

Doctor's Family Clinic & Immediate Care NOTICE OF PRIVACY PRACTICES

Doctor's Family Clinic & Immediate Care
9735 SW Shady Lane, Suite 100
Tigard Or. 97223
503.639-2800

Doctor's Family Clinic & Immediate Care
2870 SW Cedar Hills Blvd.
Beaverton Or. 97005
503-646-9222

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 any questions about this notice, please contact Judy Stack, Clinic Administrator at our Tigard location, 503-639-2800

WHO WILL FOLLOW THIS NOTICE This notice describes the information privacy practices followed by our employees, staff and other office personnel.

YOUR HEALTH INFORMATION We create a record of the care and services you receive at this office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care maintained by Doctor's Family Clinic & Immediate Care. Other physicians or health care providers that you use may have different policies or notices regarding the use and disclosure of your medical information. This notice will tell you about the ways in which we may use and disclose medical information about you and describes your rights and our obligations regarding the use and disclosure of that information. We are required to: Make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you/your child to doctors, nurse practitioners, nurses, technicians, medical assistants, office staff or other personnel who are involved in taking care of you at this office. 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. Different personnel in our office may share medical information about you in order to coordinate the different services you need, such as prescriptions, lab work, and x-rays. The health care providers may also tell another and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays. The health care providers may also tell another provider about your condition so that the doctor can help determine the most appropriate care for you. Family members and other health care providers outside this office may be part of your medical care outside this office and may require information about you that we have.

For payment. We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive 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 to run the office and make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective. We may also disclose your health information to health plans that provide you insurance coverage and other health care providers that care for you. Our disclosures of your health information to plans and other providers may be for the purpose of helping these plans and providers provide or improve care, reduce cost, coordinate and manage health care and services, train staff and comply with the law.

Appointment Reminders. We may contact you as a reminder that you have an appointment for treatment or medical care at the office.

Treatment Alternatives and Health-Related Products and Services. We may tell you about or recommend possible treatment options or alternatives or health-related benefits that may be of interest to you. Please notify us if you do not wish to receive communications about treatment alternatives or health-related products and services.

SPECIAL SITUATIONS We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:

Oregon Immunization Alert Program. We will report your child's immunizations to the Oregon State immunization registry. Only authorized users have access to a child's immunization history.

Family and Friends. We may release medical information about you to a friend or family member who is involved in your medical 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 give information to your family or friends if we can infer from the circumstances, based on our professional judgment, that you would not object. For example, we may assume you agree to our disclosure of your child's personal health information to both parents. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may use our professional judgment; determine that a disclosure to your family member or friend is in your best interest. In that situation we will disclose only health information relevant to the person's involvement in your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research and Organ/Tissue Donation. We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

As Required By Law or To Avert a Serious Threat to Health or Safety. We will disclose medical information about you when required to do so by federal, state or local law; when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person; or for public health reasons in order to prevent and/or control disease, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Military, Veterans, and Law Enforcement. If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation/Health Oversight Activities. We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. We may disclose medical information to a health oversight agency for activities authorized by law. The oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena.

Coroners, Medical Examiners and Funeral Directors. We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

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 specific, written **Authorization**. If you give us **Authorization** to use or disclose health information about you, you may revoke that **Authorization in writing**, at any time. 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. If we have HIV or substance abuse information about you, we cannot release that information without special signed, written authorization (different than the **Authorization** mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have a special written authorization that complies with the law governing HIV or substance abuse records.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:

Right to Inspect and Copy. You have the right to inspect and copy 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 our Clinic Administrator or HIPAA committee member in order to inspect and/or obtain a copy of your health information. Copies can generally be obtained within a 72-hour period. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. If you wish to inspect your chart, your request must be in writing. Upon receipt of your request, a HIPAA committee member will contact you by phone to set up an appointment. Generally we will be able to accommodate your request within 30 days. We may charge you a fee based on the time associated with the accommodation of your request. We may deny your request to inspect and/or copy records in certain limited circumstances. If you are denied copies of or access to your health information, 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 medical 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 MEDICAL RECORD AMENDMENT/CORRECTION FORM to the Clinic Administrator. We may deny your request for an amendment if it 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: Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; Is not part of the health information kept by or for our office; Is not part of the information which you would not be permitted to inspect and copy; Is accurate and complete

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 medical information we disclose about you to someone who is involved in your care or the payment for your care. 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.** 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 REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION to the Clinic Administrator or a HIPAA committee member.

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 REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION AND/OR CONFIDENTIAL COMMUNICATION to the Clinic Administrator. 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 copy of this notice 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 the Receptionist or our Clinic Administrator.

CHANGES TO THIS NOTICE We reserve the right to change this notice, and to make the revised or changed notice effective for medical information which we already have about you, as well as any information we receive in the future. We will post the current 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.

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 Judy Stack, Clinic Administrator and HIPAA Privacy Officer at 503-639-2800. **You will not be penalized for filing a complaint.**