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**Oregon | Neurology**  
Associates

## NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

**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.**

*If you have any questions about this notice, please contact our  
Privacy Officer at (541) 868-9430*

### PURPOSE OF THE NOTICE

Oregon Neurology Associates is committed to preserving the privacy and confidentiality of your health information which is created and/or maintained at our clinic. State and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your health information. This Notice will provide you with information regarding our privacy practices and applies to all of your health information created and/or maintained at our clinic, including any information that we may receive from other health care providers or facilities. The Notice describes the ways in which we may use or disclose your health information and also describes your rights and our obligations concerning such uses or disclosures.

We will abide by the terms of this Notice, including any future revisions that we may make to the Notice as required or authorized by law. We reserve the right to change this Notice and to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice, which will identify its effective date, in our clinic waiting area/lobby.

### WHO WILL FOLLOW THIS NOTICE

The privacy practices described in this Notice will be followed by:

- ❖ Any health care professional authorized to enter information into your medical record created and/or maintained at our clinic; and,
- ❖ All employees, students, residents, and other service providers who have access to your health information at our clinic.

These individuals will share your health information with each other for purposes of treatment, payment and health care operations, as further described in this Notice.

### HOW WE MAY USE AND DISCLOSE THE INFORMATION ABOUT YOU

The following section describes different ways we may use and disclose your health information for purposes of treatment, payment, and health care operations. Not every use or disclosure in a category will be listed. Generally, except as allowed by law, we restrict access of your information to those who need to know that information.

**For Treatment.** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

For example, your doctor may be treating you for a stroke and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work, ordering x-rays and scheduling procedures. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

**For Payment.** We may use and disclose your health information so that we may bill and receive payment from you, an insurance company, or another third party for the health care services you receive from us. We also may disclose health information about you to your health plan in order to obtain prior approval for the services we provide to you, or to determine that your health plan will pay for treatment.

For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for services.

**For Health Care Options.** We may use and disclose your health information in order to perform the necessary business functions of our clinic, ensuring you and our other patients receive quality care.

For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

## **USES AND DISCLOSURES THAT WE MAY MAKE UNLESS YOU OBJECT**

We may use or disclose your health information in certain special situations as described below. You have the right to limit these uses and disclosures by advising us, in writing, that you do not wish us to disclose your health information for these purposes.

**Appointment Reminders.** We may contact you as a reminder that you have an appointment at our clinic. Generally this is in the form of a telephone call the day before the appointment. In the event we cannot contact you directly, we will leave a message giving only the minimum necessary information either with the person answering your telephone or on a message machine.

**Treatment Alternatives or Health-Related Products and Services.** We may inform you of treatment alternatives or health related products and services that may be of interest to you.

**Family and Friends.** We may disclose your health information to individuals, such as family members and friends, who are involved in your care or who help pay for your care. We may make such disclosures if we obtain your verbal agreement to do so, if we make such disclosures and you do not object, or, if we can infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf, for example, to phone in a prescription for you, or pick up medication samples, medical supplies, or X-rays.

## **USES AND DISCLOSURES THAT WE MAY MAKE WITHOUT YOUR AUTHORIZATION**

There are certain instances in which we may be required or permitted by law to use or disclose your health information without your permission.

**Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.

**Research.** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at our clinic.

**Business Associates.** We may disclose health information to “business associates” with which we contract to perform services on our behalf.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to the health and safety of you or other individuals.

**Workers’ Compensation.** We may disclose your health information to workers’ compensation programs when your health condition arises out of a work-related illness or injury.

**Organ and Tissue Donation.** If you are an organ donor, we may disclose your health information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of carrying out his/her necessary duties.

**Military, Veterans, Nation Security and Intelligence.** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

**Public Health Risk.** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

**Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure.

**Information Not Personally Identifiable.** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

**Lawsuits and Disputes.** We may disclose health information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process, as allowed by law.

**Law Enforcement.** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

**Inmates.** We may disclose health information about an individual who is an inmate or is in custody to a correction institution or law enforcement official.

**Victims of Abuse, Neglect, or Domestic Violence.** As allowed or required by law, we may disclose health information about an individual we reasonably believe to be the victim of abuse, neglect, or domestic violence to a government authority authorized to receive such reports.

**Coroners, Medical Examiners and Funeral Directors.** We may disclose health information to a coroner or medical examiner as necessary or required to identify a deceased person or determine the cause of death. We may also disclose health information to funeral directors so they can perform their duties.

## **USES AND DISCLOSURES WITH AUTHORIZATION**

Except for the purpose identified in the previous sections, we will not use or disclose your health information for any other purpose unless we have your specific written authorization. You have the right to revoke a written authorization at any time as long as you do so in writing. If you revoke your authorization, we will no longer use or disclose your health information for the purposes identified in the authorization, except to the extent that we already have relied on your authorization.

In some instances, we may need specific, written authorization from you in order to disclose certain types of specially protected health information such as HIV, substance abuse, and mental health.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

Although your health record is our property you have the following rights:

**Right to Inspect and Copy.** You have the right to inspect and obtain copies of your health information that we use to make decisions about your care. You must submit a written request to our Privacy Officer in order to inspect and/or obtain copies of your health information. A reasonable charge may be applied to cover the cost of copying, mailing or other associated supplies.

We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed.

**Right to Amend.** You have the right to request an amendment of your health information that is maintained by our clinic and is used to make health care decisions about you. We may deny your request if it is not properly submitted or does not include a reason to support your request. We may also deny your request if the information sought to be amended: (a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (b) is not part of the information that is kept by or for our clinic; (c) is not part of the information which you are permitted to inspect and copy; or (d) is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of the disclosures of your health information made by us. This accounting will not include disclosures of health information that we made for purposes of treatment, payment or health care operations or pursuant to a written authorization that you have signed.

To obtain this list, you must submit your request in writing to our Privacy Officer. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone, such as a family member or friend, who is involved in your care or the payment for your care.

To request a restriction, you may complete and submit the Request For Restriction On Use/Disclosure Of Medical Information form to our Privacy Officer. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**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. For example, you can ask that we only contact you at work or by mail.

**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. Even if you agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our clinic or with the Secretary of the Department of Health and Human Services. To file a complaint with Oregon Neurology Associates contact our Privacy Officer at (541) 868-9430. All complaints must be submitted in writing.

***You will not be penalized for filing a complaint.***