

# NOTICE OF PRIVACY PRACTICES

## South Lane Mental Health

**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 applies to the information and records we have about your health, health status, and the health care and services you receive at this office. Your protected health information (PHI) may include information created and received by this office, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, and similar types of health-related information.

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### HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI)

**For Treatment.** South Lane Mental Health (SLMH) may use or disclose information with health care providers who are involved in your health care.

**For Payment.** SLMH may use or disclose information to get payment or to pay for the health care services you receive. For example, SLMH may use PHI to review the quality of services you receive.

**For Healthcare Operations.** SLMH may use and disclose your PHI in the performance of our health care operations. These activities may include providing customer services, responding to complaints and appeals, providing case management and care coordination, and conducting quality assessment and improvement activities. SLMH, in our health care operations, may disclose PHI to business associates with whom we have written agreements containing terms to protect the privacy of your PHI. SLMH may disclose your PHI to another entity that is subject to the Federal Privacy Rules and that has a relationship with you for its health care operation relating to quality assessment and improvement activities, review the competence or qualifications of health care professionals, case management and care coordination, or detecting or preventing healthcare fraud and abuse.

**For Health Oversight Activities.** SLMH may use or disclose information during inspections or investigations of our services.

**As Required by Law.** SLMH will use and disclose information when required by federal or state law or by a court order.

**For Abuse Reports and Investigations.** SLMH will disclose your PHI to a local, state, or federal government authority responsible for investigation of complaints or reports of abuse. SLMH will make reports of abuse or neglect of a protected class to the appropriate authority in accordance with mandatory reporting laws in Oregon. SLMH will also disclose any information on potential risks or warning signs that may indicate the abuse or mistreatment of a protected class in response to inquiry by an authorized investigating body (ex: DHS, Adult Protective Services, etc.)

**To Avoid Harm.** SLMH may disclose PHI if SLMH believes, in good faith, that such a disclosure is needed to prevent or lessen a serious or imminent threat. This may involve disclosures of PHI to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.

**Appointments and Other Health Information.** SLMH may contact you as a reminder that you have an appointment for treatment or clinical care at the office.

**Treatment Alternatives.** SLMH may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health Related Products and Services.** SLMH may tell you about health-related products or services that may be of interest to you.

**For Government Programs.** SLMH may use and disclose information for public benefits under other government programs. For example, SLMH may disclose information for the determination of Supplemental Security Income (SSI) benefits.

**Public Health Activities.** SLMH may disclose your PHI to a public health authority to prevent or control disease, injury, or disability. SLMH may disclose your PHI to the Food and Drug Administration (FDA) in order to ensure the quality, safety, or effectiveness of products or services under the control of the FDA.

**For Research.** SLMH uses information for studies and to develop reports. These reports do not identify specific people.

**Emergency Situations.** SLMH may disclose your PHI in an emergency, or if you are unable to respond or not present. This includes to a family member, close friend, authorized disaster relief agency, or any other person you told us about. SLMH will use professional judgement and experience to decide if the disclosure is in your best interests. If it is in your best interest, SLMH will only disclose the PHI that is directly relevant to the person's involvement in your care.

**Inmates.** SLMH may release your PHI if you are an inmate of a correctional institution or under the custody of a law enforcement official. SLMH may release your PHI to the correctional

institution or law enforcement official, where such information is necessary for the institution to provide you with health care; to protect your health or safety; or the health and safety of others; or for the safety and security of the correctional institution.

**Workers' Compensation.** SLMH may disclose protected health information as authorized by, and to comply with, workers' compensation laws and other similar programs providing benefits for work-related injuries or illnesses.

**Decedents.** SLMH may disclose protected health information to funeral directors as needed, and to coroners or medical examiners to identify a deceased person, determine the cause of death, and perform other functions authorized by law.

**Cadaveric Organ, Eye, or Tissue Donation.** Covered entities may use or disclose protected health information to facilitate the donation and transplantation of cadaveric organs, eyes, and tissue.

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#### VERBAL AGREEMENT FOR USE AND DISCLOSURE OF PHI

SLMH can take your verbal agreement to use and disclose your PHI to other people. This includes family members, close friends, or any other person you identify. You can object to the use or disclosure of your PHI at the time of the request. You can give us your verbal agreement or objection in advance. You can also give it to use at the time of the use or disclosure. SLMH will limit the use or disclosure of your PHI in these cases. SLMH limits the information to what is directly relevant to that person's involvement in your healthcare treatment or payment.

SLMH can take your verbal agreement or objection to use and disclose your PHI in a disaster situation. SLMH can give your PHI to an authorized disaster relief entity. SLMH will limit the use or disclosure of your PHI in these cases. The disclosure of PHI will be limited to notifying a family member, personal representative, or other person responsible for your care, for your location and for your general condition. You can give SLMH your verbal agreement or objection in advance. You can also give it to SLMH at the time of the use or disclosure of your PHI.

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#### WRITTEN AGREEMENT FOR USE AND DISCLOSURE OF PHI

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

**Other Laws Protect PHI.** You must give your written authorization for SLMH to use and disclose your mental health, HIV, genetic information and/or alcohol and drug treatment records.

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## YOUR PHI PRIVACY RIGHTS

**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 will be charged a fee for the cost of copying your records.

We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied copies of or access to health information that we keep about you, you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

**Right to Request a Correction or Update of Your Records.** You may ask SLMH 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.

We may deny your request for an amendment if your request is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the health information that we keep. You would not be permitted to inspect and copy.
- Is accurate and complete.

**Right to Get a List of Disclosures.** You have the right to ask SLMH for a list of disclosures made within the last six-year period in which SLMH or our business associates disclosed your PHI. 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. This list will not include information provided directly to you or your family, or information that was sent with your authorization.

**Right to Choose How We Communicate with You.** You have the right to ask that SLMH share information with you in a certain way or in a certain place. For example, you may ask SLMH 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 SLMH has used or disclosed information about you.

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Department of Health and Human Services. To file a complaint with our office, contact South Lane Mental Health at 541-942-3939 and ask to speak with the Executive Director. You will not be penalized for filing a complaint.

**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.

**Changes to this Notice.** SLMH reserves the right to change this notice, and to make the revised or changed notice effective for clinical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right-hand corner. You are entitled to a copy of the notice currently in effect.