

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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