

EFFECTIVE DATE: APRIL 14, 2003

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW CLINICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact Terry Dethrow of our office at (503) 316-6770.

New Perspectives Center

Email: npc@WVI.com

*565 Union St. NE, Salem OR 97301
(503)316-6770*

*1675 Winter St. NE, Salem, OR 97301
(503) 585-0351*

WHO IS SUBJECT TO THIS NOTICE:

This notice describes the privacy practices of **New Perspectives Center (NPC)** and the social workers, therapists, counselors, nurses, and other individuals and staff that work at **New Perspectives Center**.

YOUR HEALTH INFORMATION:

This notice applies to the information and records we have about your health, health status, and the care and service you receive from NPC. Your health information may include information created and received by NPC, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, and similar types of health-related information.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

Uses and Disclosures With Your Consent

Except in an emergency or other special circumstances, we will ask you to read and sign a written consent regarding the uses for and the disclosure of Protected Health Information for purposes of: treatment provided to you, obtaining payment for services provided to you and for our health care operations (e.g., internal administration, quality improvement and customer service) as detailed below:

- **Treatment** – We may use and disclose Protected Health Information to provide treatment and other services to you. For example, to diagnose and treat your illness or to phone in prescriptions for you.
- **Payment** – We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company, health plan, or a third party. For example, we may need to give your health plan information about a service you've received so your health plan will pay for the service. We may also tell your insurance company about services you are going to receive to obtain prior approval. We may need to disclose information to a collection agency to assist in the collection of a past due account.

- Health Care Operations – We may use and disclose Protected Health Information for our health care operations. They include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use Protected Health Information to evaluate the quality and competence of our clinical staff and other health care workers.
- Business Associates – We may contract with business associates to perform certain functions or activities on our behalf, such as treatment, payment and health care operations. These business associates must agree to safeguard your Protected Health Information.
- Organized Health Care Arrangement – For Mid-Valley Behavioral Care clients, we are a member of the Marion County Integrated Delivery System (IDS) and we may share information as needed among member agencies for the purposes of treatment, payment and health care operations.
- Appointment Reminders – We may contact you as a reminder that you have an appointment for treatment or clinical care at New Perspectives Center.
- Treatment Alternatives and Related Products and Services – We may tell you about or recommend possible treatment options or alternatives, or related products or services that may be of interest to you.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or related products and services. If you advise us **in writing** (at the address listed at the top of this notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

Uses and Disclosures of Your Highly Confidential Information – When we are using or disclosing certain Protected Health Information about you that is deemed highly confidential information, we follow special procedures required by federal and Oregon laws. Highly Confidential Information includes psychotherapy notes and Protected Health Information about: (1) mental health and developmental disabilities services; (2) alcohol and drug abuse prevention, treatment and referral; (3) HIV / AIDS testing; (4) venereal disease(s); (5) genetic testing; (6) child abuse and neglect; and (7) sexual assault. We use and disclose Highly Confidential Information with your knowledge and limited by a particular purpose.

Your Consent only permits us to use Protected Health Information for purposes of treatment, payment and our health care operations. We may not use or disclose Protected Health Information for any reason other than treatment, payment and health care operations accept when (1) you give us your authorization form or (2) there is an exception described below. Further, you may revoke your Authorization in writing at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

SPECIAL SITUATIONS

We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:

- **To avert a serious threat to health or safety** – We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Public health activities** – We may disclose Protected Health Information for the following public health activities and purposes: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report

information about products under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

- **Victims of Abuse, Neglect or Domestic Violence** – We may disclose Protected Health Information without Your Consent or Your Authorization to a government authority if we reasonably believe you are a victim of abuse, neglect or domestic violence. This may include a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.
- **Health Oversight Activities** – We may disclose Protected Health Information to a health oversight agency that is responsible for a health care system or that ensures compliance with the rules of government health programs such as Medicare or Medicaid.
- **Judicial and Administrative Proceedings** – We may disclose Protected Health Information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process. [164.512(e)] However, unless authorized by a court order, we may not use or disclose Protected Health Information identifying you as a recipient of substance abuse treatment or concerning such treatment if the purpose is to initiate or substantiate any criminal charges against you or to conduct any investigation of you.
- **Law and Enforcement Officials** – We may disclose Protected Health Information to the police or other law enforcement officials as required by law or in compliance with a court order.
- **Decedents** – We may disclose Protected Health Information to a coroner or medical examiner as authorized by law.
- **Research** – We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.
- **Specialized Government Functions** – 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.
- **Workers' Compensation** – We may disclose Protected Health Information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.
- **Information Not Personally Identifiable** – We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- **Family and Friends** – We may disclose health information about you to your family members or friends if we obtain your authorization to do so. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into your session.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy** – You have the right to inspect and receive a copy of your health information, such as clinical and billing records, that we keep and use to make decisions about your care. You must submit a written request to our Privacy Office in order to inspect and/or copy records of your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies.
- **Right to Amend** – You have the right to request that we amend Protected Health Information maintained in your record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Privacy Office and submit the completed form to the Privacy Office.

We may deny your request for an amendment if your request is not in writing or does not include your reason to support that request. In addition, we may deny your request if you ask us to amend information that (1) we did not create, (2) is not part of the health information that we keep, (3) you would not be permitted to inspect and copy, or (4) is accurate and complete.

- **Right to an Accounting of Disclosures** – You have the right to request an “accounting of disclosures.” This is a list of disclosures we made regarding clinical information about you for purposes other than treatment, payment, health care operations, and a limited number of special circumstances involving national security, correctional institutions and law enforcement. In addition, the list will not include any disclosures we have made based on your written authorization.

To obtain this list, you must submit your request in writing to the Privacy Office. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. If you request an accounting more than once during a twelve (12) month period, we may charge a fee.

- **Right to Request Restrictions** – You may request that we limit our uses and disclosures of your Protected Health Information for treatment, payment, and health care operations purposes. However, by law, we do not have to agree to your request. To request restrictions, you may complete and submit the REQUEST FOR RESTRICTION ON USE OF CLINICAL INFORMATION FORM to the Privacy Office. We will send you a written response.
- **Right to Request Confidential Communications** – You have the right to request that we communicate with you about clinical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communication, you need to complete and submit the REQUEST FOR RESTRICTION ON USE OF CLINICAL INFORMATION to the Privacy Office. We will not ask you the reason for your request. We will attempt to accommodate all the reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to Receive a Copy of this Notice** – You may ask us to give you a copy of this notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for clinical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

COMPLAINTS

If you desire further information about your privacy rights, are concerned that we may have violated your privacy rights or disagree that we made regarding access to Your Protected Health Information, you may contact our Privacy Office. You may also file written complaints with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the correct address for the Director. We will not retaliate against you or penalize you for filing a complaint.