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## **Provider Notice of Privacy Practices**

### ***Your Information. Your Rights. Our Responsibilities.***

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.**

### **Summary**

#### **Your Rights**

You have the right to:

- Receive a copy of your medical record.
- Request a correction to your medical record.
- Request confidential communication.
- Ask us to limit the information we share—within legal parameters—by indicating specifics on the release of information.
- Receive an accounting of those with whom we've shared your information.
- Receive a copy of this Privacy Notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

#### **Your Choices**

You have some choice in the way that we use and share your information as we:

- Talk with your family and friends about your care.
- Provide your mental health care.

#### **Our Uses and Disclosures**

We may use and share your information as we:

- Coordinate and carry out your treatment.
- Run our organization.
- Bill for services rendered to you.
- Help with public health and safety issues.
- Comply with the law.
- Work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.

## Further Details

### Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### **Receiving a copy of your medical record:**

- You can ask to see or receive an electronic or paper copy of your medical record and other health information we have about you. Please ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge you a reasonable, cost-based fee for this service.

#### **Asking us to correct your medical record:**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Please ask us how to do this.
- We may deny your request, but will provide you with a written explanation within 60 days.

#### **Requesting confidential communication:**

- You can ask us to contact you in a specific way (for example, cell or office phone) or to send mail to a different address.
- We will approve all reasonable requests.

#### **Asking us to limit the information we use or share:**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurance. We will approve your request unless a law requires us to share that information.

#### **Receiving a list of those with whom we’ve shared your information:**

- You can ask for an accounting of the times we’ve shared your health information for 6 years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as those you asked us to make). We will provide 1 accounting per year for free but will charge a reasonable, cost-based fee if you ask for another accounting within 12 months.

#### **Receiving a copy of this Privacy Notice:**

- You can request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **Choosing someone to act for you:**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### **Filing a complaint if you feel your privacy rights have been violated:**

- You can complain if you feel we have violated your rights by contacting our HIPAA Privacy Officer (Office Manager) using the information on Page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue SW, Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- We will not retaliate against you for filing a complaint.

### Your Choices

For certain health information, you can tell us your choices about what we share. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and the choice to tell us:

- What information to share with your family, close friends, or others involved in your care.
- What information to share in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

## Our Uses and Disclosures

This section explains the ways in which we typically use or share your health information.

**Treating you:** We can use your health information and share it with other professionals who are treating you.

- Example: Your mental health provider sends notice of a medication change to your primary care physician.

**Running our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary.

- Example: We use health information about you to manage your treatment and services.

**Billing for services rendered to you:** We can use and share your health information to bill and get payment from health plans or other entities.

- Example: We give information about you to your health insurance plan so it will pay for your services.

**Helping with public health and safety issues:** We can share health information about you for certain situations such as:

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

**Complying with the law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Working with a medical examiner or funeral director:** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Addressing workers' compensation, law enforcement, and other government requests:** We can use or share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.

**Responding to lawsuits and legal actions:** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We will never market or sell personal information.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>.

## Changes to the Terms of this Notice

We can change the terms of this notice at any time, and the changes will apply to all information we have about you. The current notice will be available upon request, in our office, and on our web site.

Effective date: August 1, 2025