

Compassion Center

NOTICE OF PRIVACY PRACTICES

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.

Summary: Below is a summary of the Notice of Privacy Practices for Compassion Center clinic, volunteers, staff, students, and physicians.

Use and disclosures. We may use health information about you for treatment, to obtain payment for treatment, for administrative purposes and to evaluate the quality of care that you receive. Continuity of care is part of treatment and we may share your information with other providers to whom you are referred. We may use or disclose identifiable health information about you without your authorization in several situations, but beyond those situations we will ask for your written authorization before using or disclosing any identifiable health information about you.

Your rights. In most cases, you have the right to look at or get a copy of health information about you. If you request copies, we will charge you only normal photocopy fees. You also have the right to receive a list of certain types of disclosures of your information that we made. If you believe that information in your record is incorrect, you have the right to request that we correct the existing information.

Our legal duty. We are required by law to protect the privacy of your health information, provide this notice about our information practices, follow the information practices that are described in this notice and seek your acknowledgement of receipt of this notice. Before we significantly change our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

Complaints. If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the Executive Director at 541-484-6558, or in writing to 2055 W. 12th Avenue, Eugene OR 97405. You also may send a written complaint to the US Department of Health and Human services.

Who is subject to this notice. Compassion Center clinic, including its employees, volunteers, and licensed health professionals.

Questions. If you have any questions, please contact our office at 541-484-6558.

Uses and disclosure of your health information.

Following are examples of the types of uses and disclosures of our protected health care information that the provider is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures.

Treatment: We will use and disclose your health information to give you care and to coordinate and manage your treatment or other services. For example, if you were previously seen by one doctor at our clinic, and you are seen by another doctor at our clinic, the other doctor may use your health information created by the previous doctor.

Payment: Your protected health information will be used, when needed, in activities related to obtaining payment for your health care services. For example, obtaining approval for a hospital stay may require that we disclose your relevant protected health information to your health insurance company for payment for services

Health care operations: We may use and disclose health information, when needed, in order to support our business activities. For example, when we review employee performance, we may need to look at what an employee has documented in your medical record.

Appointment reminders, Marketing: We may use and disclose your protected health information to: remind you about appointments with us; tell you about alternative treatment therapies, providers, or settings of care; and tell you about health-related products, benefits or services related to your treatment or care. We may send you newsletters about the Oregon Medical Marijuana Act, our services, fundraising, events, wellness programs, general health matters, changes in the law, and medical uses of marijuana.

Business Associates: We may disclose health information to business associates with which we contract to perform services on our behalf.

Fundraising: We may use limited information about you to raise money for Compassion Center. We may tell you about Compassion Center projects and services as well as sending you fundraising materials. The fundraising materials will tell you how to opt out of receiving future materials.

Opportunity to Object:

Individuals involved in your care or for notification: We may disclose to a family member, close personal friend, or other person you authorize, certain health information that is needed for that person's involvement in your care or payment for your care. Except in limited situations, such as an emergency, we will ask you or determine whether you object. We may use professional judgment and experience when allowing a person to pick up health information on your behalf.

Communication Barriers: We may use and disclose your protected health information if we have attempted to obtain acknowledgement from you of our Notice of Privacy Practices but have been unable to do so due to substantial communication barriers and we determine, using professional judgment, that you would agree.

Without Opportunity to Object:

We may use or disclose your protected health information in the following situations without your authorization or opportunity to object:

As required by law: We will disclose health information about you when required to do so by federal, state, or local law.

Public health activities: We may disclose your health information for public health activities, including: to a public health authority authorized by law to collect information to prevent or control disease, injury, or disability; to report actual or suspected child abuse or neglect; and to a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition, as authorized by law.

Abuse, neglect, or domestic violence: As allowed or required by law, we may disclose health information about an individual we reasonably believe to be the victim of abuse, neglect, or domestic violence to a government authority authorized to receive such reports.

Health oversight: We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure.

Lawsuits and disputes: We may disclose health information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process, as allowed or required by law.

Law enforcement activities: We may disclose health information if required to do so by a law enforcement official *only*; when required by a law that mandates certain types of reporting; in response to a court order, subpoena, warrant, summon, certain administrative requests, or similar processes; to identify or locate a suspect, fugitive, material witness, or missing person (but we will give only limited information); about criminal conduct on our premises; and, in emergencies, to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

Research: Under certain circumstances, we may use and disclose health information about you for research purposes. Most of the time, we will ask for your authorization.

To Avert a Serious Threat to Health or Safety: We may use and disclose your health information when we reasonably believe it is necessary to prevent a serious threat to the health and safety of you, the public, or another person. The disclosure would only be to someone who is likely to help prevent the threat.

Workers' Compensation: We may disclose health information about you for workers' compensation or similar programs.

Incidental Disclosures: Certain incidental disclosures of your health information may occur as a by-product of permitted uses and disclosures. For example, another patient may inadvertently overhear a discussion about your care.

De-identified Information and Limited Data Sets: We may use and disclose health information that has been "de-identified" by removing certain identifiers (such as name and address) making it unlikely that you could be identified. We also may disclose limited health information, contained in a "limited data set," as allowed by law.

Personal Representatives: We may use and disclose your health information to a "Personal Representative" if you are a minor or an incapacitated adult when they are designated to act on your and exercise your privacy rights.

Uses and Disclosures with Authorization:

Your authorization: Other uses and disclosures of your health information, including financial information, not covered by this notice or permitted by law will be made only with your written permission or authorization. You may revoke your authorization, in writing, at any time (unless you are told otherwise at the time you sign the authorization). If you revoke your authorization, then we will no longer use or disclose your health information for the reasons covered by your written authorization, except to the extent that we already have relied on your authorization. We are unable to take back any disclosures we already have made based on your authorization, and we are required to retain our records of the care that we provided to you.

Specially Protected Health Information: Unless otherwise required or permitted by law, we may need your authorization to disclose AIDS/HIV/ARC, mental health, drug addiction, alcoholism, and other substance abuse treatment, developmental disabilities, and/or genetic information or records.

Your Rights:

Although your health record is our property, you have the rights described below:

Right to Inspect and Copy: We may deny your request in certain limited circumstances. To inspect or obtain a copy of your health information, you must submit your request on our *Request for Release of Medical Records* form to the Medical Records Department or the Compassion Center Executive Director. Compassion Center may charge you a reasonable fee for the costs of copying, mailing, or other supplies related to your request.

Right to Amend: If you believe that health information we have about you is incorrect or incomplete, then you have the right to request a reasonable amendment for as long as we keep this information. We may deny your request in certain situations. To request an amendment, you must submit your request in writing to the Medical Records Department or the Compassion Center Executive Director.

Right to an Accounting of Disclosures: You have the right to request an accounting of certain disclosures of your health information made by us. This accounting will not include disclosures: for treatment, payment, or health care operations; to you under your right of access to your records; that you authorized; to persons involved in your care or for facility directory and notification purposes; incidental to an otherwise permitted use or disclosure; as part of a limited data set; or that occurred before April 14, 2003. To request this list or accounting, you must submit your request in writing to the Compassion Center Executive Director.

Right to Request Restrictions: You have the right to request a limitation on the health information we use about you for treatment, payment, or health care operations. You also have the right to request a limitation on the health information we disclose about you to someone who is involved in your care or in payment for your care. You must submit a request for such a limitation in writing to the Compassion Center Executive Director. We are not required to agree to your request. If we do agree, we will comply with your request unless we need the information to provide emergency treatment.

Right to Request Confidential Communications: You have the right to request that we communicate with you about health matters in a certain way or at a certain location. To request confidential communications regarding billing or your health information, you must submit your request in writing to the Compassion Center Executive Director. We will agree to the request if it is reasonable for us to do so.

Right to a Copy of this Notice: You have the right to receive a written copy of this Notice (even if you agreed to receive this Notice electronically). Copies of the Notice are available from the reception office or the Medical Records Department. You may print a copy of this Notice from our Website at www.compassioncenter.net.

Our responsibilities:

We are required by law to: maintain the privacy of your health information; give you this Notice of our legal duties and privacy practices with respect to the information we collect and maintain about you; and follow the terms of the Notice that is currently in effect.

Changes to this notice:

We reserve the right to change this Notice. The revised Notice will be effective for information we already have about you as well as any information we receive in the future. Unless required by law, the revised Notice will be effective on the new effective date of the Notice. The current Notice will be available in our registration areas or on our Website and will be posted in our facilities. The Notice will state an effective date.

~~~ End of Notice ~~~