



**DOUGLAS COUNTY
DEPARTMENT OF HEALTH AND
SOCIAL SERVICES**

***NOTICE OF
PRIVACY PRACTICES***

Effective Date: April 14, 2003

**THIS NOTICE DESCRIBES HOW
CONFIDENTIAL AND MEDICAL
INFORMATION ABOUT YOU MAY BE
USED AND DISCLOSED AND HOW
YOU CAN GET ACCESS TO THIS
INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

**This brochure is available in other
languages and alternate formats
that meet the guidelines for the
Americans with Disabilities Act (ADA).**

Contact: DCHSS at:

Phone: 541-440-3500;

TTY 541-440-3548;

Or FAX 541-440-3508

Douglas County Health and Social Services
621 W. Madrone Street
Roseburg, OR 97470-3090
Phone: (541) 440-3500 Fax: (541) 440-3508
TTY: (541) 440-3548

**State of Oregon Department of Human
Services**

Governor's Advocacy Office
500 Summer Street, NE, E17
Salem, OR 97301-1097
Phone: (800) 442-5238 Fax: (503) 378-6532
Email: GAO.info@state.or.us

Office of Civil Rights

Medical Privacy, Complaint Division
U.S. Department of Health and Human Services
200 Independence Avenue, SW, HHH Building,
Room 509H
Washington, DC 20201
Phone: (866) 627-7748 TTY: (886) 78804989
Email: www.hhs.gov/ocr

For More Information

If you have any questions about this notice or
need more information, please contact the
Douglas County Privacy Officer.

Douglas County Privacy Officer

Douglas County Courthouse
Department of Human Resources
1036 SE Douglas Room 322
Roseburg, OR 97470-3301
Phone: (541) 440-4405 Fax: (541) 440-6292

In the future, DCHSS may change its Notice of
Privacy Practices. Any changes will apply to
information DCHSS already has as well as any
information DCHSS receives in the future. A copy
of the new notice will be posted at each DCHSS
site and facility and provided as required by law.
You may ask for a copy of the current notice
anytime you visit a DCHSS office, or get it online
at www.co.douglas.or.us/dch

- **Right to Choose How We communicate with You.** You have the right to ask that DCHSS share information with you in a certain way or in a certain place. For example, you may ask DCHSS to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.
- **Right to File a Complaint.** You have the right to file a complaint if you do not agree with how DCHSS has used or disclosed information about you.
- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.

How to Contact DCHSS to Review, Correct or Limit Your Protected Health Information (PHI)

You may contact DCHSS or the Douglas County Privacy Officer at the address listed at the end of this notice to:

- Ask to look at or copy your records
- Ask to limit how information about you is used or disclosed
- Ask to cancel your authorization
- Ask to correct or change your records
- Ask for a list of the times DCHSS disclosed information about you.

DCHSS may deny your request to look at, copy or change your records. If DCHSS denies your request, DCHSS will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with DCHSS or with the U.S. Department of Health and Human Services, Office of Civil Rights.

How to File a Complaint or Report a Problem

You may contact any of the people listed below if you want to file a complaint or to report a problem with how DCHSS has used or disclosed information about you. Your benefits will not be affected by any complaints you make. DCHSS cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

The Douglas County Health and Social Services Department (DCHSS) provide many types of services, including health and social services. DCHSS staff must collect information about you to provide these services. DCHSS knows that information we collect about you is private.

DCHSS is required to protect this information by Federal and State law. We call this information "protected health information" (PHI). The Notice of Privacy Practices will tell you how DCHSS may use or disclose information about you. Not all situations will be described.

DCHSS is required to give you a notice of our privacy practices for the information we collect and keep about you. DCHSS is required to follow the terms of the notice currently in effect.

DCHSS May Use and Disclose Information without Your Authorization

- **For Treatment.** DCHSS may use or disclose information with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment.** DCHSS may use or disclose information to get payment or to pay for the health care services you receive. For example, DCHSS may provide PHI to bill your health plan for health care provided to you.
- **For Health Care Operations.** DCHSS may use or disclose information in order to manage its programs and activities. For example, DCHSS may use PHI to review the quality of services you receive.
- **Appointments of Other Health Information.** DCHSS may send you reminders for medical care or checkups. DCHSS may send you information about health services that may be of interest to you.
- **For Public Health Activities.** DCHSS is the public health agency that keeps and updates vital records, such as births and deaths, and tracks some diseases.
- **For Health Oversight Activities.** DCHSS may use or disclose information to inspect or investigate health care providers.

- **As Required by Law and For Law Enforcement.** DCHSS will use and disclose information when required or permitted by federal or state law or by a court order.
- **For Abuse Reports and Investigations.** DCHSS is required by law to receive and cooperate in the investigation of reports of abuse.
- **For Government Programs.** DCHSS may use and disclose information for public benefits under other governmental programs. For example, DCHSS may disclose information for the determination of Supplemental Security Income (SSI) benefits.
- **To Avoid Harm.** DCHSS may disclose PHI to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.
- **For Research.** DCHSS uses information for studies and to develop reports. These reports do not identify specific people.
- **Disclosures to Family, Friends, and Others.** DCHSS may disclose information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information.

Other Uses and Disclosures Require Your Written Authorization

For other situations, DCHSS will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. DCHSS cannot take back any uses or disclosures already made with your authorization.

- **Other Laws Protect PHI.** Many DCHSS programs have other laws for the use and disclosure of information about you. For example, you must give your written authorization for DCHSS to use and disclose your mental health and chemical dependency treatment records.

Your PHI Privacy Rights

When information is maintained by DCHSS as a public health agency, the public health record are governed by other State and Federal laws and is not subject to the rights described below.

- **Right to See and Get Copies of Your Records.** In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.
- **Right to Request to Correct or Update Your Records.** You may ask DCHSS to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request.
- **Right to Get a List of Disclosures.** You have the right to ask DCHSS for a list of disclosures made after April 14, 2003. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.
- **Right to Request Limits on Uses or Disclosures of PHI.** You have the right to ask that DCHSS limit how your information is used or disclosed. You must make the request in writing and tell DCHSS what information you want to limit and to whom you want the limits to apply. DCHSS is not required to agree to the restriction. You can request that the restriction be terminated in writing or verbally.
- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.