



NOTICE OF PRIVACY PRACTICES

Effective November 1, 2019

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.

Clackamas County provides health care services or receives protected health information about you through the divisions identified in this notice. To provide these services, we collect protected health information about you. When it comes to your protected health information, you have certain rights and we have certain responsibilities. This notice explains those rights and how we may use and share your protected health information.

We are required by law to provide you with this Notice of Privacy Practices and abide by its terms. We have the right to change this notice and apply the changes to protected health information we already have or may receive about you. 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.

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 County Privacy Officer

150 Beaver Creek Rd. Ste. 207

Oregon City, OR 97045

503-722-6730

HIPAA-Privacy@clackamas.us

Who Will Follow This Notice

The privacy practices described in this notice will be followed by all health care professionals, employees, trainees, students, and volunteers of the Clackamas County entities specified at the end of this notice. We are required by law to maintain the privacy of your protected health information

How We May Use and Disclose Medical Information About You

The following describes the different ways in which we may use your medical information. We abide by all applicable laws related to the protection of this information. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories:

For Treatment

We may use or disclose medical information about you to provide you with medical treatment or services. For example, a doctor treating you for an injury may need to know about your overall health history because some conditions may impact the healing process. We may also share medical information about you with other health care providers and non-health care providers, agencies or facilities in order to provide or coordinate for the treatment you need, such as prescriptions, lab work, x-rays, or transportation.

For Payment

We may use and disclose medical information about you so that the treatment and services you receive from the Clackamas County entities listed in this notice or from others, such as an ambulance company, may be billed to you and payment collected from you, an insurance company or another third party. For example, we may give information about you to your health insurance plan so it will pay for your services.

For Health Care Operations

We may use and disclose medical information about you for health care operations. These uses and disclosures are made to enhance quality of care and for medical staff activities, education, training, and general business activities. For example, we may use information to check on the quality of services you get, or for fraud or abuse detection.

Organized Health Care Arrangements

We participate in organized health care arrangements and may use or share your information to members of those arrangements as allowed by the Health Insurance Portability and Accountability Act (HIPAA). In some circumstances, we use systems and services of OHCA members for electronic health records and treatment referral coordination. We may share your Information with OHCA members for the joint health care operations of the OHCA.

Research and Related Activities

We may use and disclose your medical information for research through an authorization signed by you. In some instances, federal law allows us to use your medical information for research without your authorization, provided we get approval from a special review board. These studies

will not affect your treatment or welfare, and your medical information will continue to be protected.

For Public Health and Safety

These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report reactions to medications or problems with products; contact a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We will only make this disclosure if you agree or when required or permitted to do so by law.

Mandatory Reporting

To report suspected abuse, neglect, or unsafe situations

Additional Uses and Disclosures of Your Medical Information

We may use and disclose your medical information without your authorization (permission) to the following individuals, or for other purposes permitted or required by law, including:

- To tell you about, or recommend, possible treatment alternatives
- To inform you of benefits or services we may provide
- In the event of a disaster, to organizations assisting in a disaster-relief effort so that your family can be notified of your condition and location
- As required or permitted to do so by state and federal law
- To prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person
- To authorized federal officials for intelligence, counterintelligence or other national security activities
- To coroners, medical examiners and funeral directors, as authorized or required by law as necessary for them to carry out their duties
- To the military if you are a member of the armed forces and we are authorized or required to do so by law
- For workers' compensation or similar programs providing benefits for work-related injuries or illnesses
- To authorized federal officials so they may conduct special investigations or provide protection to the U.S. President or other authorized persons
- To organizations that handle organ and tissue donations as necessary to help with organ procurement, transplantation or donation
- To health oversight agencies for activities authorized by law such as auditing, investigations, inspections, accreditation, and licensure
- To a correctional institution as authorized or required by law if you are an inmate or under the custody of law-enforcement officials
- To third parties referred to as "business associates" that provide services on our behalf, such as billing, software maintenance and legal services. We will have a written agreement with the business associate requiring it to protect the privacy of your information under the same privacy protections that we provide

- To individuals involved in your care or payment for your care, such as a friend, family member, or any individual you identify, if you give verbal permission or otherwise do not object. If you are unable to make a health care decision for yourself, we may disclose your information as necessary if we believe that it is in your best interest.
- To courts and attorneys when we receive a court order, subpoena or other lawful instructions from those courts or public bodies; or to defend ourselves against a lawsuit brought against us
- To law enforcement officials as permitted or required by law. We may disclose information to report a crime on our premises.

Other Uses of Your Medical Information

Other uses and disclosures of your medical information not covered by this notice will be made only with your written authorization. This includes disclosures made for marketing purposes, sale of your information, and most sharing of psychotherapy notes. Other laws may require your written permissions to share your information about certain mental health, alcohol and drug abuse treatment, HIV/AIDS testing or treatment, and genetic testing.

If you do give us authorization to disclose your medical information, you may revoke it, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your information for the purposes given in the written revocation. The revocation will not affect disclosures previously made in reliance on your written authorization.

Your Rights

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

Right to Inspect and Copy

You can ask to review or receive an electronic or paper copy of your medical record and other health information we have about you that is held in a “designated records set.” A “designated record set” is a group of records that is used to make decisions about you. To inspect or receive a copy of this information, the request must be made in writing. We can help you to make a written request.

Records may be provided to you or a third party that you identify. We may charge you a reasonable fee for the costs of copying and mailing the records to you. If you cannot afford the fee, you still have a right to review and receive a copy of your records.

We may deny your request in certain limited circumstances. If we deny your request, we will tell you why in writing and explain your right to have our decision reviewed.

Right to Request an Amendment

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You must make this request in writing and tell us why you want to change your information. We can help you to make a written request. If we accept your request, we will tell you we agree in writing and we will amend your records. If we deny your request, we

will give you a written explanation of why we did not make the amendment and explain your rights. You have the right to have your request for an amendment, the denial, and a statement of disagreement, if any, included in future releases of your record.

Right to an Accounting of Disclosures

You have the right to receive a list of the disclosures we have made of your protected health information in the six years prior to your request. This list will not include every disclosure made, including those disclosures made for treatment, payment, and health care operations purposes.

You must submit your request in writing. We can help you to make a written request. You must state the time period for which you want to review the accounting. The first accounting you request in a 12-month period will be free and we may charge you for additional requests made in that same period.

Right to Request Restrictions

You have the right to ask us to restrict or limit how your information is used or disclosed for treatment, payment, or health care operations. Your request must be made in writing and we are not required to agree to your request. If we do agree, our agreement must be in writing and we will comply with your request unless the information is needed to provide you with emergency treatment or we are required or permitted by law to disclose it. We are allowed to end a restriction if we inform you that we plan to do so. If you request that we not disclose certain medical information to your health insurer and that medical information relates to a health care product or service for which we, otherwise, have received payment from you or on your behalf, and in full, then we must agree to that request. You can revoke your request for a restriction or limitation at any time by writing to us.

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. Your request must specify how or where you wish to be contacted and must include information as to how billing will be handled. We will accommodate any reasonable requests. However, if we are unable to contact you using the requested ways or locations, we may contact you using any information we have.

Right to be Notified in the Event of a Breach

We will notify you if your medical information has been “breached,” which means that your medical information has been used or disclosed in a way that is inconsistent with the law and results in it being compromised.

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. 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.

Questions or Complaints

If you believe that your privacy rights have not been followed as directed by applicable law or as explained in this notice, you may file a written complaint with us. Please send any complaint to

the Clackamas County Privacy Officer at the address provided on the first page of this notice. 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.*

This Notice of Privacy Practices applies to:

