

NOTICE OF PRIVACY PRACTICES

THIS NOTICE SAYS HOW WE MAY USE AND SHARE YOUR HEALTH INFORMATION. IT ALSO LETS YOU KNOW ABOUT YOUR RIGHTS. PLEASE READ THIS NOTICE CAREFULLY.

Effective Date: April 14, 2003

Douglas County Mental Health is a provider of mental health services. We are part of the Department of Health and Social Services and a member of Greater Oregon Behavioral Health, Inc. Greater Oregon Behavioral Health, Inc. is a mental health plan for eligible Oregon Health Plan (OHP) members in Douglas, Coos, Curry, Jackson, Josephine and Klamath Counties. We understand that the health information necessary for us to manage and provide services to you is private. We are required by federal and state laws to protect this information. In this Notice, this health information is referred to as "protected health information" or PHI.

This Notice says how we may use and share your PHI, and lets you know about your rights. It does not cover all of the situations when we may use or share your PHI. We will follow the Notice in effect at the time that we use or share your PHI.

You will receive a separate Notice from the Oregon Department of Human Services and/or from your medical health plan. This Notice covers their use and sharing of your PHI, and your rights related to your OHP medical and/or chemical dependency services.

How We May Use or Share Your PHI

Certain kinds of PHI are given special privacy protection by federal and state laws; this includes information about mental health and chemical dependency treatment, HIV/AIDS testing, child abuse and neglect, sexual assault, and genetic testing. We cannot share this information without your written authorization, except as required and allowed by law.

We may use your PHI for our own treatment, payment and healthcare operations without your authorization. Here are some examples of how we may use your PHI for these activities:

- **Treatment:** We may use your Protected Health Information to provide treatment and other services to you (ie. to diagnose and treat your mental health concern). In addition we may contact you to provide appointment reminders or information about treatment alternatives or programs to help you.
- **Payment:** We may disclose your PHI in order to obtain payment for the services which we have provided to you.
- **Healthcare Operations:** We may use your PHI to carry out our management responsibilities. For example, we may use your PHI to study the quality of our services and to plan how to meet the mental health needs of our clients.

Here are some situations where we may share your PHI without your authorization:

- **Public Health Activities:** We may use or share your PHI with public health agencies for reasons such as preventing or controlling disease, injury or disability.
- **Abuse Reports and Investigation:** We must share your PHI with government agencies in cases of suspected or known abuse, neglect or domestic violence.
- **Health Oversight Activities:** We may share your PHI with government oversight agencies for activities authorized by law. This person, in turn, must maintain confidentiality.
- **To Avoid Harm:** We may use or share your PHI, with some limits, when it is necessary to prevent a serious threat to you, another person or the public. If you are in a medical emergency, information needed to meet the emergency may be disclosed without your prior consent.
- **Research:** We may share information for research purposes but this information cannot identify who you are and the research project must be approved by an Institutional Review Board/Privacy Board.
- **Legal Proceedings:** We must share your PHI when required by a court order or for other legal proceedings.
- **Law Enforcement:** We may share your PHI in limited situations to law enforcement in response to a warrant, to identify or locate a suspect, or to provide information about the victim of a crime.
- **As Required by Law:** We must use or share your PHI when required by law.

For other situations not listed in this Notice, we may be required to ask your written authorization before using or sharing your PHI. You may cancel your authorization by delivering a written revocation statement to the Douglas County Mental Health Privacy Contact Person (listed below). We cannot take back any information we have already shared based on your authorization, however we will not share any additional information.

Your Rights

You have certain rights regarding your PHI maintained by us.

- **Right to Inspection and Photocopy.** You have the right to inspect and receive photocopies of your PHI. This request must be made in writing. Your request may be denied if we determine that the information may be harmful to you or others. You may be charged a reasonable fee to cover the expenses associated with your request.
- **Right to Request Restrictions.** You have the right to request restrictions on how we use or share your PHI for treatment, payment and health care operations; to individuals such as a family member who is involved with your care or with payment related to your care; or, to notify or assist in the notification of such individuals regarding your location and general condition. This request must be made in writing. We are not required to agree to the restrictions that you request.
- **Right to Request Confidential Communications.** You have the right to receive your PHI through a reasonable alternative means or at an alternative location. This request must be made in writing. We are not required to agree to the restrictions that you request.
- **Right to Request Amendment.** You have the right to request amendment of your PHI if you believe it is incorrect or incomplete. This request must be made in writing, and you must provide a reason for your request. We are not required to amend your PHI.
- **Right to Accounting of Disclosures.** You have the right to receive a list of when we have shared your PHI. This list will not include:
 - PHI Shared before April 14, 2003

- PHI used for our own treatment, payment and healthcare operations;
- PHI shared with you, or with your legal or personal representative;
- PHI shared with your written authorization; and
- PHI used or shared as required by law if we determine that including this information may be harmful to you or others.

This request must be made in writing, and you must specify a time period of up to 6 years. We will provide one list per 12-month period free of charge and may charge you a reasonable fee for additional lists during that same 12-month period.

- **Right to Paper Copy.** You have the right to receive a paper copy of this Notice at any time. To obtain a paper copy, contact our office at the address or phone number listed at the end of this session.

How to make a Request, report a Problem or file a Grievance

You can contact us to exercise any of these rights. If we deny any request that you make regarding these rights, we will send you a letter that explains why your request was denied and how you can ask for a review of the denial. You will also receive information about how to file a grievance.

If you have a concern about this Notice or about how we handled your PHI, we want to hear from you. You may contact us at:

Douglas County Mental Health
Attn: Privacy Contact Person
621 W. Madrone
Roseburg, Oregon 97470
Phone: 541-440-3532
Fax: 541-957-3790
TTY: 541-464-3810

We will not retaliate against you in any way if you choose to file a grievance. You can file a grievance orally or in writing. You can use a grievance form which is available at the address noted above.

If you believe your privacy rights have been violated, you may also file a grievance with the United States Department of Health and Human Services. Please contact our Privacy Contact Person for the most current address.