

Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain about you.

Right to Inspect and Copy

You have the right to inspect and obtain a copy of your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written request to your clinic in order to inspect or obtain a copy of your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy records 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 Amend

If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as this office keeps the information.

To request an amendment, complete and submit a Patient Right's Form, Section 3, to the Compliance Officer at the address listed on this notice. The Patient Right's Form may be requested from the Compliance Office at the address listed on this notice.

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:

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

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures." This is a list of certain disclosures we have made of medical information about you for purposes other than treatment, payment, healthcare operations and a limited number of other special circumstances that includes national security, correctional institutions and law enforcement. This list will also exclude any disclosures we have made based on your written authorization.

To obtain this list, you must submit your written request to the Compliance Officer at the address listed on this notice. It must state a time period, which may not be longer than six years prior to the date of the request. Your request should indicate in what form you want the list, (for example, on paper or electronically). The first list you request within a 12 month period will be free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and at that time you may choose to withdraw or modify your request before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request, unless you request to restrict the disclosure of your health information to a health plan for the purpose of carrying out payment or health care operations and the health information relates only to a health care item or service for which you have paid us in full out of your pocket (not through insurance), in which case we will accept such restriction requests. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or we are required by law to use or disclose the information.

To request restrictions, you may complete and submit the Patient Rights Form, Section 2 to the Compliance Officer at the address listed on this notice. The Patient Right's Form may be requested from the Compliance Officer at the address listed on this notice.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, or by mail.

To request confidential communications, you may complete and submit the Patient Rights Form, Section 5 to the Compliance Officer at the address listed on this notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a paper copy of our Notice of Privacy Practices at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy.

To obtain such a copy, contact your medical office, or the Compliance Officer at the phone number or address listed on this notice.

Changes to this Notice.

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post the current version in the office with its effective date in the top right hand corner of the first page. You are entitled to a copy of the notice currently in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact our Compliance Officer at the phone number or address listed on the first page of this notice. You will not be penalized for filing a complaint.



THE OREGON CLINIC, P.C.
 Administrative Office
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 Portland, Oregon 97214
 www.orclinic.com

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

If you have questions about this notice, please contact our Compliance Officer at 503.963.2843 or by mail sent to the address listed above.

Who Will Follow This Notice

This notice describes the privacy practices followed by The Oregon Clinic providers and employees.

Your Health Information

This notice applies to the information and records we have about your health status and the health care services you receive at our office. Your health record may include information created and received by our office; it may be in the form of written or electronic records, or spoken words. Your records may include information about your health history and status, symptoms, examinations, tests ordered, test results, treatments, procedures, diagnoses, medications, related billing activity and similar types of health related information.

We are required by law to maintain the privacy of your health information and to give you this notice. It explains how we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information. We are required to abide by the terms of this notice currently in effect.

How We May Use and Disclose Health Information About You

The following describes the ways we use and disclose your health information for treatment, payment, and health care operations. These descriptions are not meant to note every use or disclosure, but to describe the types of use and disclosure we may make.

For Treatment: We may use and disclose health information about you to provide you with, or to coordinate and manage your medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may view your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition to determine the most appropriate care.

Personnel in our office may also disclose information about you to people who do not work in our office to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays. In addition, other health care providers may be part of your medical care outside this office and may require information about you.

For Payment: We may use and disclose health information about you so treatment and services you receive from us may be billed, and payment made from you, an insurance company or a third party.

For example, we may need to tell your health plan about a proposed treatment to obtain prior approval, or to determine whether your plan will pay for the treatment.

For Health Care Operations: We may use and disclose health information about you in order for us to operate our necessary administrative, educational, quality assurance and business functions.

For example, we may use and disclose your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or some of our patients to help us decide what additional services should be offered, how we can become more efficient, or whether certain new treatments or medications are effective.

We may also disclose your health information to health plans that provide you with insurance coverage and other health care providers who care for you. Our disclosures of your health information to your health plan and other providers may be used for limited operational purposes of the recipient, including improving care, reducing cost, coordinating services and complying with the law.

Appointment Reminders: We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or medical care at our office.

Treatment Alternatives: We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be available to you.

Health Related Products and Services: We may use and disclose your health information to tell you about health related products or services that may be of interest to you.

Please notify us in writing if you do not wish to be contacted for appointment reminders or if you do not wish to receive communications about treatment alternatives or health related products and services. Please send your written request to the Compliance Officer at the address listed on this notice.

Family and Friends: We may disclose health information about you to your family members or friends who are involved in your care or who help pay for your care if we obtain your verbal agreement to do so, or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving approval because you are not present or due to your incapacity or medical emergency, we may use our professional judgment and determine that a disclosure to your family member or friend is in your best interest. In those situations, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the hospital that you suffered a stroke and provide updates on your progress and prognosis. We may also use our professional judgment about your best interest to allow another person to act on your behalf, to drive you from appointments, or to pick up prescriptions and/or medical supplies.

Special Situations

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

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

Research: We may use and disclose health information about you for research projects that are subject to a special approval process. Therefore, we will not use or disclose your health information for research purposes until the particular research project has been approved through this special approval process.

Organ and Tissue Donation: If you are an organ donor, we may release health information to organizations that handle organ procurement, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

Military, Veterans, National Security and Intelligence: If you are or were a member of the armed forces or part of the national security or intelligence communities, we may disclose your health information under certain circumstances to military command or other government authorities. We may also release information about foreign military personnel to the appropriate foreign military authority. We may also release your health information to federal officials for intelligence, counterintelligence and other national

security activities authorized by law, including activities related to protecting the President or other authorized persons, or related to the conduct of special investigations.

Workers' Compensation: We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose health information about you to a public health authority for public health reasons including for the following: to prevent or control disease, injury or disability; to report births and deaths; to report suspected abuse or neglect, or non-accidental physical injuries; to report reactions to medications or problems with products.

Health Oversight Activities: We may disclose health information to a health oversight agency for audits, investigations, inspections or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs and compliance with civil right laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

Law Enforcement: We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners and Funeral Directors: We may release health information to a coroner, medical examiner (this may be necessary, for example, to identify a deceased person or determine the cause of death), or funeral director to allow him/her to carry out his/her activities.

Inmates: We may disclose health information to a correctional institution (if you are an inmate) or a law enforcement official (if you are in that official's custody) as necessary (a) for the institution to provide you health care; (b) to protect your or others' health and safety; or (c) for the safety and security of the correctional institution.

Information Not Personally Identifiable: We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Other Uses and Disclosures of Health Information

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your written authorization. If you give us authorization to use or disclose health information about you, you may revoke that authorization at any time. This must be done in writing, sent to the Compliance Officer at the address listed on this notice. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

In some instances we may need written authorization from you in order to disclose certain types of specially protected information such as HIV, substance abuse, mental health or genetic testing information.