

NOTICE OF PRIVACY PRACTICES

Effective Date: June 22, 2020

Revised: April 2003, March 2012, August 2019, June 2020

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED TO OTHERS AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION. YOU CAN REQUEST THIS FORM BE MADE AVAILABLE IN ANOTHER LANGUAGE OR ALTERNATE FORMAT THAT MEETS THE GUIDELINES FOR THE AMERICANS WITH DISABILITIES ACT (ADA).

Your Information. Your Rights. Our Responsibilities.

Family Solutions provides mental health services. We need to collect information about you so we can provide these services. Family Solutions follows federal and state laws to protect this information, called “protected health information” or PHI.

This notice describes how information about you may be used and disclosed and how you can get access to this information. Not all situations may be described. Please review it carefully.

Your PHI Privacy 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.

View and receive a copy of your medical record

- In most cases you have the right to view and receive a copy of your records. Ask us how to do this.
- We may charge a reasonable, cost-based fee for copying records.

Ask us to correct your medical record

- You can ask us to add or change information in your records that you think is incorrect or incomplete.
- Requests must be made in writing and include a reason for the request.

Choose how we communicate with you

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- Requests must be made in writing by using a Request for Alternative Communications form, available from Family Solutions staff. You do not need to give a reason for this request.

Ask us to limit what we use or share

- You can ask us to limit how your information is used or disclosed.
- Requests must be made in writing and include the information you want to limit and to whom the limits apply.
- Family Solutions doesn't have to agree with the restriction.
- You can end restrictions verbally or in writing.

Revoke permission to disclose information

- If you sign an Authorization to Release Information form, you can cancel permission at any time.
- Requests must be made in writing and don't affect information that has already been released.

Get a list of those we've shared information with

- You can ask for a list (accounting) of those we've made disclosures to since 4/14/2003.
- Requests must be made in writing.
- The list won't include disclosures made for treatment, payment or health care operations.

Get a copy of this privacy notice

- You can ask for a copy of this notice at any time and it will be provided at no cost.

File a complaint

- You have the right to file a complaint if you don't agree with how Family Solutions has used or disclosed your PHI.

Choose 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 you designate has this authority and can act for you before we take any action.

Our Uses and Disclosures Without Your Authorization

We typically use or share your health information in the following ways without your consent:

For Treatment

- We may use or disclose information with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.

For Payment

- We may use or disclose information to get payment for the services you receive. For example, Family Solutions may provide PHI to bill your health plan or insurance company for provided services.

For Health Care Operations

- We may use or disclose information in order to manage our programs and activities. For example, we may access PHI to determine the quality of services you are receiving.

For Appointments

- We may contact you with reminders for scheduled appointments and arrange transportation to appointments with transportation providers.

For Abuse Reports

- We are mandated by law to report all instances or suspicion of abuse and neglect to Oregon Department of Human Services (DHS). We may also report to law enforcement.

For Medical Emergencies

- We may use or disclose information that would facilitate your treatment in a medical emergency.

As Required By Law And For Law Enforcement

- We may use and disclose information when required or permitted by federal or state law or by a court order.

For Government Programs

- We may use and disclose information for public benefits under other government programs. For example, we may disclose information for the Oregon Health Plan (OHP).

For Public Health And Safety

- We may disclose information to law enforcement in order to avoid serious threat to the health and safety of a person or the public.
- We may disclose information to report domestic violence.
- We may disclose information to help prevent disease.

For Oversight Activities

- We may use or disclose information to government oversight agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system when that information is relevant to compliance with regulatory programs or civil rights laws.

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 by filling out and signing an Authorization to Release Information form. You may change your decision at any time by letting us know in writing.

Changes to the terms of this notice

We may change the terms of this notice, and the changes will apply to all information we have about you. You will be given a written copy of the new notice within 60 days of its effective date. The new notice is also posted at all agency program locations.

How to contact us to review, correct or limit disclosure of your PHI

You can contact any Family Solutions office or the Privacy Officer to:

- Ask to view and/or copy your records
- Ask to limit how information about you is used/disclosed
- Ask to cancel an Authorization to Release Information
- Ask to correct/change your records
- Ask for a list of disclosures of information

How to file a complaint or report a problem

You can contact any of those listed below if you want to file a complaint or report a problem about how Family Solutions has used or disclosed your information. Services and benefits you receive won't be affected by a complaint you make. Family Solutions cannot retaliate against you if you make a complaint, cooperate in an investigation of a complaint or if you refuse to agree with something you believe is unlawful.

Family Solutions Privacy Officer

Karin Hilger

201 W. Main #4B

Medford, OR 97501

Phone: 541/414-1720

Fax: 541/414-1721

Email: khilger@solutionsor.org

State of Oregon Department of Human Services

Governor's Advocacy Office

500 Summer Street NE #E17

Salem, OR 97301-1097

Phone: 503/945-6904 or 800/442-5238 TTY: 711 Fax: 503/378-6532

Email: dhs.info@state.or.us

Office for Civil Rights

US Department of Health and Human Services

Columbia Tower

701 Fifth Avenue, Suite 1600

Seattle, WA 98104

Phone: 206-615-2268

Website: www.hhs.gov/ocr

Email: ocrmail@hhs.gov

The people we serve are at the center of their care: values, beliefs and preferences are honored when we work together as equal partners to achieve positive outcomes