

LINN COUNTY DEPARTMENT OF HEALTH SERVICES  
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTHCARE INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. IT EXPLAINS YOUR RIGHTS AND RESPONSIBILITIES. PLEASE REVIEW IT CAREFULLY.

Effective Date: April 15, 2019

### **Our Commitment**

Linn County Department of Health Services (LCHS) respects your privacy and is committed to protecting your health information. We will not use or disclose your health information to others unless you authorize us to do so or unless we are permitted or required by law to do so.

The Health Insurance Portability and Accountability Act (HIPAA) and other federal privacy-related laws (42 U.S. Code § 1320d et seq., 45 CFR Parts 160 & 164, 42 U.S. Code § 290dd-2) protect the privacy of the health information we create and obtain in providing quality care and services to you. Protected health information includes, but is not limited to your symptoms, test results, diagnoses and treatment, health information from other providers, and billing and payment information relating to these services.

### **Our Duties**

We are required by federal and state law to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

**Uses and Disclosures for Treatment, Payment, Health Care Operations-** HIPAA and other privacy related laws and rules permit us to use and disclose your protected health information for purposes of treatment, payment and health care operations.

**Treatment-** Information obtained by a physician, nurse, therapist or other member of our health care team will be recorded in your health record and used or disclosed to determine what health care and services may be right for you. We may also provide health information to other health care professionals within LCHS providing you with health care to help them stay informed about the progress of your treatment and the coordination of your treatment.

**Payment -** We may use and disclose health information about you so that the treatment and services you receive at one of our facilities may be billed to and payment collected from you, an insurance company or other third party insurer. We provide your health plan health information about services you have received at our office(s) so your health plan will reimburse us for the services provided. We may also be required to obtain prior approval for the services or to determine whether your plan will cover treatment.

**Health Care Operations -** We may use and disclose health information about you for our operations. We may use and disclose health information to conduct or arrange for services, including: business planning, development and management; health review; legal services; risk management; auditing functions, including fraud and abuse detection and compliance programs. These uses and disclosures are necessary to the effective operations of LCHS and ensure that all individuals receive the highest quality care. We may use

and disclose your health information as required by law to assess quality and improve our services. We may also use and disclose health information to review the qualifications and performance of our health care providers and to train our employees.

### **Uses and Disclosures of Your Health Information We May Make Unless You Object**

- **Family or Friends Involved in Your Care** - We may disclose health information about you to a friend or family member who is involved in your health care. We may also provide information to pay for your health care. Health professionals, using their best judgment, may disclose to a family member, close personal friend, or anyone else you identify, health information relevant to that person's involvement in your care.
- **Appointment Reminders; Treatment Alternatives; and Health-Related Benefits and Services** - We may contact you to remind you about appointments and provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. If you would like to make any specific arrangements as to where or how we leave messages or send mail to you, please discuss this with our staff.
- **In the Event of a Disaster:** We may disclose health information about you to other health care providers and to an entity assisting in a disaster relief effort (such as the American Red Cross) to coordinate care and so that your family can be notified about your condition and location.

### **Uses and Disclosures of Your Health Information that May Not Require Your Authorization (Special Situations):**

- **To Funeral Directors/Coroners** - We may disclose health care information to a coroner, health examiner or funeral director as required by law.
- **As Required by Federal, State, or Local Law** - We will disclose health care information when required to do so under federal, state or local law.
- **For Law Enforcement Purposes** - We may disclose health care information as required by law or as directed by a court order, warrant, criminal subpoena, or other lawful process, and in other limited circumstances for purposes of identifying or locating suspects, fugitives, and material witnesses, missing persons or crime victims.
- **Pursuant to Lawful Subpoena or Court Order** - We must disclose health care information in response to a court or administrative order in response to a civil subpoena, discovery request, or other lawful process only if efforts have been made to inform you of the request or to obtain an order protecting the information requested from disclosure.
- **To Report Suspected Abuse or Neglect-** When required or authorized by law, we may disclose health care information to appropriate government authorities.
- **To Avert a Serious Threat to Health or Safety** - We will use and disclose health care information when it involves a serious threat to your health or safety or the health and safety of the public or another person.
- **For Disaster Relief Purposes** - We may share health care information about you with disaster relief agencies to assist in notification of your condition to family or others as permitted by law.
- **To Correctional Institutions** - If you are an inmate or under the custody of a law enforcement official, we may release health care information about you to the correctional institution or law enforcement official as permitted by law. This disclosure may be necessary for the institution to provide you health care, protect your health or the health and safety of others, or for the safety and security of the correctional institution.
- **To Health and Oversight Agencies** - We may disclose health care information about you to a health oversight agency for activities authorized by law. These activities are necessary to monitor the health care system, government programs, and compliance with civil rights laws. These oversight activities may include audits,

investigations, inspections, and licensure.

- **Research** – We may disclose your health information for research purposes only with your authorization. However, in some circumstances, we may use or disclose health information for research without getting your authorization. For example, we may allow a researcher to review records in order to prepare for a research project, but no health information will leave our facility during that person's review of the information. Also, we may disclose health information for a research project that has been approved through a formal process that evaluates the needs of the research project with the need to protect privacy of health information.
- **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.
- **For Public Health Purposes** - We may disclose health care information about you for public health activities as authorized by law. This would include notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to prevent or control disease, injury or disability; or to report births and deaths.
- **Workers' Compensation Program** - We may disclose health care information to the state workers' compensation program to the extent permitted by Law.
- **For Specialized Government Functions** - We may disclose health care information about you to authorized federal officials for activities including intelligence, counterintelligence, and other national security activities authorized by federal law.
- **Incidental Disclosures** - Incidental disclosures of your health care information may occur as a by-product of permitted uses and disclosures of your health care information. These incidental disclosures are permitted only if we have undertaken reasonable safeguards to protect the confidentiality of your health care information.
- **Limited Data Set Information** - We may disclose limited health care information to third parties for purposes of research, public health and health care operations. Before disclosing this information, we remove direct identifiers and have the recipient of the information enter into a contractual agreement that limits what data may be used or disclosed. The agreement must contain assurances that the recipient of the information will also undertake all appropriate safeguards to prevent inappropriate use or disclosure of the information.
- **Uses and Disclosures of Your Health Information that Do Require Your Authorization** - Uses and disclosures not included in this Notice of Privacy Practices will be made only as allowed or required by law or with your written authorization. You have the right to revoke an authorization to use or disclose health information at any time, except to the extent we have relied on that information in making an authorized use or disclosure. Your revocation will not affect health information that has already been used or disclosed.
- **Uses and Disclosures of Specially Protected Health Information (Oregon and Federal Law)** - Oregon and Federal law provides additional confidentiality protections in certain circumstances., In Oregon a health care provider, except in limited circumstances, may not release the identity of a person tested for HIV or the results of an HIV-related test without your consent, and you must be notified of this confidentiality right. Drug and alcohol records are specifically protected and typically require your specific consent for release under both federal and state law. Mental health records are specially protected in some circumstances, as is genetic information.
- **For more information on Oregon law related to these and other specially protected records, contact the Privacy Officer (address and phone number listed below) or refer to the Oregon Revised Statutes, or to Oregon Administrative Rules. These documents are available online at [www.oregon.gov](http://www.oregon.gov).**

## Your Health Information Rights

The health and billing records we create and store are the property of LCHS. The protected health information in it, however, generally belongs to you. In addition to all applicable statutory and constitutional rights, every individual receiving services as the right to:

1. Inspect and copy health information that may be used to make decisions about your services. Usually, this includes health and billing records, but does not include psychotherapy notes. You may request a copy of information about you maintained in our electronic health record. To inspect and copy your health information, you will be provided with a request form to complete and sign. If you request a copy of the information, we may charge a fee for the costs incurred in complying with your request which may include copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed.
2. You may request to amend your health information if you believe that the information we have about you is incorrect or incomplete. To request an amendment, you will be provided with a request form to complete and sign. We will put any denial in writing and explain our reasons for denial. You have the right to respond in writing with a statement of disagreement to our explanation of denial, and to require that your request, our denial, and your statement of disagreement, if any, be included in any future disclosures of your health record.
3. You may request a list or accounting of any disclosures of your health information in the previous six years. The list will not include disclosures for treatment, payment, health care operations, those disclosures authorized by you or given to you about yourself, any incidental disclosures or disclosures from our directory, disclosures made for national security purposes, or any disclosure made to law enforcement or correctional facilities. We will notify you if there is a cost.
4. You may request that we send you confidential communications by alternative means or at alternate locations. For example, you may ask that we only contact you at work or by mail. When requesting confidential communications, we will provide you with a form to complete and sign. We will attempt to accommodate any reasonable request.
5. You may request a restriction or limitation on the health information we use and disclose about you. To make a request for a restriction or limitation, we will provide you with a form to complete and sign. We are required to comply with your request that we restrict disclosures to a health plan for purposes of payment or health care operations if you paid in-full, out-of-pocket, for the health care item or service. We will attempt to accommodate other reasonable requests but are not required to agree to other requests for restriction.
6. You may request to receive a paper copy of this Notice of Privacy Practices. You may request a copy at any time, even if you have agreed to receive it electronically. We encourage you to read and ask questions about this Notice of Privacy Practices.
7. Breach Notification – We will notify you if there is a breach of your unsecured protected health information.

For help with these health information rights during normal business hours, please contact the appropriate LCHS Privacy Officer at 541-704-1189 or [compliance@co.linn.or.us](mailto:compliance@co.linn.or.us) or mail:

Linn County Department of Health Services  
Attn: Privacy Officer  
PO Box 100  
Albany, OR 97321

## The Electronic Health Record (EHR)

To promote quality, comprehensive care, LCHS uses an electronic health record called an "EHR." Approved LCHS providers may have access to the EHR. Your health record may be comprised of information in the EHR and a paper record. The privacy obligations of LCHS and your health information rights set forth in this Notice equally apply to any information stored in the EHR. However, this Notice does not apply to access to the EHR by non-LCHS providers within OCHIN Epic. LCHS is not responsible for actions by independent providers or facilities.

Linn County Health Services is part of an organized health care arrangement (OCHA) including participants in OCHIN. A current list of OCHIN participants is available at [www.ochin.org](http://www.ochin.org). As a business associate of LCHS, OCHIN supplies information technology and related services to LCHS and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by LCHS with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operations can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

## Contact and Complaints

If you believe your privacy rights have been violated, you may discuss your concerns with any LCHS employee. You may also contact the LCHS Privacy Officer by mail, e-mail, or by telephone. Please refer to the contact information below. You may also file a complaint with the U.S. Secretary of Health and Human Services. We respect your right to file a complaint with us or with the Office of Civil Rights, U.S. Secretary of Health and Human Services. If you choose to file a complaint, we will not retaliate against you.

Linn County Department of Health Services  
Attn: Privacy Officer  
PO Box 100  
Albany, OR 97321  
[compliance@co.linn.or.us](mailto:compliance@co.linn.or.us)  
541-704-1189  
<https://www.linncountyhealth.org/ha/page/compliance-privacy-office>

## Revising the LCHS Notice of Privacy Practices

We reserve the right to change the terms of this Notice of Privacy Practices and to make any new notice provisions effective for all protected health information created or received prior to the effective date of any such revised notice. If we make changes, we will update the LCHS Notice of Privacy Practices and post the revised Notice of Privacy Practices at our service delivery sites and on our Web site. We will make the revised Notice available to you upon your request.

Updated OCHIN 5/28/2020; updated email 10/07/2019; Approved by Executive Compliance Board, 04/09/2019.