

**Sacagawea School Based  
Health Center**

**Effective Date: December  
1, 2005**

## **Notice of Privacy Practices**

**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.**

If you have any questions about this notice, please contact our Executive Director at (503) 366-7645.

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes Sacagawea School Based Health Center (Sacagawea SBHC) practices and that of:

- ❖ Any health care professional authorized to enter information into your medical records.
- ❖ Employees, physicians, staff, volunteers, contracted personnel, trainees, students, and other health center personnel providing services at Sacagawea SBHC.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

Sacagawea SBHC understands that medical information about you and your health is personal. We are committed to protecting medical information about you. A record is created of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Sacagawea SBHC, whether made by the nurse practitioner, nursing personnel, or other

practitioners involved in your care. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice describes the ways in which we may use and disclose your medical information. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

The law requires us to:

- ❖ Make sure that your medical information is kept private;
- ❖ Provide you with this Notice of our legal duties and privacy practices with respect to medical information;
- ❖ Follow the terms of this Notice.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- ❖ **For Treatment.** We may use your medical information to provide you with medical treatment or services. We may disclose your medical information to doctors, nurses, technicians, health care students, clergy, or others who are involved with your care. *For example, a nurse practitioner treating you for a broken arm may need to discuss your case with a consulting pediatrician, orthopedist, or radiologist to establish a treatment plan.*

- ❖ **For Payment.** We may use and disclose your medical information for our payment purposes or the payment purposes of other health care providers or health plans. *For example, we may need to give your insurance company information about the physical exam you received so your insurance will pay for your care. We may tell your insurance about a treatment you are to receive to obtain prior approval or to determine whether your insurance will cover the treatment. We may also release medical information to emergency responders or other health care providers to allow them to obtain payment or reimbursement for services provided to you. If necessary, we will obtain your authorization.*
- ❖ **For Health Care Operations.** We may use and disclose your medical information for our health care operations, which 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 your medical information to evaluate the quality and competence of our nurses and other health care workers. We may disclose your medical information to our Executive Director in order to resolve any complaints you may have and ensure that you have a comfortable visit with us. We may disclose your health information to other providers or to health plans for their own health care operations as allowed by law. We may also disclose information to accreditation agencies, such as the Department of Human Services School Based Health Center program for purposes of evaluating our facility for accreditation.
- ❖ **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care or services.
- ❖ **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- ❖ **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits, services, or health education classes that may be of interest to you.
- ❖ **Fundraising Activities.** We may disclose certain demographic information about you to a foundation related to the health center so that the foundation may contact you to invite your philanthropic support to enhance patient care. If you do not want Sacagawea SBHC to use your information in this manner or to contact you for fundraising efforts, please notify our Executive Director at 503-366-7645.
- ❖ **Individuals Involved in Your Care or Payment for your Care.** Health professionals, using their best judgment, may disclose to a family member or close personal friend, or anyone else you authorize, medical information relevant to that person's involvement in your care. We may also give information to someone who helps pay for your care. *If you do not want us to make these disclosures, you must notify your care provider.*
- ❖ **Research.** Under certain circumstances, we may use and disclose your medical information for research purposes. *For example, a research project involving asthma education and its effect on lung function may involve comparing peak flow measurements in groups of children who receive basic asthma information vs. extra information. Prior to the research study, the researcher may need access to patient information in order to prepare a research protocol. All research studies, however, are subject to a special approval process. Before we use or*

*disclose medical information for research without your authorization, the research study will have been approved through this research approval process.*

- ❖ **Limited Data Set Information.** We may disclose limited medical information to third parties for purposes of research, public health and health care operations. This limited data set will not include any information which could be used to identify you directly (such as your name, street address, telephone number, social security number, or other identifying numbers or photographs). Before disclosing this information, we must enter into an agreement with the recipient of the information that requires the recipient to protect the privacy of your medical information.
- ❖ **As Required By Law.** We will disclose your medical information when required to do so by federal, state or local law. *For example, clinics are required to report certain infectious diseases, child abuse, and most animal bites to the appropriate state, county, or law enforcement authority.*
- ❖ **Incidental disclosures.** Certain incidental disclosures of your medical information occur as a byproduct of lawful and permitted use and disclosure of your medical information. For example, a visitor may inadvertently overhear a discussion about your care occurring at the health center. These incidental disclosures are permitted if the health center applies reasonable safeguards to protect your medical information.
- ❖ **Disclosures to Business Associates.** We contract with outside companies that perform business services for us, such as billing companies, management consultants, quality assurance reviewers, accountants or attorneys. In certain circumstances, we may need to share your medical information with a business

associate so it can perform a service on our behalf. We will limit the disclosure of your information to a business associate to the amount of information that is the minimum necessary for the company to perform services for us. In addition, we will have a written contract in place with the business associate requiring it to protect the privacy of your medical information.

#### **SPECIAL SITUATIONS**

- ❖ **Organ and Tissue Donation.** If you are an organ donor, we may disclose your medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- ❖ **Military.** If you are a member of the armed forces, we may disclose your medical information as required by military command authorities. We may also disclose medical information about foreign military personnel to the appropriate foreign military authority.
- ❖ **Workers' Compensation.** We may disclose medical information about you for workers' compensation or similar programs, to the extent authorized by law. These programs provide benefits for work-related injuries or illness.
- ❖ **Public Health Activities.** We may disclose your medical information to public health agencies as required or authorized by state law to support public health activities. This generally includes, but is not limited to, the following:
  - to prevent or control disease, injury or disability;
  - to report reactions to medications or problems with products and to enable product recalls, repairs or replacement;

- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if the patient agrees or when required or authorized by law.
- ❖ **Serious or imminent threat to health or safety.** We may use and disclose medical information about you when necessary to prevent a serious or imminent threat to your health and safety or the health and safety of the public or another person.
- ❖ **Disaster Relief Efforts.** We may disclose medical information about you to other health care providers and to an entity assisting in a disaster relief effort to coordinate care and, unless you object, so that your family or other individual involved in your care can be notified about your condition and location.
- ❖ **Health Oversight Activities.** We may disclose your medical information to a health oversight agency for activities authorized by law. *For example, audits, investigations, inspections, and licensure. These activities are necessary for the government to protect public health, monitor government programs, and comply with civil rights laws.*
- ❖ **Lawful Subpoena or Court Order.** If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court or administrative order. We may also disclose your medical information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. In most circumstances, we will not disclose your medical information until efforts have been made

to notify you of the request or to obtain an order protecting the information requested.

- ❖ **Law Enforcement.** We may disclose your medical information if asked to do so by a law enforcement official or otherwise designated individual, including (but not limited to) the following:
- in response to a court order, criminal subpoena, warrant, or other lawful process;
  - limited information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person;
  - about the victim of a crime, under certain limited circumstances;
  - about a death we believe may be the result of criminal conduct; this may be disclosed to a medical examiner;
  - about criminal conduct at the health center; and
  - in emergency circumstances to report a crime; the location of the crime or crime victim; or the identity, description or location of the person who committed the crime.
  - to the extent the law requires.
- ❖ **Coroners, Medical Examiners and Funeral Directors.** We may disclose your medical information to a coroner, medical examiner or funeral director. *For example, to identify a deceased person or determine the cause of death. We may also disclose your medical information to funeral directors as necessary to carry out their duties.*
- ❖ **National Security and Intelligence Activities.** We may disclose your medical information to authorized federal officials

for intelligence, counterintelligence, and other national security activities authorized by law.

- ❖ **Protective Services for the President and others.** We may disclose your medical information to authorized federal officials so they may provide protection to the President, other authorized persons or for foreign heads of state or conduct special investigations.
- ❖ **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your medical information to the correctional institution or law enforcement official. *For example, medical information may be disclosed to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.*

**USES AND DISCLOSURES OF SPECIALLY PROTECTED INFORMATION**

Oregon and federal law provide additional confidentiality protections in some circumstances. For example, in Oregon a health care provider generally 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 treatment records are specially 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.

**YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

You have the following rights regarding your medical information:

- ❖ **Right to Inspect and Copy.** You have the right to inspect and obtain copies of your medical information that may be used to make decisions about your care or payment for your care, not including psychotherapy notes. Records are generally kept at the site where services were provided. To inspect and obtain copies of your medical information, contact the Executive Director. There is a charge for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy your medical information under limited circumstances. If access to your medical information is denied, you may request that the denial be reviewed. We will comply with state and federal law when choosing a reviewer. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- ❖ **Right to Amend.** If you feel that your medical information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Sacagawea SBHC.

To request an amendment, contact the facility where you received care. Your request must be submitted in writing to the Executive Director. You must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy;
- is accurate and complete.

We will put any denial in writing and explain our reasons for denial. You have the right to respond in writing to our explanation of denial, and to require that your request, our denial, and your statement of disagreement, if any, be included in future disclosures of the disputed record, and others as the law requires.

- ❖ **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures we made of your medical information in the previous six years, beginning April 14, 2003. You are not entitled to an accounting of disclosures made for purposes of treatment, payment and health care operations, disclosures you authorized, disclosures to you, incidental disclosures, disclosures to family or other persons involved in your care, disclosures to correctional institutions and law enforcement in some circumstances, disclosures of limited data set information or disclosures for national security or law enforcement purposes.

To request an accounting of disclosures, contact the facility where you received care. Your request must be submitted in writing to the Executive Director. Your first accounting in a 12-month period will be free. For additional accountings, we may charge you for the cost of providing the accounting.

- ❖ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. *For example, you could ask that we not use or disclose information about a particular procedure you underwent.* We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment.

To request a restriction, contact the facility where you are receiving care. Your request must be submitted in writing to the Executive Director. In your request, you must tell us:

- what information you want to limit;
- whether you want to limit our use, disclosure or both;
- to whom you want the limits to apply.

- ❖ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical 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 communications, you must complete the designated request form in writing at the time you receive care. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- ❖ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this privacy notice. You may ask us to give you a

copy of this privacy notice at any time by requesting a copy from the Executive Director.

**CHANGES TO THIS NOTICE**

We may change the terms of the Notice at any time. If we change this Notice, we may make the new notice terms effective for all medical information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in locations where patients receive services and on our Internet site at [www.sacagawehealthcenter.org](http://www.sacagawehealthcenter.org). You also may obtain a new notice by contacting Sacagawea SBHC.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may contact or submit your complaint in writing to the Executive Director. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services.

**The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.**

**OTHER USES OF MEDICAL INFORMATION**

All other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your medical information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your medical information for the purposes identified in your written revocation, unless we have already acted in reliance on your authorization.

**PRIVACY OFFICIAL AND CONTACT PERSON**

If you have any questions about this Notice or wish to object to or complain about any use or disclosure as explained above, please contact our Privacy Official through the telephone number listed below.

Executive Director  
Sacagawea School Based Health  
Center  
1060 Eisenschmidt Lane  
St. Helens, OR 97051  
(503) 366-7645

Original Effective Date: 12/1/05