

Notice of Privacy Practices

Last Update March 22, 2005

Effective March 22, 2005

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.

It is the policy of the Douglas County Veterans Service Office (DCVSO) to protect the privacy of your personal information. This Notice of Privacy Practices (Notice) is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how DCVSO may use or disclose your protected health information and with whom that information may be shared. This Notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation. We will abide by and follow the HIPAA privacy practices that are described in this Notice while it is in effect.

CHANGES TO THIS NOTICE

DCVSO reserves the right to change this Notice. Its effective date is shown above. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. To obtain a copy of the Notice of Privacy Practices:

- Access DCVSO's website at www.co.douglas.or.us/veterans/
- Call DCVSO 541-440-4219 or 1-800-224-4220 ext. 4219
- Write to DCVSO's Office Manager to have a copy mailed to you; or
- Ask for a copy the next time you visit DCVSO.

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE

You may be asked to provide a signed acknowledgment of receipt of this Notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. If you decline to provide a signed acknowledgment, DCVSO may determine not to continue to provide you with requested services. DCVSO will disclose your protected health information for treatment, payment, and health care operations when necessary.

WHICH PROGRAMS WILL FOLLOW THIS NOTICE

This Notice describes DCVSO's practices regarding your protected health information. For this Notice, DCVSO includes the following:

- DCVSO's Claims, Counseling, Educational Aid, and Conservatorship Programs

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

Protected Health Information is individually identifiable health information. This information relates to your past, present, or future physical or mental health or condition and related health care services. DCVSO is required by law to do the following:

- Make sure that your protected health information is kept private;
- Give you a copy of this Notice of our legal duties and privacy practices for the use and disclosure of your protected health information;
- Follow the terms of the Notice currently in effect;
- Communicate any changes in the Notice to you.

Other ways DCVSO safeguards your personal health information:

- Treats all of your personal information that we collect as confidential;
- States confidentiality policies and practices in our employee handbook;

- Restricts access to your personal information to only those employees who need to know your personal information in order to provide services to you, such as approval for a home loan, or submitting a claim for a covered benefit;
- Discloses only your personal information necessary for a service provider to perform its functions on your behalf, and the provider agrees to protect and maintain the confidentiality of your personal information; and
- Maintains physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your personal information.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We only disclose your personal information when allowed or required by law to make the disclosure, or if you (or your authorized representative) give us permission. Uses and disclosures, **other than those listed below**, require your authorization. If there are other legal requirements that further restrict our use or disclosure of your personal information, we will comply with those legal requirements as well. Following are types of disclosures allowed or required by law.

Treatment: DCVSO may use your medical information to provide you with access to medical treatment or services. We may disclose your medical information to doctors, nurses, or health care providers who are involved in your treatment. Treatment activities include disclosing your personal information to a provider in order for that provider to treat you. For example, we will disclose your protected health information, as necessary, to the Health Care Professionals who provide care at the Oregon Veterans' Home. We may disclose your protected health information to the U.S. Department of Veterans Affairs (USDVA). **In emergencies**, DCVSO will use and disclose your protected health information to assist you in obtaining treatment.

Payment: DCVSO may use and disclose your medical information so that the treatment and services you receive may be properly billed and paid. For example, DCVSO may use your medical information from surgery you received at a hospital so the hospital can be reimbursed. We may also use your information to obtain prior approval for treatment.

Health Care Operations: DCVSO may use and disclose your protected health information to support activities related to your health care. DCVSO will share your protected health information with third-party business associates who perform various activities (for example, billing or transcription services) for DCVSO.

Death; Organ Donation: DCVSO may disclose protected health information of a deceased person to a coroner, funeral director, or organ procurement organization for certain purposes. For example, we may disclose protected health information to a funeral director to enable them to carry out their duties.

Legal Proceedings; Criminal Activity: DCVSO may disclose protected health information during any judicial or administrative proceeding, in response to a court order, subpoena, discovery request, or other lawful process. For example, if you are a victim of a crime or you commit a crime, DCVSO may disclose information to law enforcement.

Military Activity and National Security: DCVSO may also disclose your protected health information to authorized officials conducting national security and intelligence activities.

Public Health and Safety: DCVSO may disclose your protected health information if we believe disclosure is necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. For example, we may disclose your protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or other crimes.

Required Uses and Disclosures: By law, DCVSO must make disclosures when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 of HIPAA.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. The following are examples in which your agreement or objection are required:

- DCVSO may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Additionally, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, general condition, or disposition upon death.

Exercising your Rights — You may exercise the following rights by submitting a request to DCVSO 's Office Manager. Depending on your request, you may also have rights under the Privacy Act of 1974. DCVSO s Office Manager can guide you in pursuing these options. Please be aware that DCVSO may deny your request; however, you may seek a review of the denial.

- **Restriction Requests** — You have the right to request that DCVSO place additional restrictions on our use or disclosure of your protected health information for treatment, payment, health care operations, or to persons you identify. Your request must be in writing to DCVSO 's Privacy Officer. DCVSO is not required to agree to these additional restrictions, but if we do, we will abide by our agreement, except in an emergency or as required by law.
- **Request Confidential Communications** — You may request that we communicate with you using alternative means or at an alternate location. We will accommodate reasonable requests, when possible.
- **Amendment** — If you believe that the information DCVSO has about you is incorrect or incomplete, you may request an amendment to your protected health information. Your request must be in writing and it must identify the information that you think is incorrect and explain why the information should be amended. While DCVSO will accept requests for amendment, we are not required to agree to the amendment. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.
- **Accounting of Disclosure** — You have the right to receive a list of instances in which we disclose your protected health information for purposes other than those described in "HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION" earlier in this Notice. You are entitled to this accounting for the 6 years prior to your request, though not for disclosures made prior to March 22, 2005. DCVSO will provide you with the date on which we made a disclosure, the name of the person or entity to whom we disclosed your protected health information, a description of the protected health information we disclosed and the reason for the disclosure. If you request this list more than once in a 12-month period, DCVSO may charge you a reasonable fee for responding to these additional requests.

FEDERAL PRIVACY LAWS

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws that also apply including the Freedom of Information Act, the Privacy Act, and the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act. These laws have not been superseded and have been taken into consideration in developing our policies and this notice of how we will use and disclose your protected health information.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with DCVSO's Office Manager, the Governor s Office, or the U.S. Department of Health and Human Services. No retaliation will occur against you for filing a complaint.

CONTACT ODVA FOR INFORMATION

You may contact DCVSO's Office Manager for further information about the complaint process, or for further explanation of this document. DCVSO's Office Manager may be contacted at DCVSO, 1036 SE Douglas, Douglas County Courthouse Room 105B, Roseburg, OR 97470, or by phone at 541-440-4219 or toll free at 1-800-224-4220 ext. 4219.

DCVSO intends to comply with the Americans with Disabilities Act (ADA), PL101-336. The ADA provides that no qualified person with a disability shall be kept from participation in (or be denied a benefit of) the services, programs, or activities of DCVSO because of that disability.