
- **Law enforcement:** We may disclose PHI to authorized officials for law enforcement purposes, for example, to respond to a search warrant, report a crime on our premises, or help identify or locate someone.
- Serious threat to health or safety and abuse or neglect: We may use and disclose your PHI if we believe it is necessary to avoid a serious threat to your health or safety or to someone else's. By law, we may disclose PHI to the appropriate authority to report suspected child abuse or neglect or to identify suspected victims of abuse, neglect, or domestic violence.
- **Coroners and funeral directors:** We may disclose PHI to a coroner or medical examiner to permit identification of a body, determine cause of death, or for other official duties. We may also disclose PHI to funeral directors.
- Inmates: Under the federal law that requires us to give you this notice, inmates do not have the same rights to control their PHI as other individuals. If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or the law enforcement official for certain purposes, for example, to protect your health or safety or someone else's.

VI. All other uses and disclosures of your PHI require your prior written authorization

Except for those uses and disclosures described above, we will not use or disclose your PHI without your written authorization. When your authorization is required and you authorize us to use or disclose your PHI for some purpose, you may revoke that authorization by notifying us in writing at any time. Please note that the revocation will not apply to any authorized use or disclosure of your PHI that took place before we received your revocation. Also, if you gave your authorization to secure a policy of insurance, including health care coverage from us, you may not be permitted to revoke it until the insurer can no longer contest the policy issued to you or a claim under the policy.

VII. How to contact us about this notice or to complain about our privacy practices

If you have any questions about this notice, or want to lodge a complaint about our privacy practices, please let us know by contacting the Director of Quality and Compliance at 232 NW Sixth Ave, Portland 97209, or 503-294-1681. You also may notify the Secretary of the Department of Health and Human Services (HHS). We will not take retaliatory action against you if you file a complaint about our privacy practices.

VIII. Changes to this notice

We may change this notice and our privacy practices at any time, as long as the change is consistent with state and federal law. Any revised notice will apply both to the PHI we already have about you at the time of the change, and any PHI created or received after the change takes effect. If we make an important change to our privacy practices, we will promptly change this notice and provide a new notice. It will be posted in our medical, mental health, substance abuse, all program offices and at www.ccconcern.org . Except for changes required by law, we will not implement an important change to our privacy practices before we revise this notice.

IX. Confidentiality of chemical dependency client records

The confidentiality of chemical dependency client records maintained by CCCHS is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a client attends the program, or disclose any information identifying a client as an alcohol or drug abuser unless:

- The patient consents in writing;
- We contract with a qualified service organization, who by contract must agree to safeguard PHI, to perform certain functions or activities on our behalf;
- The disclosure is allowed by a court order; or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

X. Effective date of this notice

This notice is effective on September 23, 2013.

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

and voluntarily consent to participate in the services provided by CCC as they have been outl privacy policies, CCC's obligations, my obligations, and my rights.	ined to me, including
Full name of individual (please print)	
Signature/mark of individual or guardian/parent	Date
Signature/mark of mulvidual of guardian/parent	Date
For People Who Cannot Read: I have read this form to the client. He/she understands it and voluntarily.	has signed it freely and
Full name of staff (please print)	
Signature/mark of staff	Date
If the individual refuses to sign but provides verbal acknowledgement of receipt of the <i>Not</i> section must be completed.	ice of Privacy Practices, this
Client or guardian/ parent read/was read this form in my presence on/	_ and verbally
acknowledges receipt of the NPP, but decline to sign because: (reason	n)
Full name of staff (please print)	
Signature/mark of staff	Date

Notice of Privacy Practices 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