

Mid-Columbia Center for Living

CLIENT COMPLAINT/GRIEVANCE PROCEDURE INFORMATION SHEET

Individuals receiving services at Mid-Columbia Center for Living (MCCFL) have the right to address problems and concerns during treatment or contact with Mid-Columbia Center for Living. It is important to Mid-Columbia Center for Living to be responsive to individuals and the community. Individuals seeking information about services should expect to be treated with courtesy, and have their questions or concerns addressed as quickly as possible.

A complaint is defined as a situation in which a person expresses concern or dissatisfaction about treatment, staff, or services. A complaint may also be filed if a client feels there has been unjust termination, suspension, or reduction of previously authorized services; these types of complaints are technically referred to as grievances and a Notice of Action will be mailed 10 days prior to the start date of the action unless specific conditions exist.

Whenever an individual has unaddressed concerns regarding services, he/she should feel free to ask for help from the Mid-Columbia Center for Living staff who is working with him/her. If the individual/client feels the issue is not being adequately addressed or the issue is about the individual who is working with him/her, he/she may directly contact a Program Supervisor of Mid-Columbia Center for Living. The Program Supervisor will then ensure that the matter gets prompt attention and review. The Program Supervisor shall contact and/or meet with the individual to resolve the complaint and further discuss their concerns.

“Grievance” means a formal complaint submitted to a provider verbally, or in writing, by an individual, or the individual’s chosen representative, pertaining to the denial or delivery of services and supports. OAR 309-019-0105(46).

If an individual feels that the informal process has not addressed the matter, then he/she may follow the formal complaint process as listed below:

1. The individual with the grievance will receive a copy of the Grievance Form and Client Grievance Procedure Information Sheet. The individual will be asked to submit the grievance in writing. The Grievance Form and Client Grievance Procedure Information Sheet can be obtained at each MCCFL clinic or office. Oregon Health Plan (OHP) members must use the OHP-specific form.
2. Clients will be provided assistance in filling out the Grievance Forms, if requested. Clients will be provided any reasonable assistance in completing forms and taking procedural steps that may include, but not limited to interpreter services and toll free numbers with Teletyping Device for the Deaf/ Teletypewriter TTY/TTD and interpreter capabilities.
3. The original grievance will be sent to MCCFL’s Compliance Officer no later than 24 hours following the completion of the form. Additionally, a copy is forwarded to the Program Supervisor and/or appropriate Manager for rapid attention. The final determination will be made by an individual not involved in a previous level of review or decision making.

4. If the circumstances surrounding client's grievance may result in harm due to inaction, client/guardian or staff may request expedited processing to either the MCCFL Executive Director and/or Coordinated Care Organization (CCO). The Executive Director will provide a written response within 48 hours of the client's request. The written response must include information about the appeals process.
5. If information pertinent to the grievance is required from individuals outside of MCCFL, and there is no release of information for that individual already present in the client's chart, an Authorization for the Release of Confidential Information naming those individuals, must be signed by the client prior to communication.
6. For a non-expedited grievance a formal decision will be made by the Compliance Officer or designee after an investigation into the grievance is made and within 5 working days from receiving the grievance. The decision may be communicated orally or in writing within the 5 working days. If the grievance was received in writing, a written decision must be provided. If a written decision cannot be made within 5 working days, a written explanation and an expected date of response (not to exceed 30 calendar days from the date the grievance was received), will be sent to the individual filing the grievance.
7. **There are no negative consequences for filing a complaint, and it will be kept as confidential as possible.**
8. At any time a client has the right to grieve directly with their Coordinated Care Organization (CCO) Pacific Source (PS) or Managed Care Organization (MHO) Greater Oregon Behavioral Health Inc. (GOBHI) or request a State fair hearing through the Department of Human Services and Oregon Health Authority.
9. If the individual is an Oregon Health Plan Prepaid Health Plan Member, and is dissatisfied with the disposition of the grievance, the individual may present their complaint to the Division of Medical Assistance Program (DMAP) Ombudsman as outlined in the OHP Member Handbook. A copy of this procedure may be requested at MCCFL's clinics and offices.

APPEALS

Clients may request an appeal of the Grievance decision if he/she disagrees with the outcome of the grievance.

1. Appeals will be resolved and a notification will be sent to the client within ten (10) calendar days from the request for the Appeal. Staff members conducting the review will not have been directly involved in making the original decision regarding the Action or Grievance.
2. Clients covered by OHP may request an expedited Appeal if mental status of the client meets the definition of an Emergency Situation or an Urgent Situation. MCCFL will follow the OHP "HOW TO APPEAL A DECISION" highlighted below.
3. A client may request that his/her services are continued pending the outcome of their Appeal.

4. If information pertinent to the appeal is required from individuals outside of MCCFL, and there is no release of information for that individual already present in the client's chart, then an Authorization for the Release of Confidential Information naming those individuals must be signed by the client prior to communication.
5. If, after an individual has gone through both the entire MCCFL Grievance and Appeal process, the individual still wishes to contest the decision, and if he/she is an Office of Mental Health Addictions Services, (OMHAS) member, he/she may request a DHS Administrative Hearing, as outlined in the "Notice of Hearing Rights" and the Hearing Request Form (MSC 443).

GRIEVANCES, APPEALS AND HEARING RIGHTS, OHP 2017 HANDBOOK

The following information will be provided to clients at intake regarding their rights and responsibilities on grievances and complaints.

HOW TO MAKE A COMPLAINT OR GRIEVANCE

You can complain or file a grievance if you are unhappy with OHP or your CCO, provider or services. If you are in a CCO, call its customer service department or send the CCO a letter.

The CCO will call or write back in five days to let you know that staff are working on it. If the CCO needs more time, the letter will say so. The CCO must address your complaint within 30 days.

If you are a FFS member call OHP Client Services.

"NOTICE OF ACTION" NOA

If your CCO or OHP denies, stops or reduces a medical, dental or behavioral health service your provider has ordered, you will receive a "Notice of Action" letter in the mail. This letter explains why they made that decision.

The letter will explain how to appeal (through your CCO) or request a hearing (through OHP) to ask to have the decision changed. You have a right to ask for both an appeal and a state fair hearing at the same time. You must ask no more than 45 days from the date on the "Notice of Action" letter.

IMPORTANT INFORMATION ABOUT NOAs

Receiving a NOA is important because it allows you to request an appeal from your CCO/plan or a hearing with OHA if you do not agree with the decision. If your health care provider tells you that you will need to pay for a service that is not covered, ask to get a "Notice of Action" that shows the service is not covered. Once you have it, you can ask for an appeal with your CCO/plan or a hearing with OHP.

If you did not receive an NOA, ask your CCO/plan or OHP to send you one.

NOA CONTENT

The NOA you receive from OHA and your plans may look different, but every NOA must:

- Clearly state that it is a Notice of Action
- List a date of notice
- List an effective date
- List the provider who has requested the service, treatment or item
- Clearly explain why the CCO/plan or OHA decided not to approve the request
- List the Oregon Administrative Rules that the decision to deny were based on
- Give you a contact number to get information that was used to deny requested services or item
- Include a telephone number to call if you have questions about the information in the NOA, or your appeal and hearing rights

IN ADDITION, THE NOA MUST INCLUDE INFORMATION ABOUT:

- Your hearing rights (all OHP members have the right to a hearing, even if you're in a CCO/plan and are also requesting an appeal)
- How to appeal the decision, if you are in a CCO or plan
- How you can continue to receive the service/ item while you wait for the appeal or hearing
- Getting an expedited (fast) appeal or hearing

HOW TO APPEAL A DECISION

In an appeal, your CCO will ask a health care professional to review your case. To ask for an appeal:

- Call or write your CCO's customer service.

You can ask for an appeal and a hearing by completing the "Appeal and hearing request for denial of medical services" (DMAP 3302). Your CCO will include this form when it sends you a "Notice of Action" letter.

You also can get this form in your preferred language by calling your CCO or OHP Client Services or by going to OHP.Oregon.gov. Click "[Complaints and appeals.](#)"

Call your CCO if you want help asking for an appeal.

You will get a "Notice of Appeal Resolution" from your CCO within 16 days. It will tell you if the reviewer agrees or disagrees with your CCO's decision.

In the meantime, if the notice is about a service you are already getting, you may be able to ask to keep getting the service if you:

- Ask your CCO to continue the service and
- Ask within 10 days of the effective date on the "Notice of Action" letter

If you receive the letter after the effective date, please call your CCO for instructions.

If the reviewer agrees with the original decision, you may have to pay for services you

IF YOU NEED A FAST (EXPEDITED) APPEAL

You and your provider may believe that you have an urgent medical, dental or mental health problem that cannot wait for a regular appeal. If so, tell your CCO that you need a fast (expedited) appeal.

Fax your request to your CCO. Include a statement from your provider or ask the provider to call and explain why it is urgent. If your CCO agrees that it is urgent, a staff person will call you with the decision in three workdays.

YOUR PROVIDER CAN HELP

Your provider has a right to appeal for you when a CCO denies the provider's physician's orders.

HOW TO GET A STATE FAIR HEARING

CCO members and FFS members can have a hearing with an Oregon administrative law judge. A CCO member can have a hearing only after asking for an appeal, which resulted in the appeal not changing the original decision. You will have 45 days from the date on your "Notice of Action" or "Notice of Appeal Resolution" to ask OHP for a hearing.

You can ask for a hearing by completing the (DMAP 3302) form. Your CCO will include this form when it sends you a "Notice of Action" letter. You can get this form in your preferred language by calling your CCO or OHP Client Services. You can also find it online at OHP.Oregon.gov. Click "[Complaints and appeals.](#)" If you are enrolled in a CCO, you can request an appeal and a hearing at the same time.

At the hearing, you can tell the judge why you do not agree with the decision and why you think OHP should cover the services. You do not need a lawyer, but you can have one or ask someone else, such as your doctor, to be with you.

If you hire a lawyer, you must pay the lawyer's fees. You can call the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at 1-800-520-5292, TTY 711, for advice and possible representation. Find information on free legal help at www.oregonlawhelp.org.

IF YOU NEED AN EXPEDITED HEARING

You and your provider may believe that you have an urgent medical problem that cannot wait for a regular state hearing.

Fax your hearing request form to the OHP Hearings Unit at 503-945-6035. Include a statement form (DMAP 3302) to your provider explaining why it is urgent. If OHP agrees that it is urgent, the Hearings Unit will call you in three workdays, (541) 382-5920, (800) 431-4135 Toll-free (800) 735-2900 TTY. Please note: A provider can file an appeal or grievance on a member's behalf.

At any time a client has the right to grieve directly with their Coordinated Care Organization (CCO) Pacific Source (PS) or Managed Care Organization (MHO) Greater Oregon Behavioral Health Inc. (GOBHI). Please see contact information:

PacificSource Community Solutions Customer Service

(541) 382-5920

(800) 431-4135 Toll-free

(800) 735-2900 TTY

Greater Oregon Behavioral Health, Inc.

Complaint and Appeals Coordinator

401 E. 3rd Street

Suite 101

The Dalles, OR 97058

Member Services: 1-800-493-0040

Fax Number: 541-298-7996

Disability Rights Oregon 1-800-452-1694

MCCFL reserves the right to amend this policy at any time.

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grievance procedure ENGLISH.doc

Last updated 9/12/2017

Mid-Columbia Center for Living

NOTICE OF RIGHT TO MAKE A DECLARATION FOR MENTAL HEALTH TREATMENT

Under Oregon law, individuals have the right to make a written Declaration for Mental Health Treatment.

A Declaration for Mental Health Treatment allows you to make decisions in advance about certain types of mental health treatment: psychoactive medication, short-term (not to exceed 17 days) admission to a treatment facility, convulsive treatment and outpatient services. Outpatient services are mental health services provided by appointment by licensed professionals and programs. The instructions that you include in this declaration will be followed only if a court or two physicians believe that you are incapable of making treatment decisions. Otherwise, you will be considered capable to give or withhold consent for the treatments. Your instructions may be overridden if you are being held pursuant to civil commitment law.

You may also appoint a person as your representative to make treatment decisions for you if you become incapable. The person you appoint has a duty to act consistently with your desires as stated in this document or, if not stated, as otherwise known by the representative. If your representative does not know your desires, he or she must make decisions in your best interests. For the appointment to be effective, the person you appoint must accept the appointment in writing. The person also has the right to withdraw from acting as your representative at any time. A “representative” is also referred to as an “attorney-in-fact” in state law but this person does not need to be an attorney at law.

The Declaration for Mental Health Treatment will continue in effect for a period of three years unless you become incapable of participating in mental health treatment decisions. If this occurs, the directive will continue in effect until you are no longer incapable.

You have the right to revoke the Declaration in whole or in part at any time you have not been determined to be incapable. ***YOU MAY NOT REVOKE A DECLARATION OF MENTAL HEALTH TREATMENT WHEN YOU ARE CONSIDERED INCAPABLE BY A COURT OR TWO PHYSICIANS.*** A revocation is effective when it is communicated to your attending physician or other provider.

If you would like more information regarding a Declaration of Mental Health Treatment, please ask your counselor or case manager to provide this information to you.



ADVANCE DIRECTIVE INFORMATION

Every adult may accept or refuse any medical treatment. The right to self-determination is relatively easy when a person is well and can speak. Unfortunately, during severe illness, people may be unconscious or otherwise unable to communicate their wishes.

Making decisions about care sometimes presents questions, conflicts, or other dilemmas for the clinical professionals and the patient, family, or other decision-makers. These dilemmas may arise around issues of admission, treatment, or discharge. They can be especially difficult to resolve when the issues involve, for example, withholding resuscitative service, or foregoing on withdrawing life-sustaining treatment. Dilemmas that do arise will be addressed with patient, family members, and caregivers as needed to assist with conflict resolution.

Federal laws provide a means by which you may make your wishes known regarding your health care decisions: The *Advance Directive* allows you to direct health care providers to withhold or withdraw life-sustaining procedures in the event you suffer from a terminal illness, are permanently unconscious, have advance progressive illness, or extraordinary suffering.

The appointment of a **Health Care Representative** allows you to designate a specific person to assume authority for making health care decisions on your behalf should you be unable to do so. You may also give specific instructions regarding any aspect of your health care.

In the absence of *Advance Directive* the Mid-Columbia Center for Living will offer you the treatment and help your physician feels is appropriate. The forms included are for the use of the adult who wishes to complete an *Advance Directive*. The existence of or lack of an *Advanced Directive* does not determine an individual's access to care, treatment, and services.

Advance Directive forms do not require the assistance of an attorney to complete. If you would like more information, a booklet titled [Making Healthcare Decisions](#) is available by calling Oregon Health Decisions at 1-800-422-4805, or by contacting Mid-Columbia Center for Living Referral Coordinators at 541-386-5452 ext. 3236, or 541-386-2620 ext. 2103.

Advance Directives relating to your care at Mid-Columbia Center for Living must be on file in your medical record in our Medical Records Department for us to adhere to your wishes.

MID-COLUMBIA CENTER FOR LIVING
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.

This notice is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA). Contact MCCFL by phone in The Dalles at 541.296.5452, in Hood River at phone 541.386.2620

This Notice describes the privacy practices of **Mid-Columbia Center for Living** physicians, counselors, therapist, case managers, and other personnel in counties served by the Center. All Center locations are considered as one covered entity under HIPAA.

I. Our Privacy Obligations

We are required by law to maintain the privacy of your health information (“**Protected Health Information**” or “**PHI**”) and to provide you with this Notice of our legal duties and privacy practices with respect to your PHI. When we use or disclose your Protected Health Information, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure). *Mental Health Client PHI is protected under the HIPAA Privacy Rule (45 C.F.R. Parts 160 & 164) as well as Oregon state law. Alcohol and Drug Client Personally Identifiable Information (PII) is protected under both HIPAA and the more stringent Federal Law 42 CFR Part 2 and Oregon state law. Allowable uses and disclosures of PHI for mental health clients and PII of alcohol and drug clients are outlined in Sections III and IV, respectively.*

II. Uses and Disclosures REQUIRING YOUR WRITTEN AUTHORIZATION

In certain situations, we must obtain your written consent or authorization (“**Your Authorization**”) in order to use and/or disclose your PHI.

Right to Revoke Your Authorization. As a mental health client, you may revoke Your Authorization, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to your service provider. [45 CFR 164.520(b)(1)(ii)(E)] Alcohol and Drug clients may cancel authorizations orally or in writing. For Alcohol and Drug clients, a criminal justice system authorization can be irrevocable. [42 CFR Part 2].

MCCFL cannot take back any uses or disclosures already made with your prior authorization.

• **Uses and Disclosures of Your Highly Confidential Information.** Federal and Oregon law impose special privacy protections for “Highly Confidential Information”, which includes (1) treatment of mental illness, (2) alcohol and drug abuse treatment, (3)

HIV/AIDS testing, (4) child abuse/neglect, (5) sexual assault, and (6) genetic testing. We must obtain your authorization in order for us to disclose your Highly Confidential Information for a purpose other than those permitted by law.

III. Uses and Disclosures WITHOUT YOUR AUTHORIZATION

We may use and disclose your PHI without Your Authorization for the following purposes. These apply to all clients; Section IV, which is more stringent, applies to AOD clients only.

Treatment, Payment and Health Care Operations.

- **Treatment.** We use and disclose your PHI to provide treatment and other services to you. We may also disclose PHI to other providers involved in your treatment.
- **Payment.** We may use and disclose your PHI to obtain payment for services that we provide to you from Medicare, the Oregon Medicaid program or another governmental program that arranges or pays the cost of some or all of your health care. We will obtain Your Authorization to disclose PHI to your private health insurer, HMO or other private payor. We must obtain authorization of Alcohol and Drug clients in order to disclose PHI to and HMO, health insurer or other private payor.
- **Health Care Operations.** We may use and disclose your PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you.

Disclosure to Relatives, Close Friends and Other Caregivers. We may use or disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure. [45 CFR 164.510(b)]

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition or death. [45 CFR 164.510(b)]

Public Health Activities. We may disclose your PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and

neglect to the Oregon Department of Children and Family Services or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance. [45 CFR 164.512(b)]

Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to the Oregon Department of Human Services or other governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence. [45 CFR 164.512(c)]

Health Oversight Activities. We may disclose your PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid. [45 CFR 164.512(d)].

Judicial and Administrative Proceedings. We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process. Further, unless specifically authorized by a court order, we may not use or disclose PHI identifying you as a recipient of alcohol and drug treatment services. [45 CFR 164.512(e)][42 CFR part 2]

Law Enforcement Officials. We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena. [45 CFR 164.512(f)].

Decedents. We may disclose your PHI to a coroner or medical examiner as authorized by law. [45 CFR 164.512(g)] [ORS 432.307(3)]

Health, Safety or Other Government Functions. We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety. [45 CFR 164.512(j)]

Workers' Compensation. We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs. [164.512(l)] [OAR 436-010-0240(1)]

Business Associate Agreement

We may disclose your PHI to a Business Associate who has contracted with us and has agreed to abide by the federal and state confidentiality protections to safeguard the information. These disclosures will be limited and relevant only to the specific work being done by the Business Associate.

Research

We may disclose your PHI to researchers conducting scientific research if the Program Director has determined that the researcher (1) is qualified to the research; (2) has protocol securing the privacy and redisclosure of PII; *and* (3) has had stringent review of an Internal Review Board and it is deemed safe enough to protect confidentiality of PII in light of the potential research benefits.

Cadaveric Donation

We may disclose your PHI in the event of Cadaveric donation.

As required by law when required to do so by any other law not already referred to in the preceding categories.

IV. Uses and Disclosures WITHOUT YOUR AUTHORIZATION for Clients receiving Drug and Alcohol Treatment Services

We may use and disclose your Personally Identifiable Information (PII) without Your Authorization for the following purposes:

Internal Communications. We may disclose your PII within the Alcohol and Drug Treatment Program (referred to hereafter as Program) at MCCFL, as well as between the Program and the agency Administration that has control over the Program.

Anonymous Disclosures. We may disclose information that does not in any way link you to a substance abuse program.

Qualified Service Organization Agreements (QSOAs). We may disclose your PII if we have a written agreement between the Program and an outside Service Organization (SO). The SO may *not* be a law enforcement agency or another substance abuse program that provides the same or similar services. Permissible disclosures are limited to the extent that the PII/PII being exchanged is needed by the SO to provide the agreed-upon services to the Program. MCCFL has a QSOA with its mental health services program in order to provide integrated services. The agency also has such agreements with testing labs to assure confidentiality of PII being passed between entities.

Medical Emergency. We may disclose your PII in the case of a medical emergency if the disclosure is made to medical personnel; a condition is present that poses an immediate threat to your health; *and* a need exists for immediate medical intervention. The specifics of the incident must be documented.

Research. We may disclose your PII to researchers conducting scientific research if the Program Director has determined that the researcher (1) is qualified to the research; (2) has protocol securing the privacy and redisclosure of PII; *and* (3) has had stringent

review of the protocol and it is deemed safe enough to protect confidentiality of PII in light of the potential research benefits.

Audit & Evaluation. We may disclose your PII to regulatory agencies, funders, third-party payers, and peer review organizations so that they may monitor the Program to ensure that it is complying with regulatory mandates and are properly accounting for and disbursing all funds received. These disclosures are time-limited, involve signed confidentiality agreements, disallow redisclosure of information to third parties, and require secure facilities and recordkeeping practices to protect PII when not in use.

Authorizing Court Order. We may disclose your PII with a *special court order* with specific criteria (dependent on the type of case). A regular subpoena, search warrant, or arrest warrant in and of itself is insufficient to permit or require disclosure of PII.

Patient Threat/Crime on Program Premises or Against Program Personnel. We may disclose your PII to law enforcement when a client commits or threatens to commit a crime on the program premises or against program personnel. The permitted disclosure is limited to the incident, including client name, address, last known whereabouts, and status.

Reporting Suspected Child Abuse or Neglect. Compliance with State laws requires staff to report suspected child abuse or neglect. Program staff can report client name, address, nature of suspected abuse/neglect, and how the reporter became aware of it.

V. Your Rights Regarding Your Protected Health Information

Complaints. If you are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact our Privacy Officer. You may also file written complaints with the Secretary, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Secretary. We will not retaliate against you if you file a complaint with the Secretary or us.

Right to Request Additional Restrictions. You may request restrictions on our use and disclosure of your PHI. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please notify your service provider. We will send you a written response within 10 working days.

Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable **written** request for you to receive your PHI by alternative means of communication or at alternative locations. [45 CFR 164.522(b); 164.520(b)(1)(iv)(B)] If you wish to request confidential communications, please notify your service provider.

Right to Review and Receive A Copy of Your Record. You may request access to your medical record file and billing records maintained by us in order to review and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form from the Business Support staff or your worker and submit the completed form to the Privacy Officer. If you request copies, we will charge you **\$0.50** for each page, up to a maximum of **\$20.00**. We will also charge you for our postage costs, if you request that we mail the copies to you.

Right to Amend Your Records. You have the right to request that we amend Protected Health Information maintained in your medical record file or billing records. If you desire to amend your records, please obtain a *Request for Amendment of PHI* form from MCCFL staff and submit the completed form to the Privacy Officer. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

Right to Receive An Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six (6) years and does not apply to disclosures that occurred prior to April 14, 2003. If you desire a copy of an accounting of disclosures, please notify MCCFL staff. You are entitled to one free accounting of disclosures every 12 months (164.528(c)(2)); subsequent request are subject to a fee of \$.50 per page for copying costs and clerical work necessary to complete the requested accounting.

Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.

VI. Effective Date and Duration of This Notice

- A. **Effective Date.** This Notice is effective as of April 14, 2003.
- B. **Right to Change Terms of this Notice.** MCCFL may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in waiting rooms in our clinics. You also may obtain any new notice by contacting the Privacy Officer.

VII. Privacy Officer

You may contact the Privacy Officer at: MCCFL Privacy Officer, Mid-Columbia Center for Living, 1610 Woods Court, Hood River, Oregon 97031; Telephone Number: (541) 386-2620.

Last updated March 2013.

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