# Notice of Privacy Practices



## Effective Date: June 1, 2013

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU**

**CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS IS YOUR RIGHT TO NOTICE.**

This Notice is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA). Contact your Service Provider, or call the general number for the Health & Human Services at: Phone 503-588-5357, or

Fax 503-364-6552.

In this Notice, the words “we,” “us,” “our,” and “Department” mean the Marion County Health & Human Services.

# The Purpose of this Notice

The Department provides many types of services, such as medical care and mental health services. Department staff must collect information about you to provide these services. The Department knows that information we collect about you and your health is private. We are required to protect this information by federal and state law. We call your individual health information “protected

health information” (PHI).

This Notice of Privacy Practices will tell you how the Department may use or share information about you. Not every situation may be described. If you have any questions about any statements in this notice, please feel free to ask your Service Provider. The Health & Human Services is required by law to make a copy of our notice of privacy practices available to you at your request. By law, we must follow the terms of the notice currently in effect.

How We May Use and Share Your Information

**BD14514_ For Treatment.** The Department may use or share information with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.

**BD14514_ For Payment.** The Departmentmay use or share information to get payment or to pay for the health care services you receive. For example, we may provide your health information to bill your heath plan for your medical visit here.

**BD14514_ For Health Care Operations.** The Department may use or share information in order to manage its programs and activities. For example, we may use information to review the quality of services you receive.

**BD14514_ In Organized Health Care Arrangements**. We may use and share health information with organizations such as the Marion County Integrated Delivery System, HIV Alliance, and the Behavioral Care Network. We participate in joint health care activities such as ensuring continuing care for you.

* **In the State Certified Coordinated Care Organization.** We may use and share health information with organizations involved in the Willamette Valley Community Health (WVCH). You can find a full list of involved participants posted in all department waiting rooms.
* **For Appointment Reminders and Other Notifications To You.** The Departmentmay call you or send you reminders for medical care or counseling visits with us. We will call you at the phone number you give us unless you tell us to call you at a different phone number. You can also tell us not to call you at all.

**BD14514_ For Public Health Activities.** The Department is the public health agency that keeps and updates vital records, such as births, deaths, and some communicable diseases.

**BD14514_ For Health Oversight Activities.** We may use or disclose your information during inspections or in investigations of our service.

**BD14514_ For Law Enforcement or Courts.** The Department will use and share information when required or permitted by federal or state law or by a court order.

**BD14514_ For Abuse Reports and Investigations.** We are required by law to receive and report abuse and neglect to proper state authorities. This may result in a PHI disclosure.

**BD14514_ For Government Programs.** The Department may use and share information for public benefits under other government programs. For example, we may share your information to check eligibility for a nutrition program such as WIC.

**BD14514_ For Coroners, Medical Examiners and Funeral Directors.** We may disclose information for the identification of a deceased person, and other activities permitted by law.

**BD14514_ To Avoid Harm and Special Government Activities.** TheDepartment may share PHI with law enforcement or the US government in order to avoid a serious threat to the health or safety of any person, the public in general or for protection of the President.

**BD14514_ For Research.** The Department uses PHI for public health studies and some reports. These studies and reports do not identify specific people.

**BD14514_ For Fundraising.** The department will not use any of your information for fundraising purposes.

**BD14514_ For Facility Directories.** The Department does not maintain a facility directory.

**BD14514_ For Workers’ Compensation.** We may disclose your health information to comply with laws for workers’ compensation or similar programs.

**BD14514_ Sharing Your Information with Family, Friends and Others.** We may share health information with your family or other persons you have identified as involved in your medical or mental health care. You have the right to object to the sharing of this information.

Other Uses and Disclosures that Require Your Written Authorization

**Marketing.** We must obtain your authorization prior to using your health information to send you any marketing materials. We can though provide you with marketing materials face-to-face or give you a gift of nominal value without your authorization. In addition, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings without your authorization.

###### Other Laws Protect Your Health Information

Many Department programs have other federal and state laws to follow for the use and disclosure of your information. These will require your authorization. For example, you must give your written authorization for us to share your mental health and alcohol or drug treatment records. Types of health information that have special privacy protections include, but are not limited to: treatment of a mental illness and session therapy notes, alcohol and drug abuse treatment services, HIV/AIDS testing and services, and genetic testing.

#### Your Health Information Privacy Rights

As a client of the Department, you are afforded the following rights:

**BD14514_ Right to See and Receive Copies of Your Records.** In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.

**BD14514_ Right to Request Correction or Amendment to Your Records.** You may ask 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. We may deny your request. If we deny your request, we will send you a letter that tells you why your request is denied and how you can ask for a review of the denial.

**BD14514_ Right to Request an Accounting of all Disclosures.** You have the right to ask the Department for a list of non-routine disclosures and routine disclosures made electronically within three years prior to the date of request. You must make the request in writing. You can request this type of list once per year.

* **Right to Request Limits on Uses or Disclosures of Your Information.** You have the right to ask that the Department limit how your information is used or shared. You must make the request in writing and tell us what information you want to limit and/or to whom you want the limits to apply. We are not required to agree to the limitation. You can request that the limitation be terminated in writing or verbally.
* **Right to an Access Report.** You have the right to ask the Department for the access report that documents the particular persons who electronically accessed and viewed your protected health information. You must make the request in writing.
* **Right to Restrict Uses and Disclosures of PHI to a Health Plan when You Pay In Full Out of Pocket.**

**BD14514_ Right to Revoke an Authorization.** If you are asked to sign an authorization to use or share 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. Exception: Alcohol & Drug clients have the right to verbally revoke authorizations.

**BD14514_ Right to Choose How We Communicate With You.** You have the right to ask that we share information with you in a certain way or at a certain place. For example, you may ask us to send information to your work address instead of your home address. Or, you may ask us to call you at a different phone number. Generally, you must make this request in writing. You do not have to explain why.

**BD14514_ Right to File a Complaint.** You have the right to file a complaint if you do not agree with how the Department has used or shared your health information or if you disagree with our privacy practices in general.

* **Right to Receive or Decline a Paper Copy of This Notice.** You have the right to ask for a paper copy of this notice at any time.
* **Right to be Notified of a Breach.** You have the right to be notified if we (or a business associate) discover a breach of your unsecured health information.

**For More Information and How to Contact Us**

You may contact your Service Provider or the Health & Human Services Privacy Officer at any time if you have a question about this notice

or need more information on how to use your rights. Please use the address and phone number below.

|  |  |
| --- | --- |
| **Marion County Health & Human Services**  **Privacy Officer**  3180 Center Street NE  Salem, OR 97301  Phone number: 503-588-5357  <http://www.co.marion.or.us/HLT/Pages/hipaa.aspx> | **Office for Civil Rights – Region X**  **U.S. Department of Health and Human Services**  2201 Sixth Avenue – M/S: RX-11  Seattle, WA 98121-1831  Phone: 800-368-1019 • TTY: 800-537-7697 • FAX: 206-615-2297  Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov) |

###### How to File a Complaint or Report a Suspected Problem

You may contact us or the US Department of Health and Human Services (DHHS) as listed above if you want to file a complaint or to report a problem with how the Department has used or shared information about you. The services we provide will not be affected by any complaints you make. The Department cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

#### Duration of This Notice

We may change the terms of this notice at any time. Any changes will apply to information we already have, as well as any information we may receive in the future. A copy of the new notice will be posted at each Health & Human Services Service Provider site and provided as required by law. You may ask for a copy of the current notice anytime you visit a Health & Human Services site, or you may get a copy on-line at: [**http://www.co.marion.or.us/HLT/Pages/hipaa.aspx**](http://www.co.marion.or.us/HLT/Pages/hipaa.aspx)

## Effective Date: June 1, 2013