LANE COUNTY HEALTH & HUMAN SERVICES
BEHAVIORAL HEALTH AND COMMUNITY HEALTH CENTERS OF LANE COUNTY
NOTICE OF PRIVACY PRACTICES

Effective Date: June 30, 2015

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.

Lane County Health & Human Services (HHS) provides many types of services, such as public health, mental health, and drug and alcohol services. HHS staff must collect information about you to provide these services. HHS knows that information we collect about you and your health is private. HHS is required to protect this information by Federal and State law. We call this information "protected health information (PHI)."

The Notice of Privacy Practices will tell you how HHS may use or disclose information about you. Not all situations will be described. HHS is required to give you a notice of our privacy practices about the information we collect and keep about you. HHS is required to follow the terms of the notice currently in effect.

HHS May Use and Disclose Information Without Your Authorization

• **For Treatment.** HHS may use or disclose information with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment. ***There are exceptions to this for some A&D, Mental Health, and HIV services.***
• **To Coordinate Care.** HHS is now part of a state certified Coordinated Care Organization (CCO). If you are an Oregon Health Plan Member, HHS may use or disclose your health information to other providers in the CCO who are involved in your care for the purpose of providing whole-person care.
• **For Payment.** HHS may use or disclose information to get payment or to pay for the health care services you receive. For example, HHS may provide PHI to bill your health plan for health care provided to you.
• **For Health Care Operations.** HHS may use or disclose information in order to manage its programs and activities. For example, HHS may use PHI to review the quality of services you receive.
• **To Business Associates.** If the information is necessary for them to perform functions on behalf of HHS or for medical reviews, legal services, audits or management activities related to HIPAA compliance. They are obligated to protect the privacy of your information.
• **For Health Oversight Activities.** HHS may use or disclose information during inspections or investigations of our services.
• **As Required by Law and For Law Enforcement.** HHS will use and disclose information when required or permitted by federal or state law or by a court order.
• **For Abuse Reports and Investigations.** HHS is required by law to receive and investigate reports of abuse.
• **To Avoid Harm.** HHS may disclose PHI to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.

Uses and Disclosures in Special Situations

We may use or disclose your PHI in the situations described below unless you notify us in writing that you would like us not to. See the information below under "Your PHI Privacy Rights" for information about how to request limitations.

• **Appointments and Other Health Information.** HHS may send you reminders for medical care or checkups.
• **For Public Health Activities.** HHS is the public health agency that keeps and updates vital records, such as births and deaths, and tracks some diseases.
• **For Government Programs.** HHS may use and disclose information for public benefits under other government programs. For example, HHS may disclose information for the determination of Supplemental Security Income (SSI) benefits.
• **For Research.** HHS uses information for studies and to develop reports. These reports do not identify specific people.
• **Individuals Involved in Your Care.** Unless you object, HHS may disclose to a member of your family, a relative, or 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. If you are unable to agree to such a disclosure, such as with a medical emergency, we may disclose such information as necessary if we determine that it is your best interest based on our professional judgment.

Other Uses and Disclosures Require Your Written Authorization

For other situations, HHS will ask for your written authorization before using or disclosing information, including for marketing purposes or any situation that constitutes a sale of PHI. You may cancel this authorization at any time in writing. HHS cannot take back any uses or disclosures already made with your authorization.

• **Other Laws Protect PHI.** Many HHS programs have other laws for the use and disclosure of information about you. For example, except as noted above for coordinating care, you must give your written authorization for HHS to use and disclose your mental health, HIV, or alcohol and drug treatment records.

Your PHI Privacy Rights

When information is maintained by HHS as a public health agency, the public health records are governed by other State and Federal laws and are not subject to the rights described below.

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

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

• **Right to Get a List of Disclosures.** You have the right to ask HHS for a list of disclosures made after April 14, 2003. 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. The list will not include information provided directly to you or your family, or information that was sent with your authorization.

• **Right to Request Limits on Uses or Disclosures of PHI.** You have the right to ask that HHS limit how your information is used or disclosed. You must make the request in writing and tell HHS what information you want to limit and to whom you want the limits to apply. HHS is not required to agree to the restriction, in most cases. If requested and consistent with law, HHS shall agree to not send health information to your health plan for payment or healthcare operations if the information concerns an item or service for which you have paid HHS out of pocket in full. You can request that the restrictions be terminated in writing or verbally.

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

• **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.

• **Right to Be Notified of Breach.** You have a right to be notified if we (or a business associate) discover a breach of your unsecured health information.

How to contact HHS to Review, Correct, or Limit Your Protected Health Information (PHI)

You may contact your local HHS office or the HHS Privacy Officer at the address listed at the end of this notice to:

- Ask to look at or copy your records
- Ask to limit how information about you is used or disclosed
- Ask to cancel an authorization
- Ask to correct or change your records
- Ask for a list of the times HHS disclosed information about you

HHS may deny your request to look at, copy or change your records. If HHS denies your request, HHS will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with HHS or with the U.S. Department of Health and Human Services, Office for Civil Rights.

How to File a Complaint or Report a Problem

You may contact any of the people listed below if you want to file a complaint or to report a problem with how HHS has used or disclosed information about you. HHS cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

Lane County Health & Human Services, H&HS HIPAA Concerns
151 W. 7th Ave. #520, Eugene, OR 97401
Phone: 541-682-8710 Fax: 541-682-3804 email: HHSHIPAAConcerns@co.lane.or.us

US Department of Health & Human Services, Office for Civil Rights
Medical Privacy, Complaint Division
U.S. Department of Health and Human Services
200 Independence Avenue, SW, HHH Building, Room 509H
Washington, D.C. 20201
Phone: 866-627-7748 TTY: 886-788-4989 Email: www.hhs.gov/ocr

For More Information

If you have any questions about this notice or need more information, please contact the program below:

Lane County Health & Human Services, H&HS HIPAA Concerns
151 W. 7th Ave. #520, Eugene, OR 97401
Phone: 541-682-8710 Fax: 541-682-3804 email: HHSHIPAAConcerns@co.lane.or.us

In the future, HHS may change its Notice of Privacy Practices. Any changes will apply to information HHS already has, as well as any information HHS receives in the future. A copy of the new notice will be posted at each HHS site and facility and provided as required by law. You may ask for a copy of the current notice anytime you visit an HHS facility, or get it on-line at www.lanecounty.org/hhs