

Effective Date: February 22, 2024

## **NOTICE OF PRIVACY PRACTICES**

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.

### **A. PURPOSE OF THE NOTICE**

Salem Clinic 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 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 and on our website at [www.salemclinic.org](http://www.salemclinic.org).

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

1. Any health care professional authorized to enter information into your medical record created and/or maintained at our clinic; and
2. All employees, students, residents, and other service providers who have access to your health information at our clinic; and
3. Any other individuals performing job functions under the direction of clinic personnel.

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

### **B. USES AND DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

#### **Treatment, Payment and Health Care Operations.**

The following section describes different ways we may use and disclose your health information for purposes of treatment, payment, and health care operations. We explain each of these purposes below and include examples of the types of uses or disclosures that may be made for each purpose. We have not listed every type of use or disclosure, but the ways in which we use or disclose your information will fall under one of these purposes.

- a. **Treatment.** We may use your health information to provide you with health care treatment and services. We may disclose your health information to doctors and other health care personnel or facilities involved in taking care of your health needs.

For example, the doctor may need to review your medical history to decide what treatment plan is best for you. The doctor may also find it necessary to discuss your condition with other physicians or health care personnel to determine the most appropriate care for you. This may include communicating with a pharmacy, scheduling appointments with a lab, imaging or other specialty department.

- b. **Payment.** We may use or 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 may also 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 the treatment.

For example, if your doctor feels you need to be seen by a neurologist, we may need to give health information to your health plan in order to obtain prior approval. We may also give your health information to your health plan to approve a diagnostic test, such as a magnetic resonance imaging scan (MRI) or a CT scan.

- c. **Health Care Operations.** We may use or disclose your health information in order to perform the necessary administrative, educational, quality assurance and business functions of our clinic. **We May Call or Send Text Messages to Your Phone Number(s) Provided and Send Email Communications to Your Email Addresses Provided**

You acknowledge that you are the owner of the phone numbers (whether associated with a mobile, cell or landline) and email addresses that you provide to us. If you are not the owner, you represent that you are authorized by the respective owner(s) to authorize the use of those phone numbers and email addresses as described below, on the owner's behalf.

You authorize us and any third-party, such as our independent contractors, business associates, agents, and/or affiliates, who we may authorize, to: (1) call you at any of the numbers that you provide to us, using an automatic telephone dialing system and/or using a recorded message upon being answered, or another similar method such as an artificial or pre-recorded voice; (2) text messages to you at any of the numbers that you provide to us; and/or (3) send email communications to you at any of the email addresses that you provide to us; for any of the following purposes: confirming appointments, providing registration or clinical instructions, communicating about post-service follow up, billing, advising you of events and services, communicating about your account, insurance and payments, and collecting debts that you owe to us.

You do not have to give us permission to call, text or email you. Giving us permission to call, text or email you is not required in order to receive services or purchase any property or goods.

You have the right to opt out of these types of communications.

For example:

- Appointment Reminders. We may contact you directly or leave a voicemail or text you as a reminder that you have an appointment for an office visit or a mammogram.
- Treatment Alternatives. We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, if your spouse comes into the exam room with you, we will assume that you agree to our disclosure of your information while your spouse is present in the room. 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. For example, we may inform the person who accompanied you to the clinic that you suffered a heart attack and provide updates on your progress and prognosis. 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 to pick up, for example, filled prescriptions, medical supplies or x-rays.

### C. SPECIAL SITUATIONS

We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:

- To a family member. We may use and disclose your health information if you become incapacitated as long as the provider determines, based on their professional judgment, that doing so is in your best interest; this could include providing Family Medical Leave Act (FMLA) paperwork, to be released to your family member's employer.
- To avert a Serious Threat to Health or Safety. We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- Required by Law. We will disclose your health information when required to do so by federal, state or local law. Currently, Oregon Law requires Healthcare workers to be mandatory reporters of anyone under the age of 18 engaging in sexual activity.
- Research. We may use and disclose your health information for research projects, such as cancer registries, 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 the office.
- Disease Management Programs. We may use and disclose your health information for disease management programs such as diabetic care, congestive heart failure, etc.

- **Worker's Compensation.** We may release your health information for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose your health information for public health reasons in order to prevent or control disease, injury or disability; report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
- **Health Oversight Activities.** We may disclose your health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.
- **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.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may disclose your health information to a funeral director for the purpose of carrying out his/her necessary activities.
- **Organ Procurement Organizations or Tissue Banks.** 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 facilitating organ or tissue donation or transplantation.
- **Military and Veterans.** If you are or were a member of the armed forces, we may use or disclose your health information as required by military command authorities.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your health information to the correctional institution or to the law enforcement official as may be necessary (1) for the institution to provide you with health care; (2) to protect the health or safety of you or another person; or (3) for the safety and security of the correctional institution.
- **National Security and Intelligence Activities.** We may use or disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.

#### **D. OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, **written authorization**. If you give us authorization to use or disclose health information about you, you may revoke that authorization in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission. It will be necessary for us to terminate you as a patient if you revoke your authorization, as that will make it impossible to provide medical care for you.

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

#### **E. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

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

- **Right to Inspect and Copy.** You have the right to inspect and copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a **written** request to the Director of Electronic Health Information in order to inspect and/or copy records of your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. You have the right to request a copy of your health information in electronic form, if we store the information electronically. (Current OB patient records are not electronic).

We may deny your request to inspect and/or copy records in certain limited circumstances. If you are denied copies of or access to health information that we keep about you, you may ask that our denial be reviewed. If you request to have the denial reviewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

- **Right to Amend.** If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept in this office. To request an amendment, complete and submit a Medical Record Amendment/Correction Form to the Director of Electronic Health Information. We may deny your request for an amendment if your request is not **in writing** or does not include a reason to support the request. In addition, we may deny or partially deny your request if you ask us to amend information that:
  - We did not create, unless the person or entity that created the information is no longer available to make the amendment
  - Is not part of the health information that we keep
  - You would not be permitted to inspect and copy
  - Is accurate and complete

Under no circumstances will any original medical record be removed from the chart.

If we deny or partially deny your request for amendment, you have the right to submit a rebuttal and request the rebuttal be made a part of your medical record. We have the right to file a rebuttal responding to yours in your medical record. You also have the right to request that all documents associated with the amendment request (including rebuttal) be transmitted to any other party any time that portion of the medical record is disclosed.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your medical information for purposes other than treatment, payment, health care operations and a limited number of special circumstances involving national security, correctional institutions and law enforcement. This list will also excuse any disclosures we have made based on your written authorization. To obtain this list, you must submit your request **in writing** to the Director of Electronic Health Information. It must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **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 in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received. 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 or we are required by law to use or disclose the information. That agreement must be in writing and signed by you and us. You must submit your request in writing to the Privacy Officer.

**We are required to agree to your request** if you pay for treatment, services, supplies and prescriptions “out of pocket” and you request the information not be communicated to your health plan for payment or health care operations purposes. There may be instances where we are required to release this information if required by law. You must submit your request **in writing** to the Privacy Officer.

- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about your health care in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications; you must submit your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. To obtain such a copy, contact any department receptionist.

## **F. CHANGES TO THIS NOTICE**

We reserve the right to change this Notice and to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future.

We will post a summary of the current Notice in the office with its effective date in the top right hand corner. A copy will be posted on our website, [www.salemclinic.org](http://www.salemclinic.org). You are entitled to a copy of the Notice currently in effect.

## **G. BREACH OF HEALTH INFORMATION**

We will inform you if there is a breach of your unsecured health information.

## **H. QUESTIONS OR COMPLAINTS**

If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, please contact our Privacy Officer at 503-315-4646. If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services (HHS). To file a complaint with our clinic, contact our Privacy Officer at 2020 Capitol Street NE, Salem, Oregon, 97301. All complaints must be **submitted in writing**. You will not be penalized for filing a complaint.

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