

Oregon Medical Group Notice of Privacy Practices



Version 7/6/2021

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to protect the privacy of your health information and Oregon Medical Group is committed to protecting health information about you. We are also required to provide you this notice, which explains how we may use information about you and when we can give out or "disclose" that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms "information" or "health information" in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will post a copy of the revised notice on our website: www.OregonMedicalGroup.com. We will also post a copy in at each of our clinic sites. The notice is available upon request. We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

HOW WE USE OR DISCLOSE HEALTH INFORMATION

WE MUST: use and disclose your health information to provide that information:

- To you or someone who has the legal right to act for you (your guardian/personal representative) in order to administer your rights as described in this notice;
- To the Secretary of the Department of Health and Human Services (DHHS) if necessary, to ensure your privacy is protected; and
- As required by state or federal law.

WE HAVE THE RIGHT TO: use and disclose health information for your treatment, to bill for your health care, and to operate our business. For example, we may use or disclose your health information for the following purposes:

- **TREATMENT:** We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians, other clinicians, hospitals, other healthcare providers and healthcare entities, and pharmacists and pharmacies involved in your care to help them provide health care and medication management to you.
- **PAYMENT:** We may use or disclose health information to obtain payment for health care services. For example, we may disclose your health information to your health plan in order to obtain payment for the health care services we provide to you. We may ask you for advance payment.
- **HEALTH CARE OPERATIONS:** We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care. For example, we might analyze data to determine how we can improve our services. We may also de-identify health information in accordance with applicable laws. After that information is de-identified, it is no longer subject to this notice and we may use it for any lawful purpose.
- **HEALTH RELATED PROGRAMS OR PRODUCTS:** We may use or disclose health information to inform you about alternative medical treatments and programs or about health related products and services, subject to the limitations imposed by law.
- **REMINDERS:** We may use or disclose health information to send you reminders about your care, such as appointment reminders with Oregon Medical Group clinicians who provide health care to you or reminders related to medicines prescribed to you.
- **IDENTITY THEFT PROTECTION:** We may use or disclose personally identifiable information to verify your identity and help prevent identify theft and fraud. For example, we may collect copies of your government issued photo identification or other identity verifying documents in order to verify your identify prior to providing health care services or to submit claims to your health plan for payment.

1. This Notice of Privacy Practices applies to Oregon Medical Group, an affiliated group of Optum, Inc.

Oregon Medical Group Notice of Privacy Practices, continued



WE MAY: use or disclose your health information for the following purposes under limited circumstances:

- **AS REQUIRED BY LAW:** We may use or disclose health information when required to do so by law.
- **PERSONS INVOLVED IN YOUR CARE:** We may use or disclose your health information to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interests. Special rules apply regarding when we may disclose health information to family members and others involved in a deceased individual's care. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.
- **PUBLIC HEALTH ACTIVITIES:** We may use or disclose health information for purposes that include reporting or preventing disease outbreaks to a public health authority, such as Oregon Health Authority (OHA) and others. We may also use or disclose your health information to the Food and Drug Administration (FDA) or persons under the jurisdiction of the FDA for purposes related to safety or quality issues, adverse events, or to facilitate drug recalls.
- **REPORTING VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE:** We may use or disclose health information for the purposes of reporting to state or federal governmental authorities that are authorized by law to receive such information, including a social service or protective agency. In some circumstances we **MUST** report such information as required under Oregon state law.
- **HEALTH OVERSIGHT ACTIVITIES:** We may use or disclose health information for the purposes of responding to a health oversight agency for activities authorized by law, such as licensure, inspections, governmental audits, and fraud and abuse investigations.
- **JUDICIAL OR ADMINISTRATIVE PROCEEDINGS:** We may use or disclose health information in response to a court or administrative order, search warrant, or subpoena.
- **LAW ENFORCEMENT PURPOSES:** We may disclose health information to law enforcement officials for the purposes of providing limited information to locate a missing person or to report a crime.
- **AVOIDING A SERIOUS THREAT TO HEALTH OR SAFETY:** We may use or disclose health information to you, another person, or the public, by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of or to avoid a serious threat to health or safety, an emergency, or natural disaster.
- **SPECIALIZED GOVERNMENT FUNCTIONS:** We may disclose health information for the purposes of military or veteran activities, national security, intelligence activities, and the protective services for the President and others.
- **WORKER'S COMPENSATION:** We may use or disclose health information as authorized by, or to the extent necessary, to comply with state worker's compensation laws that govern job-related injuries or illness.
- **RESEARCH PURPOSES:** We may use or disclose health information for research purposes, such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research meets federal privacy and human subject research law requirements.
- **REPORTING INFORMATION REGARDING DECEDENTS:** We may disclose health information to a coroner or medical examiner to identify a deceased person, determine cause of death, or as authorized by law. We may also disclose health information to funeral directors as necessary to assist them to carry out their duties.
- **ORGAN PROCUREMENT PURPOSES:** We may disclose health information to entities that handle procurement, banking, or transplantation of organs, eyes, or tissue to facilitate donation and transplantation.
- **CORRECTIONAL INSTITUTIONS OR LAW ENFORCEMENT OFFICIALS:** We may disclose health information if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary: 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others; or 3) for the safety and security of the correctional institution.
- **BUSINESS ASSOCIATES:** We may use or disclose health information to Business Associates who perform functions on our behalf or provide us with services if the use or disclosure of health information is necessary for the Business Associate to perform such functions or services on our behalf. Our Business Associates are required, by contract with us and federal law, to protect the privacy of your health information and are not allowed to use or disclose any information except as specified in our contract and as permitted by law.

Oregon Medical Group Notice of Privacy Practices, continued



ADDITIONAL RESTRICTIONS AND SPECIAL PROTECTIONS

SPECIAL PRIVACY PROTECTIONS: Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. If a use or disclosure of health information described in this section is prohibited or materially limited by other laws that apply to its use or disclosure, it is our intent to meet the requirements of the more stringent law. Such laws may protect the following types of health information:

- Alcohol and Substance Abuse
- Biometric Information
- Child or Adult Abuse or Neglect, including Sexual Assault
- Communicable Diseases
- Genetic Information
- HIV/AIDS
- Mental Health
- Minors Information
- Prescriptions
- Reproductive Health
- Sexually Transmitted Diseases

USES OR DISCLOSURES REQUIRING WRITTEN AUTHORIZATION

RELEASE OF INFORMATION: Except for the uses and disclosures described and limited as set forth in this notice, Oregon Medical Group will use and disclose your health information only with a written Oregon Medical Group release of information (ROI) and authorization from you or your legal guardian/representative. This includes, except for limited circumstances allowed by federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others, or using or disclosing your health information for certain promotional communications that are prohibited marketing communications under federal law, and certain educational uses.

REVOKING AN AUTHORIZATION: You have the right to revoke/take back a prior written authorization you have provided to release your health information, at any time, unless we have already acted on your written authorization. Your revocation of a prior authorization to disclose your health information must be in writing. Once you have given Oregon Medical Group authorization to disclose your health information no guarantee or promise can be made that the recipient of your health information will not use or disclose your health information. To learn how to revoke a prior written authorization, use the contact information contained in this notice under the "Exercising your Rights" section.

YOUR PRIVACY RIGHTS

PRIVACY RIGHTS: The following are your rights with respect to your health information:

- **RIGHT TO REQUEST RESTRICTION:** You have the right to ask Oregon Medical Group to restrict uses or disclosures of your health information for treatment, payment, or health care operations. You also have the right to ask Oregon Medical Group to restrict disclosures of your health information to family members or to others who are involved in your health care or payment for your health care. While Oregon Medical Group will try to honor your restriction request, consistent with our policies, we are NOT required to agree to any restriction except restrictions related to certain disclosures to health plans as described in this notice.
- **RIGHT TO RESTRICT INFORMATION FROM YOUR HEALTH PLAN:** You have the right to request that Oregon Medical Group not disclose your health information to your health plan in certain circumstances, if the health information concerns a health care item or service for which you or a person on your behalf has paid Oregon Medical Group in full for that item or service. We will agree to all such requests if they are submitted in a timely manner and before we have submitted a claim for the item or service to your health plan for payment.
- **RIGHT TO ASK FOR AN AMENDMENT:** You have the right to ask your Oregon Medical Group clinician to amend certain health information documented and maintained about you in your medical and billing records, if you believe the information is incorrect or incomplete. Your request must be submitted to Oregon Medical Group in writing and provide the reason(s) for your requested amendment. Mail your request for amendment to the address listed in the "Exercising Your Rights" section of this notice. Your written request will be reviewed by your clinician and/or our billing department as necessary. Your clinician will determine what amendments will be made to your medical record. We will correct any billing errors and notify you. If your request to amend is denied, you may ask to have a statement detailing your disagreement with the denial appended to your Oregon Medical Group medical record.

Oregon Medical Group Notice of Privacy Practices, continued



YOUR PRIVACY RIGHTS, continued

- **RIGHT TO CONFIDENTIAL COMMUNICATIONS:** You have the right to ask to receive confidential communications of information related to your care at Oregon Medical Group in a different manner or sent to a different place. For example, you may request that we send information to you to a P.O. Box rather than your home address. We will accommodate reasonable requests. In certain circumstances, we will accept your verbal request to receive confidential communications. However, we may also require you to confirm your request in writing. Any request to modify or cancel a previous confidential communication request must be submitted to us in writing. Mail your request to modify or cancel a previous confidential communication request to the address listed in the “Exercising Your Rights” section of this notice.
- **RIGHT TO AN ACCOUNTING:** You have the right to receive an accounting of certain disclosures of your health information made by us during the six (6) years prior to your request. This accounting does not include any disclosures made: 1) for the purposes of treatment, payment, and/or health care operations; 2) in response to your authorization or any ROI; 3) to correctional institutions or law enforcement officials; or 4) any other disclosure for which federal law does not require us to provide an accounting.
- **RIGHT TO SEE AND OBTAIN A COPY OF YOUR HEALTH INFORMATION:** You have a right to see and obtain a copy of certain health information we maintain about you, such as medical and billing records. If we maintain a copy of your health information electronically, you have the right to request that we send a copy of your health information in an electronic format to you. We may provide you electronic access to your health information through your Oregon Medical Group Patient Portal. In some cases you may receive a summary of this health information. In certain limited cases, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. You may request that we send a copy of your health information to a third party you identify. Requests to send health information to third parties must be written authorizations submitted to Oregon Medical Group at the address listed in the “Exercising Your Rights” section of this notice. We may charge a reasonable fee, as permitted by state and federal law for any copies we provide at your request.
- **RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right to a paper copy of this notice and may ask for a copy of this notice at any time, even if you agreed to receive this notice electronically. We will post a copy of this notice and any revised notices on Oregon Medical Group’s website: www.OregonMedicalGroup.com. You may also request one from any of our Registration Staff.

EXERCISING YOUR RIGHTS

CONTACTING OREGON MEDICAL GROUP: If you have any questions about this notice or want information about exercising any of your health care information rights, please contact our Privacy Officer at: 541-687-4900.

SUBMITTING WRITTEN REQUESTS: You can mail your written requests to exercise any of your rights listed in this notice, including requesting, modifying or cancelling a confidential communication, requesting copies of your records, requesting restrictions or amendments to your health information to Oregon Medical Group at: OREGON MEDICAL GROUP, ATTN: PRIVACY OFFICER, P.O. BOX 1648, EUGENE, OR 97440.

FILING A COMPLAINT: If you believe your privacy rights have been violated, you may file a complaint with us. We will not take any action against you for filing a complaint. You may file a complaint to Oregon Medical Group at: OREGON MEDICAL GROUP, ATTN: PRIVACY OFFICER, P.O. BOX 1648, EUGENE, OR 97440. You may also notify the Secretary of the U.S. Department of Health and Human Services (DHHS) of your complaint.