

# NOTICE OF PRIVACY PRACTICES

Effective Date: **June, 2017**

**Your Information**  
**Your Rights**  
**Your Responsibilities**

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.**

<p><b>Your Rights</b></p>	<p><b>You have the right to:</b></p> <ul style="list-style-type: none"> <li>• Get a copy of your claims and health record</li> <li>• Correct your claims and health record</li> <li>• Request confidential communication</li> <li>• Ask us to limit the information we share</li> <li>• Get a list of those with whom we've shared your information</li> <li>• Get a copy of this privacy notice</li> <li>• Choose someone to act for you</li> <li>• File a complaint if you believe your privacy rights have been violated</li> <li>• Cancel a disclosure request</li> </ul>	<p><b>See page 2</b> for more information on these rights and how to exercise them</p>
<p><b>Your Choices</b></p>	<p><b>You have some choices in the way that we use and share information as we:</b></p> <ul style="list-style-type: none"> <li>• Answer coverage questions from your family</li> <li>• Provide disaster relief</li> </ul>	<p><b>See page 3</b> for more information on these choices and how to exercise them</p>
<p><b>Our Uses and Disclosures</b></p>	<p><b>We may use and share your information as we:</b></p> <ul style="list-style-type: none"> <li>• Help manage the health care treatment you receive</li> <li>• Run our organization</li> <li>• Pay for your health services</li> <li>• Help with public health and safety issues</li> <li>• Do research</li> <li>• Comply with the law</li> <li>• Respond to organ and tissue donation requests</li> <li>• Work with a medical examiner or funeral director</li> <li>• Address workers' compensation, law enforcement, and other government requests</li> <li>• Respond to lawsuits and legal actions</li> </ul>	<p><b>See page 3 and 4</b> for more information on these uses and disclosures</p>

**Your Rights:**

**When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

<p><b>Get a copy of your claims and health record</b></p>	<ul style="list-style-type: none"> <li>You can ask to see or get a copy of your claims or health information we have about you. Ask us how to do this.</li> <li>We will send a copy or summary of your claims or health information. Usually within 30 days of your request. We may charge you a reasonable fee.</li> </ul>
<p><b>Ask us to correct your claims and health information</b></p>	<ul style="list-style-type: none"> <li>You can ask us to correct claims and health information we have about you if you think it is incorrect or incomplete. Ask us how to do this.</li> <li>We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li> </ul>
<p><b>Request confidential communications</b></p>	<ul style="list-style-type: none"> <li>You can ask us to contact you in an exact way. For example to call you at home or an office phone. Send your mail to a different address.</li> <li>We will say “yes” to all reasonable requests.</li> </ul>
<p><b>Ask us to limit what we use or share</b></p>	<ul style="list-style-type: none"> <li>You can ask us not to use or share certain health information for treatment, payment, or our operations.</li> <li>We are <b>not</b> required to agree to your request. We may say “no” if it would affect your care.</li> </ul>
<p><b>Get a list of those with whom we’ve shared information</b></p>	<ul style="list-style-type: none"> <li>You can ask for a list (accounting) of the times we have shared your health information. Up to six years from the date you ask, who we shared it with, and why.</li> <li>We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year free. But will charge a reasonable fee if you ask for another one within 12 months.</li> </ul>
<p><b>Get a copy of this privacy notice</b></p>	<ul style="list-style-type: none"> <li>You can ask for a paper copy of this notice at any time. Even if you have agreed to get the notice electronically. We will send you a paper copy promptly.</li> </ul>
<p><b>Choose someone to act for you</b></p>	<ul style="list-style-type: none"> <li>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>We will make sure the person has this right and can act for you before we take any action.</li> </ul>
<p><b>File a complaint if you feel your rights are violated</b></p>	<ul style="list-style-type: none"> <li>You can file a complaint if you feel we have violated your rights by contacting us.</li> <li>You can file a complaint with the State of Oregon or the Federal Government using the information on page 5.</li> <li>We will not retaliate against you for filing a complaint.</li> </ul>

**Your Choices:**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

<b>In these cases, you have both the right and choice to tell us to:</b>	<ul style="list-style-type: none"> <li>• Share information with your family, close friends or others involved in payment for your care.</li> <li>• Share information in a disaster relief situation.</li> </ul> <p><i>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lesson a serious and imminent threat to health or safety.</i></p>
<b>In these cases we never share your information unless you give us written permission:</b>	<ul style="list-style-type: none"> <li>• Marketing purposes</li> <li>• Sale of your information</li> <li>• Most psychotherapy notes</li> </ul>

**Our Uses and Disclosures**

**How do we typically use or share your health information?**  
We typically use or share your health information in the following ways.

<b>Help manage the health care treatment you receive</b>	<ul style="list-style-type: none"> <li>• We can use your health information and share it with the people who are treating you.</li> </ul>	<b>Example:</b> <i>A doctor treating you for an injury asks another doctor about your health condition.</i>
<b>Run our business</b>	<ul style="list-style-type: none"> <li>• We can use and share your health information to run our business and contact you when needed.</li> </ul>	<b>Example:</b> <i>We use health information about you to manage your treatment and services.</i>
<b>Pay for your health services.</b>	<ul style="list-style-type: none"> <li>• We can use and share your health information to pay for your health services.</li> </ul>	<b>Example:</b> <i>We share information to your dentist about you to pay your dental bills.</i>

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

<b>Help with public health and safety issues</b>	<p>We can share your health information for certain situations such as:</p> <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone’s health or safety</li> </ul>
<b>Do research</b>	<p>We can use or share your information for health research</p>
<b>Comply with the law</b>	<p>We will share information about you if State or federal laws require it. This includes the Department of Health and Human Services (DHHS). DHHS may want to see that we are complying with federal privacy law.</p>
<b>Respond to organ and tissue donation requests</b>	<p>If you are a tissue/organ donor, registered with an agency, we can share your health information about you with that organ locating organization.</p>
<b>Work with a medical examiner or funeral director</b>	<p>We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</p>
<b>Address workers’ compensation, law enforcement, and other government requests</b>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> <li>• For workers’ compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security, and presidential protective services.</li> </ul>
<b>Respond to lawsuits and legal actions</b>	<p>We can share health information about you in response to a court or administrative order.</p>



2965 Ryan Drive SE, Suite 200  
Salem, Oregon 97301  
**Phone:** 503-584-2150  
**Email:** [info@mvipa.org](mailto:info@mvipa.org)  
**Website:** [www.wvchealth.org](http://www.wvchealth.org)

## Our Responsibilities

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- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We will follow the requirements of federal and State privacy laws to protect information related to drug and alcohol abuse and treatment and mental health conditions and treatment.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. If we share your information with someone else with your approval, the information may not be protected by the privacy rules and the person receiving the information may not have to protect the information. They may release your information to someone without your approval.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, and on our website.

## Complaints

If you believe your privacy rights have been violated, you may contact one of the following:

### **Willamette Valley Community Health**

Chief Compliance Officer

2965 Ryan Drive SE, Suite 200, Salem, OR 97301

Telephone: 971-304-2559

Email: [wvchcompliance@wvchealth.org](mailto:wvchcompliance@wvchealth.org)

### **State of Oregon Department of Human Services – Governor’s Advocacy Office**

500 Summer St. NE, E-17, Salem, OR 97301-1097

Email: [dhs.info@state.or.us](mailto:dhs.info@state.or.us)

Telephone: 800-442-5238 TTY: 503-945-6214

### **State of Oregon Department of Human Services – Privacy Office**

Privacy Officer

500 Summer St. NE, E-24, Salem, OR 97301-1097

Email: [dhs.privacyhelp@state.or.us](mailto:dhs.privacyhelp@state.or.us)

Telephone: 503-945-5780

### **Office for Civil Rights, Medical Privacy Complaint Division**

US Department of Health and Human Services

200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201

Phone: 866-627-7748

TTY: 866-788-4989

Email: [OCRComplaint@hs.gov](mailto:OCRComplaint@hs.gov)