



Tillamook Family Counseling Center **Notice of Privacy Practices**

Effective 5-1-2019

This Notice describes the privacy practices of Tillamook Family Counseling Center. We are required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information. When we use or disclose your Protected Health Information, we are required by law to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

How We May Share Your PHI without your written authorization

Treatment: We may use and disclose your PHI to provide treatment and other services to you- for example, to diagnose and treat your illness or condition. We may also disclose PHI to other providers involved in your treatment.

Payment: We may use and disclose your PHI to obtain payment for services that we provide to you- for example, disclosures to claim and obtain payment from your health insurer, the Oregon Health Plan or other organizations that arranges or pays the cost of some or all of your health care to verify that they will pay for your care.

Health Care Operations: We may use and disclose your PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example- we may use PHI to evaluate the quality and competence of our social workers and other health care providers. We may disclose PHI to our Compliance Officer in order to resolve any complaints you may have and ensure that you have a comfortable visit with us.

Public Health Activities: We may use or share your PHI with public health agencies for reasons such as preventing or controlling disease, injury or disability, to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medication or problems with products.

Abuse, Neglect or Domestic Violence: We must share your PHI with government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

Health Oversight Activities: We may disclose your PHI to a health oversight agency that oversees the health care system and government programs such as



Medicare and Medicaid for audits, investigations, inspections or licensing purposes.

Judicial and Administrative Proceedings: We may disclose your PHI when required by a legal order or other lawful process.

Law Enforcement Officials: We may disclose your PHI in limited situations to law enforcement in response to a warrant, to identify or locate a suspect, to provide information about a victim of a crime or in compliance with a court order or a grand jury or administrative subpoena.

Health or Safety: We may use or disclose your PHI to prevent a serious threat to you, another person or the public.

Business Associates: We may disclose your PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services.

Other Uses and Disclosures as Required by Law: We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories.

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

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.

Family and Friends: We may disclose health information about you to your family members or friends 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 the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you during treatment or while treatment is discussed.

Uses and Disclosures Requiring Your Written Authorization

Federal and Oregon law imposes special privacy protection for certain types of health information. PHI that is related to alcohol and drug treatment, HIV/AIDS and genetic testing generally requires your written authorization for us to release such information.

Your Rights Regarding Your Protected Health Information

For Further Information or to File Complaints: If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact our Compliance Officer, the State of Oregon or the Office for Civil Rights. We will not retaliate against you if you file a complaint.

Right to Request Additional Restrictions: You have the right to request restrictions of how we use or share your PHI. This includes sharing any information with people you have identified to be involved in your care. The request must be made in writing. We are not required to agree to the restrictions that you request.

Right to Receive Confidential Communications: You have the right to receive your PHI by alternative means of communication or at alternative locations. The request must be in writing.

Right to Revoke Your Authorization: You may revoke your authorization by delivering a written revocation statement to the Compliance Officer identified below. A form of Written Revocation is available upon request from the Compliance Officer. This revocation will only affect future requests for PHI. It will not affect any information already disclosed based on the authorization before it was revoked.

Right to Inspect and Copy Your Health Information: You have the right to inspect and receive photocopies of your PHI. This request must be made in writing. Your request may be denied if we determine that the information may be harmful to you or others. If you desire access to your records, please obtain a record request form from the Front Office and submit the completed form to the Compliance Officer. If you request copies, we will charge you \$.50 for each page. We will also charge you for our postage costs, if you request that we mail the



copies to you. If you request a summary of your PHI, we will charge you \$75 for each summary.

If you would like to receive a copy of your PHI in electronic form, TFCC will accommodate that request in any way we can at the time of your request. Please keep in mind that TFCC will not send records electronically if we feel that it is not safe to do so.

You should take note that, if you are a parent or legal guardian of a minor, certain portions of the minor's record may not be accessible to you- for example, records relating to pregnancy, abortion, sexually transmitted diseases, substance use or abuse, contraception and/or family planning services.

Right to Amend Your Records: You have the right to request that we amend PHI maintained in your medical record file or billing records that you believe is inaccurate. If you desire to amend your records, please obtain an amendment request form from the Front Desk and submit the completed form to the Compliance Officer. We will comply with your request unless we believe that the information that you request to be amended is accurate and complete or other special circumstances apply.

Right to Receive an Accounting of Disclosures: You have the right to receive a list of disclosures we made of medical information about you for purposes other than treatment, payment, health care operations, when specifically authorized by you and a limited number of special circumstances involving national security, correctional institutions and law enforcement. This request does not apply to disclosures that occurred prior to April 14, 2003. It must be made in writing, state a time period, which may not be longer than seven years, and should indicate in what form you want the list (for example, on paper or electronically).

Right to Receive Paper Copy of this Notice: Upon request, you may obtain a paper copy of this Notice at any time. To request a copy please contact our Office at the address or phone number listed at the end of this Notice.

Right to Restrict Disclosures to a Health Plan: If you paid out of pocket in full for a specific service, or request that we do not bill your health plan, you have the right to ask that your PHI with respect to those services not be disclosed to your health plan for purpose of payment or health care operations. We will honor that request except where TFCC is required by law to make a disclosure. Your request to restrict must be made in writing and should identify: (1) the information to be restricted, (2) the type of restriction being requested and (3) to who the limits should apply.



Right to receive Notice of a Breach: You have the right to be notified upon any breach of any of your unsecured PHI.

Right to Change Terms of this Notice: We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in waiting areas around Tillamook Family Counseling Center and on our website.

You may contact our Compliance Officer at:

Tillamook Family Counseling Center
906 Main Avenue
Tillamook, OR 97141
Telephone Number: (503) 842-8201 or 1-800-962-2851

You may also file a complaint with the following:

Columbia Pacific Coordinated Care Organization (CCO)
503-488-2822

State of Oregon- Governor's Advocacy Office
500 Summer St. NE, E17
Salem, OR 97301
1-800-442-5238

Office for Civil Rights, DHHS
2201 6th Avenue- Mail Stop RX-11
Seattle, WA 98121
206-615-2290



Tillamook Family Counseling Center

Acknowledgment for Notice of Privacy Practices

I agree to the use of electronic signatures for the purpose of this document.
 YES NO

By signing below, I hereby acknowledge receipt of Tillamook Family Counseling Center's Notice of Privacy Practices.

Signature of Patient (or Personal Representative)

Date of Signature

Patient Name