



# Notice of Privacy Practices of Clackamas County Health Centers Specialty Behavioral Health

*Effective 9/1/2024*

**This notice is in addition to the Clackamas County Notice of Privacy Practices**

This notice describes:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

**YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE CLACKAMAS HEALTH CENTERS PRIVACY MANAGER AT (503) 650-3195, OR EMAIL [HIPAA-Privacy@clackamas.us](mailto:HIPAA-Privacy@clackamas.us), IF YOU HAVE ANY QUESTIONS.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

Federal law protects the confidentiality of substance use disorder records, alcohol use disorder records, and other information protected by 42 CFR Part 2. These records are herein after referred to as your “record” or your “records.”

If you have any questions about this notice or wish to place a request related to your rights as described in this notice, please contact:

**Clackamas Health Centers**

**Privacy Manager**

2051 Kaen Road Suite 367

Oregon City, OR 97045

(503) 650-3195

[HIPAA-Privacy@clackamas.us](mailto:HIPAA-Privacy@clackamas.us)

## **Uses and Disclosures of Your Health Records**

We may use and disclose your records in accordance with your written consent. We generally request patients consent to disclosure for all future uses or disclosures for treatment, payment, and health care operations purposes. For example, if you consent to disclosure for payment purposes, we may give information about your records to your health insurance plan for payment for your services.

You may sign a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.

Records that are disclosed to a part 2 program, covered entity, or business associate pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by that part 2 program, covered entity, or business associate, without your written consent, to the extent the HIPAA regulations permit such disclosure.

Your Part 2 program records may only be disclosed without your consent (permission) to the extent permitted under the following subsections of 42 CFR Part 2:

- 2.51 for medical emergencies,**
- 2.52 to the limited extent permitted for scientific research,**
- 2.53 management audits, financial audits, and program evaluations,**
- 2.54 disclosures for public health,**
- 2.61 pursuant to a court order issued under that subpart of the regulations.**

Records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on a specific written consent or court order.

Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or the holder of the record, where required by 42 U.S.C. 290dd-2 and 42 C.F.R. Part 2.

A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

Uses or disclosures of Part 2 program information not described in this notice will not be made without your written consent.

## **Your Rights**

You have the following rights regarding your records, which may be exercised by contacting the privacy manager for your service area:

### **Right to Request Restrictions of Disclosures**

You have the right to request restrictions of disclosures made with prior consent for purposes of treatment, payment, and health care operations. We are not required to agree to a restriction except as follows: we must agree to a request to restrict disclosure about you to a health plan if (1) the disclosure is for purposes of carrying out payment or health care operations and is not otherwise required by law; and (2) the record pertains solely to a health care item or service for which you have paid in full.

You have the right to request and obtain restrictions of disclosure of records under 42 CFR Part 2 to your health plan for those services for which you have paid in full, in the same manner as 45 CFR 164.522 applies to disclosures of protected health information.

### **Right to Revoke Written Consent**

You have the right to revoke written consent except to the extent that the County or other lawful holder of your records was permitted to make a disclosure and has already acted in reliance on it.

### **Right to an Accounting of Disclosures**

You have the right to an accounting of disclosures of electronic records under 42 CFR Part 2 for the past 3 years. For an accounting of disclosures for treatment, payment, and health care operations, we will provide an accounting of disclosures of records only where such disclosures were made through an electronic health record during the 3 years prior to the date on which the accounting is requested.

You have a right to an accounting of disclosures that meets the requirements of 45 CFR 164.528(a)(2) and (b) through (d) for all other disclosures made with consent.

### **Right to a Paper or Electronic 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. Copies of this notice will be available in locations where you go to receive treatment as well as on the Clackamas County website. This notice can be made available in other languages and alternative formats.

### **Right to a List of Disclosures by an Intermediary**

You have the right to a list of disclosures by an intermediary for the past 3 years.

### **Right to Discuss with Designated Contact Person**

You have the right to discuss this notice with the persons designated above.

### **Right to Elect Not to Receive Fundraising Communications.**

We do not use your information for fundraising purposes or communications.

## **Our Duties**

We are required by law to maintain the privacy of your Part 2 records, to provide patients with notice of our legal duties and privacy practices with respect to records, and to notify affected patients following a breach of unsecured records. We are required to abide by the terms of the notice currently in effect.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for records we maintain. If a change is made, a copy of the new notice will be posted in public areas where you go to receive treatment, on our public website, and will be made available to you upon request.

## **Questions & Complaints**

You have the right to discuss this notice of privacy practices with the Division Privacy Manager for your area. If you believe that Clackamas County has not complied with the law regarding your privacy rights, you may file a complaint. You can file a complaint online at <https://secure.ethicspoint.com/domain/media/en/gui/10930/index.html>. You can also file a complaint by sending it to [hipaa-privacy@clackamas.us](mailto:hipaa-privacy@clackamas.us). You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services.

***You will not be retaliated against for filing a complaint.  
For more information on the areas covered by HIPAA, please visit  
<https://www.clackamas.us/hipaa>.***