



## 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.**

### 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.

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. 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 a reasonable, cost-based fee.
- Requests are submitted in writing. Ask staff for a form

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- Requests are submitted in writing. Ask staff for a form

#### Request confidential communications

- 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.
- We will say “yes” to all reasonable requests.
- Requests are submitted in writing. Ask staff for a form.

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## Your Rights *continued*

### Ask us to limit what 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 insurer.
  - We will say “yes” unless a law requires us to share that information.
- Requests are submitted in writing. Ask staff for a form

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### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six 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 any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Requests are submitted in writing. Ask staff for a form

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### Get a copy of this privacy notice

- You can ask for 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.

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

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### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting the
- Privacy Officer 541-492-0129.
- 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, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- 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.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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

- Share information with your family, close friends, or others involved in your care or someone who helps pay for your care.
- Share information in a disaster relief situation
- Contact you for fundraising efforts

*For example, we may assume you agree to our sharing of your information to your spouse when you bring your spouse with you into the exam room or while treatment is discussed. 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.*

**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
- Other uses and disclosures not described in this notice.

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

**Treat you**

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

**Example:** A provider treating you for an injury asks another provider about your overall health condition.

**Run 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.

**Bill for your services**

- 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.

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## Our Uses *continued*

<b>Business associates</b>	<ul style="list-style-type: none"><li>• We may contract with business associates (BA) to perform certain functions or activities on our behalf. These BA's must agree to protect your health information</li></ul>	<i>Example: Legal, billing, transcription, consulting, EMR hosting activities</i>
<b>Appointment reminders</b>	<ul style="list-style-type: none"><li>• Your information allows us to contact you about appointments for treatment or other health care you may need</li></ul>	<i>Example: To contact you as a reminder that you have an appointment or communicate a change</i>
<b>Give treatment alternatives &amp; services</b>	<ul style="list-style-type: none"><li>• In some instances, the law permits us to contact you.</li></ul>	<i>Example: To describe our services; for your treatment; for case management and care coordination; to recommend available treatment options</i>
<b>Health Information Exchanges</b>	<ul style="list-style-type: none"><li>• We participate in multiple internet-based health information exchanges. The sharing of your health information is to provide faster access, better coordination of care, and assist providers and public health officials in making more informed decisions. You may choose to opt out of participation in an HIE by signing an opt out form. Ask staff to contact the Privacy Officer.</li></ul>	<i>Example: OCHIN Care Collaborative, EPIC Care Everywhere, Reliance</i>
<b>Specific Types of PHI</b>	<ul style="list-style-type: none"><li>• There are stricter requirements for use and sharing of some types of health information. However, there are still situations in which these types of information may be used or shared without your authorization.</li><li>• If you are a client in one of our 42 C.F.R. Part 2 substance use treatment programs, please see "Notice to Patients of Federal Confidentiality Requirements under 42 C.F.R. Part 2" for more information.</li><li>• If you are a client in a Part 2 substance use treatment program, we will not disclose your information without your authorization unless otherwise permitted under the law.</li></ul>	<i>Example: Substance Use Disorder information, mental health, and HIV or genetic testing information</i>
<b>Coordinated Care Organizations (CCO)</b>	<ul style="list-style-type: none"><li>• If you are insured by a CCO with the Oregon Health Plan, there are time when we must share your health information for general purposes like service delivery, care coordination, transitional services, and payment.</li><li>• If the information includes Part 2 records, we will obtain your authorization.</li></ul>	<i>Example: Umpqua Health Alliance (UHA), All Care, Advanced Health</i>

**How else can we use or share your health information?** 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: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"><li>• We can share health information about you for certain situations such as:<ul style="list-style-type: none"><li>• Preventing disease</li><li>• Helping with product recalls</li><li>• Reporting adverse reactions to medications</li><li>• Reporting suspected abuse, neglect, or domestic violence</li><li>• Preventing or reducing a serious threat to anyone’s health or safety</li></ul></li></ul>
<b>Do research</b>	<ul style="list-style-type: none"><li>• We can use or share your information for health research.</li></ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"><li>• 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.</li></ul>
<b>Law enforcement</b>	<ul style="list-style-type: none"><li>• We may share health information to authorized officials for law enforcement purposes (ex: to respond to a search warrant, report a crime on our premises or against our staff, or help identify or locate someone).</li></ul>
<b>Respond to organ and tissue donation requests</b>	<ul style="list-style-type: none"><li>• We can share health information about you with organ procurement organizations.</li></ul>
<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"><li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li></ul>
<b>Address workers’ compensation, law enforcement, and other government requests</b>	<ul style="list-style-type: none"><li>• We can use or share health information about you:<ul style="list-style-type: none"><li>• For workers’ compensation claims</li><li>• For law enforcement purposes or with a law enforcement official</li><li>• With health oversight agencies for activities authorized by law</li><li>• For special government functions such as military, national security, and presidential protective services</li></ul></li></ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"><li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li></ul>

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## 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.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of This Notice

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

*Effective Date of Notice: 2/3/2023*

### **This Notice of Privacy Practices applies to all Adapt Integrated Health Care Services, Programs and Sites.**

Adapt Health Services Programs and sites listed above may share your protected health information with each other. They would do this to provide you with quality health care, to pay for your care, and to conduct our operations. Adapt is committed to providing high quality care across the full range of integrated health, recovery, support, and prevention services. For this reason, we may use and share your information among these programs in order to make decisions about, and plan for, your care and treatment. We also may use it to refer to, consult with, coordinate among, and manage alongside other healthcare providers for your care and treatment.

Adapt is part of an organized health care arrangement 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 Adapt Oregon OCHIN supplies information technology and related services to Adapt and other OCHIN participants. OCHIN also engages in quality Adapt Oregon 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 Adapt Oregon 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 operation 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.

The personal information may include past, present, and future health information as well as information outlined in 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.

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Adapt  
PO Box 1121  
Roseburg, Oregon 97470  
<https://www.adaptoregon.org/>  
Privacy Officer contact number: 541-492-0129

## ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I understand that under the Health Insurance Portability & Accountability Act I have certain rights to privacy regarding my protected health information. I also understand that Adapt has the right to change its Notice of Privacy Practices from time to time.

This Notice describes in detail how Adapt might use or disclose my protected health information. The Notice also discusses my rights and Adapt's duties with respect to my protected health information. I understand I also have the right to review the Notice before signing this acknowledgement and at any time I may contact Adapt to obtain a current copy in print or electronically, or I may review the current copy online at Adapt's website.

By signing this form, I further acknowledge that medical information collected at Adapt Integrated Health Care will be stored in an electronic medical record system and kept securely in line with state and federal regulations.

\_\_\_\_\_  
Signature of Patient/Guardian or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient/Guardian or Personal Representative

\_\_\_\_\_  
Relationship to Patient

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### OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency prevented us from obtaining acknowledgement
- Other (Please Specify):

Adapt Staff Signature: \_\_\_\_\_