



Effective Date: October 6, 2021

## 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.

*If you have any questions about this notice, please contact our Compliance Department at 541-229-7080.*

We understand that your health information is personal, and we take the privacy of our patients and others we serve very seriously. The law requires us to (1) protect the privacy of the health information we create or receive; (2) provide you with this notice describing how we may use and share your health information; and (3) follow the terms of this notice.

This notice applies to health care providers affiliated with Umpqua Health, LLC, including **Umpqua Health - Newton Creek, LLC** and all of their employees, volunteers, and service providers, including clinicians, who have access to the health information we have received while caring for you.

### **A. Use and Disclosure of Health Information Without Your Permission.**

We may use or share your health information without your permission in the following circumstances:

1. *Treatment.* We may use your health information to provide you with health care services and to coordinate and manage your care. We may share your health information with doctors, nurses, technicians, and others involved in your care, including third parties such as hospitals, pharmacies, or home health agencies.

*Example: A doctor treating your injury may need to review your medical history to know if you have other health conditions that may complicate your treatment. The doctor may also share your treatment plan with a physical therapist involved in your care.*

2. *Payment.* We may use and share your health information so that we, or others, may bill and be paid by you, your insurance company, or a third party for the health care services provided to you. We may also tell your health plan about a treatment you are going to receive, to obtain your plan's prior approval or learn if your plan will pay for the treatment.

*Example: We may provide information to your health plan about the services we provided to treat your injury, so that the health plan will pay us or reimburse you for those services.*

3. *Operations.* We may use and share your health information to run the necessary administrative, educational, quality assurance, and business functions at our clinics.

*Example: We may use your health information to evaluate the performance of our staff in caring for you or to help us determine what additional services we should offer and how we can improve efficiency or quality of care.*

4. *Information Exchange.* We utilize an electronic health record system that is maintained by an Umpqua Health affiliate and is shared by multiple health care providers and organizations in the Douglas County community. We also participate in local and national health information exchanges that permits health care providers to electronically exchange health information. Your health information may be shared with other providers and organizations when necessary and as appropriate for our and their treatment, payment, and health care operations purposes.

5. *Organized Health Care Arrangement.* We participate in a clinically integrated network that engages in certain health care quality and efficiency initiatives and is supported by ACE Network, LLC. Participants of the clinically integrated network have formed an organized health care arrangement (“OHCA”). As our business associate, ACE Network, LLC facilitates information sharing among the OHCA participants in furtherance of the OHCA’s health care quality and efficiency-related activities. Your health information may be shared by ACE Network, LLC with other OHCA participants.

6. *Appointment Reminders.* We may use and share your health information to contact you as a reminder that you have an upcoming appointment for treatment or related services.

7. *Treatment Alternatives and Related Services.* We may use and share your health information to tell you about or recommend possible treatment options, alternatives, or health and related benefits or services that may be of interest to you.

8. *Public Health.* We may share your health information for public health activities, such as preventing or controlling disease, injury, or disability; reporting births, deaths, suspected abuse or neglect, domestic violence, or non-accidental physical injuries; reporting reactions to medications or problems with products; and helping with product recalls.

9. *Health Oversight.* We may share your health information with health oversight agencies for activities authorized by law, such as audits and investigations.

10. *Legal Proceedings.* We may share your health information in response to any court order, administrative order, or subpoena that requires us to share your information, if certain requirements are met.

11. *Law Enforcement.* We may share your health information with law enforcement officials, as appropriate, to report a crime or assist in the investigation of a crime.

12. *Public Safety.* We may share your health information to prevent a serious threat to anyone’s health or safety.

13. *Employment.* We may share your health information with employers, insurers, and others to comply with laws related to workers’ compensation and employment safety.

14. *Organ Donation.* We may share your health information with organ procurement organizations or organ donation banks to facilitate organ, eye, or tissue donation or transplantation.

15. *Death.* We may share your health information with coroners, medical examiners, or funeral directors if you die.

16. *Research.* We may use or share your health information for research purposes under certain limited circumstances.

17. *Special Circumstances.* We may share your health information for specific government functions, such as national security, military activities, the operation of correctional facilities, and government benefit programs.

18. *Required by Law.* We will share your health information as required by federal, state, or local laws.

#### **B. Disclosure of Health Information to Family and Friends.**

1. We may share your health information with your family, close friends, or others involved in your care or the payment of your care if you tell us we can do so or if we can assume, based on the circumstances and our professional judgment, that you do not object. If you are unable to approve or object (for example, if you are unavailable or unconscious), we may share your health information that is related to the particular person's involvement in your care only if we feel it is in your best interest.

2. We may also share your health information to notify, or assist in notifying, your family, close friends, or others involved in your care of your location or general condition. For example, in a natural disaster or other emergency, we may share your health information with a disaster relief organization to assist in notifying your family of your location and general condition.

#### **C. Use and Disclosure of Health Information for Fundraising Activities.**

We may use and share a limited amount of your health information to contact you in connection with fundraising efforts. Any fundraising communications you receive from us will include information about how you can elect not to receive any further fundraising communications.

#### **D. Use and Disclosure of Your Health Information Requiring Written Permission.**

Other than for the purposes described above in Sections A-C, we will not use or share your health information for any purpose unless you give us specific written permission to do so. Special circumstances that require your written permission include:

1. *Psychotherapy Notes.* In most cases, we may not share your psychotherapy notes without your written permission.
2. *HIV Test Results.* In certain circumstances, disclosure of your test results for human immunodeficiency virus (HIV) requires your written permission.
3. *Sale of Health Information.* We will not sell your health information without your written permission.
4. *Marketing.* We will not use or share your health information for marketing purposes that encourage you to buy a product or service, unless we have your written permission.

If you provide written permission, you can revoke it at any time by contacting the Compliance Department in writing. If you revoke your permission, we will no longer use or disclose your health information as allowed by the written permission, except to the extent we have already relied on it.

#### **E. Your Rights Regarding Your Health Information.**

You have the following rights with respect to your health information. If you want to exercise these rights, you must do so in writing by completing a form you can obtain from the Umpqua Health Compliance & Privacy Office. In some cases, we may charge you for the costs of providing materials to

you. You can get more information about how to exercise your rights and any costs that we may charge for materials by contacting the Umpqua Health Compliance & Privacy Office.

1. *Request Restrictions.* You can ask us in writing to limit how we use or share your health information for treatment, payment, or our operations. We are not required to say “yes” to your request, and we may say “no” if it would affect your care. Please ask a staff member for the Request for Restriction of Health Information form.

If you or someone else, other than your health plan, pays for a procedure, service, or test out-of-pocket and in full, you can ask that we not share that information with your insurer for payment or health care operations purposes. We will say “yes” to your request, unless the law requires us to share that information.

2. *Access.* You can ask to see or get an electronic or paper copy of your medical record and other health information. We will provide you with a copy or summary of your health information, usually within 30 days of your request. We may say “no” to your request in certain circumstances, but if we do, you may ask that the decision be reviewed.

3. *Amend.* If you believe your health information is incorrect or incomplete, you can ask us in writing to correct the information. We may deny your request in certain circumstances, but we will tell you why in writing, usually within 60 days of your request. Please ask a staff member for the Request for Amendment of Protected Health Information form.

4. *Accounting of Disclosures.* You can ask us for a list of when we shared your health information, who we shared it with, and why. We will include all disclosures except:

- Disclosures made for treatment, payment, and our operations;
- Certain other disclosures, such as disclosures made to you or made with your permission; and
- Disclosures made more than six years before your request.

5. *Confidential Communications.* You can ask us to contact you in a certain way or at a certain location. For example, you may ask us to contact you at work or by mail. We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

6. *Notice of Privacy Practices.* You can ask for a paper copy of this notice, even if you agreed to receive this notice electronically.

7. *Notice of Breach.* We must provide you with written notice if we discover a breach that may have compromised the privacy or security of your unsecured health information.

## **F. Changes to This Notice.**

We can change the terms of this notice, and the terms will apply to all health information we already have about you, as well as any information we receive in the future. The new notice will be available on our website, in our clinics, and upon request.

## **G. Questions or Complaints.**

If you have any questions about this notice or believe your privacy rights have been violated, please contact our Compliance Department at 541-229-7080 or [compliance@umpquahealth.com](mailto:compliance@umpquahealth.com).

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by following the instructions at <https://www.hhs.gov/hipaa/filing-a-complaint>.

We will not penalize or retaliate against you for filing a complaint.