

# Notice of Privacy Practices

**Effective Date: February 11, 2016**

**Revised Date: February 11, 2016**

**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.**

This letter is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA).

Available formats include: Large Print, Braille, Audio Tape Recording, Electronic Format and Oral Presentation.

**IF YOU NEED HELP UNDERSTANDING THIS NOTICE, CALL WILLAMETTE VALLEY COMMUNITY HEALTH AT 503-362-2818. ASK TO SPEAK TO CUSTOMER SERVICE.**

## **OUR PROMISE TO YOU REGARDING YOUR HEALTH INFORMATION**

Willamette Valley Community Health (WVCH) is committed to keeping the privacy of your health information. In fact, we are required by law to do so for any information created or kept by us. We are also required to provide you with this Notice explaining our legal duties and our practices concerning your health information. WVCH may use and disclose your health care information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This notice covers only the health care information collected, created and maintained by, through or at WVCH. Not all situations will be described.

WVCH is a collaborative of risk accepting entities and affiliates including but not limited to: Mid-Valley Behavioral Care Network, Northwest Human Services, ATRIO Health Plans, Salem Clinic, WVP Health Authority, Marion County, Santiam Memorial Hospital, Capitol Dental, Yakima Valley Farm Workers Clinic, Polk County, Early Learning Hub, Salem Health, and Silverton Hospital.

Protected health information (PHI) may be spoken (oral), written (on paper) or electronic (stored in a computer).

WVCH has many ways to protect your PHI, such as locks, passwords and firewalls. Only people who need your PHI for health care operations, coordinating your care and other reasons explained below are allowed to see your PHI. Because PHI may be oral, written, or electronic, WVCH has many ways to keep it safe. We use methods such as cabinet locks for paper records, passwords, encryption and firewalls for our computer systems. Paper that is no longer needed is shredded or destroyed in such a way that your PHI cannot be read or reconstructed. Electronic information is cleared, purged or destroyed so that PHI cannot be retrieved.

In some instances, federal and state laws may provide special protections for specific kinds of health information and may require authorization from you before we can disclose that specially protected PHI. For example, PHI that is specially protected includes PHI involving mental health counseling and chemical dependency treatment. We may refuse to disclose the specially protected PHI or we may contact you for the necessary authorization

## **Willamette Valley Community Health May Use and Disclose Information Without Your Authorization:**

**Treatment:** WVCH may use or disclose health information with health care providers who are involved in your health care. For example, treatment includes activities performed by nurses, office staff, hospital staff, technicians and other types of health care professionals providing care to you or coordinating or managing your care.

**Treatment Alternatives:** We do not sell your PHI to market treatment services, but we may share your PHI to tell you about services in which you might be interested. You may send WVCH a written request telling us not to send you

that type of information. We might give your PHI to your provider or pharmacist if we contact them about using other treatments or medications for you than those you are receiving now.

**Payment:** WVCH is permitted to use and disclose your health care information in order to bill and receive payment from you, your insurance company, or a third party payer for the services you received. For example, WVCH may request health information to pay for health care provided to you.

**Health Care Operations:** WVCH is permitted to use your health care information for our business operations. For example, our Compliance and Quality Improvement Department may use your health care information to assess the quality of care you received and to ensure that our system continues providing the quality of care you and other members deserve.

**Willamette Valley Community Health May Use and Disclose Information Without Your Authorization for the following purposes under limited circumstances:**

**Abuse Reports and investigations:** WVCH is required to investigate and report abuse when we become aware of it.

**Business Associates:** WVCH may disclose your health care information to third parties whom we contract with to perform business services for us, such as billing companies, quality assurance reviewers or translator service so it can perform a service on our behalf. We require that all business associates implement appropriate safeguards to protect your health care information.

**Disclosures to Family, Friends and Others:** WVCH may disclose health care information to your family or other persons who are involved in your care. You have the right to object to the sharing of this information.

**Disaster relief:** If there is a disaster, WVCH may disclose information about you to any agency helping in relief efforts. WVCH may share information about you to tell your family about your condition or location.

**Other Health Information:** WVCH may send you information about health services that may be of interest to you concerning your treatment, management or ongoing care.

**Health Care Information with Additional Protection:** In some instances, Oregon law provides additional privacy protections for HIV, substance abuse, mental health and genetic testing.

**Incidental disclosures:** Disclosures that are incidental to permitted or required uses or disclosures under HIPAA are permissible, so long as we implement safeguards to avoid such disclosures, and we limit the PHI exposed through these incidental disclosures.

**Inmates:** If you are an inmate of a jail or prison or in the custody of a police officer, we can give your PHI to that jail or officer so they can provide you with health care, to protect your health or the health of someone else, or for jail safety.

**Legal Proceedings and For Law Enforcement:** WVCH may disclose health care information for law enforcement and other purposes required or permitted by federal or state law or by a court order, subpoena, discovery request, activities related to workers' compensation benefits, or other lawful purpose. WVCH will disclose health care information in response to an administrative order. If you are involved in a lawsuit or dispute, WVCH may share your information in response to legal requirements.

We may disclose information about you to the police or other people who enforce the law when this disclosure is permitted or required by law. We may disclose information to report a crime on our premises.

**Limited Data Set Information:** We may disclose health care information to third parties for purposes of research, public health and health care operations. This disclosure will not include any information which can be used to identify you individually.

**Military and Veterans:** We may disclose your information as required by armed forces personnel or to federal officials authorized for national security and intelligence activities.

If you are a member of the armed forces, we may release health care information about you as required by military command authorities. We may also release health care information about foreign military personnel to the appropriate foreign military authority.

**National Security, Intelligence Activities, Protective Service:** We will disclose health care information about you to authorized federal officials for lawful intelligence, counterintelligence or other national security activities authorized by law; for protection of the U.S. President, other authorized persons or foreign heads of state; or for special authorized investigations.

**Public Health Activities:** WVCH may disclose health care information about you for public health activities as authorized by law. These activities usually include reports to such agencies as the Oregon Department of Human Services. DHS is the public health agency that keeps and updates vital records, such as births and deaths, and tracks some diseases.

**Health Oversight Activities:** WVCH may use or disclose health care information for healthcare oversight activities authorized by law. Examples are audits, investigations, inspections and licenses. These activities are necessary in order for the government to monitor the U.S. health care system, government programs and compliance with civil rights.

**Government Programs:** WVCH may use and disclose health care information for public benefits under other government programs. For example, WVCH may disclose information for the determination of Supplemental Security Income (SSI) benefits.

**To Avoid Harm:** WVCH may disclose health care information in order to avoid a serious threat to your health and safety or the health and safety of a person or the public.

**Research:** Under certain circumstances, WVCH may use and disclose your information for research approved by an Institutional Review or Privacy Board or through an authorization signed by you.

**Disclosures to Family, Friends, and Others:** WVCH may disclose health care information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information.

**Other Laws Protect Health Care Information:** Many WVCH programs have other laws for the use and disclosure of information about you. For example, usually you must give your written permission for WVCH to use and disclose your mental health and chemical dependency treatment records.

#### **Other Uses and Disclosures Require Your Written Authorization**

For other situations, WVCH will ask for your written authorization before using or disclosing information. We will not disclose your PHI without your authorization related to: (1) uses and disclosures for marketing purposes; (2) uses and disclosures that constitute a sale of PHI; (3) most uses and disclosures of psychotherapy notes; and (4) other uses and disclosures not described in this notice. You may cancel this authorization at any time in writing. WVCH is not able to take back any uses or disclosures already made with your permission. .

#### **Your Rights Regarding Health Care Information About You**

**Right to See and Get Copies of Your Records:** In most cases, you have the right to look at or get copies of your records. Copies of records may be provided to you or a third party that you identify in an electronic or paper format depending on your request and the technology in which the records are maintained. You must make the request in writing. You may be charged a fee for the cost of copying your records. The address is Compliance Officer, Willamette Valley Community Health, 2965 Ryan Dr. SE, Salem OR 97301.

**Right to Request a Correction or Update of Your Records:** You may ask WVCH to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request. WVCH may deny your request in certain circumstances for example if the record was not created by WVCH. If we do not make the change, we tell you how to ask us to review that decision.

**Right to Get a List of Disclosures:** You have the right to ask WVCH for a list of disclosures made after September 1, 2012. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization. If you request a list more than once during a 12-month period, you may be charged a fee.

**Right to Request Limits on Uses or Disclosures of Health Care Information:** You have the right to ask that WVCH limit how your information is used or disclosed. You must make the request in writing and tell WVCH what information you want to limit and to whom you want the limits to apply. WVCH is not required to agree to the restriction. You can request that the restrictions be ended in writing. You also have the right to restrict disclosures with respect to health care you paid for in full out of pocket.

**Right to Revoke Permission:** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.

**Right to Choose How We Communicate with you:** You have the right to ask that WVCH give you information in a certain way or in a certain place. For example, you may ask WVCH to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.

**Breach Notice:** We maintain physical, administrative and technical safeguards to protect against unauthorized access, use or disclosure of your information. However, in the event of a breach of unsecured information, we will provide you written notice without unreasonable delay. If law enforcement investigates, there may be a delay in notifying you.

WVCH does not engage in marketing activities nor does WVCH sell your information for any purposes.

**Right to File a Complaint:** You have the right to file a complaint if you do not agree with how WVCH has used or disclosed health care information about you.

**Right to Get a Paper Copy of this Notice:** You have the right to ask for a paper copy of this notice at any time. To request a copy, call 503-362-2818 and ask to speak to a Customer Service Representative...

**Changes to this Notice:** We reserve the right to change this notice of privacy practices. If we change the notice, the changes would apply to information we already have about you. The changes would also apply to information we receive in the future. If we make several major changes to this notice, we will make it available to you.

How to contact WVCH to use your privacy rights:

You may contact WVCH at the address listed at the end of this notice to:

- Ask to look at or copy your records
- Ask to correct or change your records
- Ask to limit how information about you
- Ask for a list of the times WVCH disclosed information about you
- Ask to cancel your authorization

WVCH may deny your request to look at, copy or change your records. If WVCH denies your request, WVCH will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with WVCH, the Department of Human Services (DHS), or the U.S. Department of Health and Human Services, Office for Civil Rights.

**How to File a Complaint or Report a Problem**

You may contact any of the people listed below if you want to file a complaint or to report a problem with how WVCH has used or disclosed information about you.

Your benefits will not be affected by any complaints you make. WVCH cannot hold it against you for filing a complaint. WVCH cannot hold it against you if you cooperate in an investigation. WVCH cannot hold it against you if you refuse to agree to something that you believe to be unlawful.

**Willamette Valley Community Health**

Compliance Officer

2965 Ryan Dr. SE, Ste. 200

Salem, OR 97301

Phone 971-304-2556

**IMPORTANT:** Your benefits will not be affected by any complaints you make. WCH cannot hold it against you if you file a complaint.

**State of Oregon Department of Human Services**

Governor's Advocacy Office

500 Summer St. NE, E17

Salem, Oregon 97301-1097

Phone: 1-800-442-5238 Fax: 503-378-6532

TTY/TDD: 503-945-6214

Email: GAO.info@state.or.us

**State of Oregon Department of Human Services**

Privacy Officer

500 Summer Street NE, E24

Salem, Oregon 97301

Phone: 1-503-945-5780

Toll Free: 1-800-442-5238

Fax: 1-503-947-5396

email: dhs.privacyhelp@state.or.us

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

U.S. Department of Health and Human Services

200 Independence Ave., SW HHH Building, Room 509H

Washington, D.C. 20201

Phone: 866-627-7748, TTY: 866-788-4989

Email: OCRComplaint@hhs.gov

In the future, WVCH may change its Notice of Privacy Practices. Any changes will apply to information WVCH already has, as well as any information WVCH receives in the future. A copy of the new notice will be posted on WVCH's website and provided as required by law.

If you have any questions or concerns about this notice, contact our Compliance Officer at 971-304-2556.