

NOTICE OF PRIVACY PRACTICES

This notice applies to personal information we have about your health, health status, and the services you receive at South Lane Mental health. It describes how treatment information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

YOUR RIGHTS IN SUMMARY

You have the right to:

- Get a copy of your paper or electronic records
- Correct your paper or electronic records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES IN SUMMARY

You have some choices in the way that we use and share information when we:

- Provide mental health care
- Tell family and friends about your condition
- Provide disaster relief
- Market our services
- Raise funds

OUR USES AND DISCLOSURES IN SUMMARY

We may use and share your information without notifying you every time we do so as we:

- Provide you services
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder client records, subject to 42 CFR Part 2, we will not share that information for investigations or legal proceedings against you without (1) your written permission or (2) a court order and a subpoena.

YOUR RIGHTS IN DETAIL

GET AN ELECTRONIC OR PAPER COPY OF YOUR MEDICAL RECORD

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. (See Eligibility and Fee Agreement for detail.)

ASK US TO CORRECT YOUR MEDICAL RECORD

- You can ask us to correct health information that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

REQUEST CONFIDENTIAL COMMUNICATIONS

- You can ask us to contact you in a specific way (for example, home, office, of cell phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

ASK US TO LIMIT WHAT WE USE OR SHARE

- You can ask us not to use or share health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no,” for example, if it could affect your care.
- If we agree to your request, we may still share this information in the event that you need emergency treatment.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

GET A LIST THOSE WITH WHOM WE’VE SHARED INFORMATION

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make.) We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12-months.

GET A COPY OF THIS PRIVACY NOTICE

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- We will provide you with a paper copy promptly.

CHOOSE SOMEONE TO ACT FOR YOU

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure that person has this authority and can act for you before we take any action.

FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS ARE VIOLATED

- You can complain if you feel we have violated your rights by contacting us. Please ask us how.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W. Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES IN DETAIL

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and the choice to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your care.
- Share information in a disaster relief situation
- Include your information in a directory hospital directory

If you are unable to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health and safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

If we have your substance use disorder client records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

OUR USES AND DISCLOSURES IN DETAIL

HOW DO WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION?

We typically use or share your health information in the following ways:

To serve you

- We can use your health information and share it with other health professionals who are serving you.
- *Example: a doctor treating you asks another doctor or mental health provider about your overall wellbeing or health conditions*

To run our organization

- We can use or share your health information to run our practice, improve your care, and contact you when necessary.
- *Example: we use health information about you to manage your treatment and services.*

To bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.
- *Example: we give information about you to your health insurance plan so that it will pay for your services.*

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

In all cases, including those listed below, if we have substance use disorder client records about you, subject to 42 CFR Part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

To help with public safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with produce recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

To do research

We can use or share your information for health research

To comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy laws.

To work with a medical examiner or funeral director

We can use or share health information with a coroner, medical examiner, or funeral director when an individual dies.

To address worker's compensation, law enforcement, and other government requests

We can use or share health information about you:

- For worker's compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, or presidential protective services.

To respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a sufficient subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information
- We will let you know promptly if a breach occurs that may have compromised your privacy or the security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

CHANGES TO THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. This new notice will be available upon request, in our office, and on our website.

FINAL INFORMATION FOR THIS NOTICE

While permitted by the conditions described above, South Lane Mental Health does not market or sell personal information, nor does it maintain any sort of hospital directory. Additionally:

SOUTH LANE MENTAL HEALTH
NOTICE OF PRIVACY PRACITICES

- In some situations, Oregon law provides greater privacy protections than federal law. When Oregon law is more protective, we will follow Oregon law.
- All employees of South Lane Mental Health are subject to Oregon Mandatory Abuse Reporting laws and will disclose personal health information as required by these laws.
- Certain Oregon laws may limit disclosure of information concerning minors, behavioral health treatment, substance use disorder treatment, or other sensitive services.
- Certain mental health records, including psychotherapy notes, receive additional protections under Oregon law and generally require specific authorization before disclosure except where otherwise permitted by law

This notice is effective as of August 26, 2026. The South Lane Mental Health Privacy Officers name and contact information is:

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