

Oregon Family Health's Privacy Statement

Notice of Privacy Practices (Effective November 1, 2007)

Oregon Family Health is committed to respecting the privacy of our patients and maintaining the confidentiality of their protected health information. When you consent to treatment at Oregon Family Health you consent to the use of your information as outlined in our Notice of Privacy Practices. If we decide to change our Notice, such changes will be posted here.

If you have questions or comments regarding our Privacy Policies or the security of your information, please call us at 503-623-1200 and ask for Natalie Bathke, Privacy Officer.

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.

Our Pledge to You

The health care provider at Oregon Family Health creates a detailed record of the care and services you receive. By law, we must keep this record private. And we must give you this summary of our legal duties and privacy practices, and follow them. Our policies apply to all of the records of your care that Oregon Family Health maintains.

Who Will Follow These Privacy Practices

- Dr. Peffley;
- all staff and volunteers of Oregon Family Health;
- any business associate or partner who agrees to maintain your privacy.

Some Ways Your Medical Record May be Used or Shared

We may use or share medical information about you:

- for treatment, such as a referral to a specialist or other health care agency;
- for payment, such as your insurance company, Medicare or Medicaid;
- for health care functions such as to improve our services;
- for regulatory agencies such as during an audit or survey of our facilities;
- with those whom you designate to be involved in your care;
- in an emergency or disaster so that your family or friends can be told where/how you are;
- when required for public health reports, abuse or neglect reports, funeral arrangements, and organ donation;
- when required by law such as a request from law enforcement or a legal order;
- when required by military authorities if you are a member of the military or a veteran;
- for national security and intelligence activities, or for the protection of the President or others.

Other Ways That Information About You May be Used

Unless you otherwise instruct us, we may use information that we have about you to:

- list you in our hospital directory and give your room number and your status (good, fair, etc.) to those who ask for you by name;
- tell a clergy member of your religion (even if the clergy does not ask for you by name);
- remind you of an appointment;
- recommend possible treatment options;
- tell you about health-related services;
- raise money for our hospital or any of our other facilities.

Uses and Disclosures That Require Your Authorization

Any other situations not covered by this notice will require written authorization before using or sharing your health information. You may revoke any authorization in writing.

Your Rights Regarding Medical Information About You

In most cases, you may review and obtain a copy of your medical record. There may be a fee for the cost to copy and mail it. Your request must specify how or where you wish to receive your medical record. We will honor all reasonable requests.

You may ask us to correct your record if you think that it is incorrect or that key information is missing. You must put your request in writing and state the reason for your request. We cannot revise your record if the information was not created by us, is not part of the medical record we maintain, is not part of the record that you can review or copy, or if we find out that the record is accurate.

You may get a list of when and to whom we gave your medical information. Such a list would not include the permitted disclosures outlined within this notice. Your written request for such a list must state a time period.

You may ask that we communicate medical information about you in a confidential way, such as sending mail to an address other than your home. We will honor all reasonable requests.

Our waiting areas are shared with other patients. Please tell us if you object to this type of waiting area. We will do our best to accommodate your request for privacy.

You may ask that we not use or disclose a certain part of your information as allowed by this notice unless you sign a consent to release this information. By law, we do not have to accept such a request, but we will seriously consider it and inform you of our decision. Your request must tell us what specific information you want to limit and to whom the limits apply.

You may make any in writing to Oregon Family Health.

Changes to OFH Privacy Notice

We may change our privacy policies at any time. Changes will apply ALL medical information (past, present, and future). Before we make major changes in our policies, we will change our Notice of Privacy Practices and post the new notice in our facilities. You can get a copy of the current privacy notice at any time. The effective date is listed at the top.

Complaints and Appeals

You may contact the Oregon Family Health Privacy Officer if:

- you think that your privacy rights may have been violated;
- you disagree with our decision about access to your records;
- you disagree with our decision not to correct your record.

We will not punish you in any way for filing a complaint. You may also send a written complaint to the U.S. Department of Health and Human Services' Office of Civil Rights.

Privacy Officer

Natalie Bathke
201 SE Washington Street, Ste B
Dallas, Oregon 97338
Phone: 503-623-1200
Fax: 503-623-1414

Office of Civil Rights

Department of Health and Human Services
500 Summer St. NE
Salem 97301
Phone: 503-945-5944
Fax: 503-378-2897