HEALTH AND HUMAN SERVICES

NOTICE OF PRIVACY PRACTICES

This form is available upon request in alternative formats including large print, Spanish and oral presentation.

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.**

Your Rights

You have the right to:

- Get a printed copy of your medical record
- Request a correction be made to your medical record
- Request how we communicate with you about your private information
- Ask that we limit what information about you is shared
- Get a list of those with whom we have shared your information
- Request a copy of this privacy notice at any time
- Have someone make choices on your behalf
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2** for more information on these rights and how to exercise them

Your Choices

YCHHS is committed to maintaining the confidentiality of those we work with. In general, your information will remain private as far as the law allows. Your permission is required for us to:

- Share your personal information with anyone outside of YCHHS
- Sell any of your personal information
- Use any of your personal information for marketing

There are some situations when your information can be disclosed unless you ask that it not be. In these cases, only the information related to the situation would be used:

- Communication with a person you have asked to be involved in your care, or payment for your care, while you are present, in emergency situations, and/or to notify of your death
- Coordination of care and/or notifying family members or friends of your condition or location in the case of a disaster
- Behavioral health care coordination

➤ **See page 3** for more information on these choices and how to exercise them

Our Uses & Disclosures

We may use and share your information for the following:

- Providing, managing, and coordinating your treatment
- Managing and supporting how our agency functions
- Billing purposes
- Helping with public health and safety issues
- Research purposes
- Compliance with the law
- Responding to organ and tissue donation requests
- Working with a medical examiner or funeral director
- Addressing workers' compensation, law enforcement, and other government requests
- Responding to lawsuits and legal actions

➤ **See page 3 and 4** for more information on these uses and disclosures

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.

Get a printed copy of your medical record	• You can ask to see or get an electronic or paper copy of your medical records and other health information we have about you. Ask us how to do this. • We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Request a correction be made to your medical record	• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. • We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request how we communicate with you about your private information	• You can ask us to contact you in a specific way (for example, requesting that we only call your home or office phone) or to send mail to a different address. • We will say "yes" to all reasonable requests.
Ask us to limit what information is used or shared	• You can ask us not to use or share certain health information for treatment purposes, payment, and/or our program operations. We are not required to agree to your request, and we may say "no" if it would affect your care. • If you pay for a service or health care item, you can ask us not to share that information with your health insurer. We will say "yes" unless a law requires us to share that information.
Get a list of those with whom we have shared your information	• You can ask for a list (or accounting) of the times we' have shared your health information. That list can go back six years prior to the date when you make this request. It will show with whom we have shared any information and why. • We will include all the records shared except for those about your treatment, payment, and health care operations. Certain other disclosures (such as any you had requested) will also be left out. We will provide one list, per year, for free. Any requests for additional copies within a 12-month period will have a reasonable, cost-based fee.
Request a copy of this privacy notice	• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide it to you promptly.
Have someone make choices on your behalf	• If you have a legal guardian or have given someone medical power of attorney, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you believe your privacy rights have been violated	• If you feel that your rights have been violated by a YCHHS employee, you can make a complaint at 627 NE Evans, McMinnville, OR 97128 or by contacting us at 503-434-7523. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. • We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you have some options about what we can share.

If you have a clear preference for how we share your information in the situations described below, please let us know. Whenever possible, we will accommodate your requests.

In these cases, you have both the right and choice to request that we not:	• Share any information with a family member or friend, who is involved in your care, or payment for your care, at times when you are present, in an emergency situation and/or to notify the person of your death. • Share information about your condition and location in the case of a disaster. *Unless you specifically ask that we not share any information in these situations, such as if you were found unconscious, we may share the least information possible if we believe it would be in your best interest. We may also share your information in situations where there is a serious and imminent threat to health or safety.*
In these cases, we *never* share your information unless you give us written permission:	• Marketing purposes • Sale of your information • Sharing your psychotherapy notes

Our Uses & Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Providing, managing, and coordinating your treatment	• We can use your health information and share it with other professionals who are treating you.	***Example:*** *A doctor treating you for an injury asks another doctor about your overall health condition.*
Managing and supporting how our agency functions	• We can use and share your health information to run our practice, improve your care, and contact you when necessary.	***Example:*** *We use health information about you to manage your treatment and services.*
Billing purposes	• We can use and share your health information to bill and get payment from health plans or other entities.	***Example:*** *We give information about you to your health insurance plan so it will pay for your services.*

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.**

Helping with public health and safety issues	We can share health information about you for certain situations, such as: • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone's health or safety
Research purposes	• We can use or share your information for health research.
Compliance with the law	• We will share information about you if state or federal laws require it, such as if the Department of Health and Human Services requests information in order to see whether we are complying with federal privacy law.
Responding to organ and tissue donation	• We can share health information about you with organ procurement organizations.
Working with a medical examiner or funeral director	• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Addressing workers' compensation, law enforcement, and other government requests	• We are required to share health information about you: • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services
Responding to lawsuits and legal actions	• We are required to share health information about you in response to a subpoena or a court or administrative order.

I. Yamhill County Health & Human Services (YCHHS) may only use or release substance abuse records if the person or business receiving the records has a specialized agreement with YCHHS.

II. YCHHS follows the requirements of federal and state privacy laws including laws about protecting information related to drug and alcohol abuse and treatment and to mental health condition(s) and treatment.

III. If YCHHS releases information to 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.

Our Responsibilities

- 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 must follow the duties and privacy practices described in this notice and provide you with a copy.
- We will not use or share your information other than as described here without your written permission to do so. If you give us permission to use or share your information, you may change your mind at any time. Please let us know this in writing.

For more information see: 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. If this happens, the changes will apply to all information we have about you. A copy of the most current Notice will be on our website and available at the front desk.

This Notice of Privacy Practices applies to the following organizations.

This notice applies to Yamhill County Health & Human Services and its business associates.

To use any of the privacy rights listed above or to request this notice in Spanish or other format, you may contact:
Telephone: 503-434-7523
Fax: 503-434-9846
TTY: 1-800-735-2900