



Privacy Policy

Effective Date: 04/2019

## **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.**

Eugene Gastroenterology Consultants, P.C. is a member clinic of Northwest Specialty Clinics. Northwest Specialty Clinics specialists provide enhanced medical care through a shared Electronic Medical Record (EMR) that allows patient charts to be accessed across specialties. Eugene Gastroenterology Consultants, P.C. is also a member of Northwest Health Partners, a Clinically Integrated Network (CIN). Clinical Integration is an effort among physicians, often in collaboration with a hospital or health system, to develop active and ongoing clinical initiatives that are designed to control costs and improve the quality of health care services. For a list of clinicians who are a part of Northwest Specialty Clinics and Northwest Health Partners, please go to <https://www.nwspecialtyclinics.com/>

If you have any questions about this notice, please contact the Compliance Officer of Northwest Specialty Clinics, at (541) 868-9211 or in writing at [https://www.lighthouse-services.com/\\_StandardCustomURL/IncidentLandingPageV2.asp](https://www.lighthouse-services.com/_StandardCustomURL/IncidentLandingPageV2.asp).

## **WHO WILL FOLLOW THIS NOTICE**

This notice describes the information privacy practices followed by our employees, staff and other office personnel. The practices described in this notice will also be followed by physicians you consult with by telephone (when your regular physician from our office is not available), who provide “call coverage” for your physician.

## **YOUR HEALTH INFORMATION**

This notice applies to the information and records we have about your health, health status, and the health care and services you receive at this office.

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.

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

The following categories describe different ways that we use and disclose medical information. “Use” is what we do with your information in this office. “Disclose” means sharing your information with others

outside of this office. All of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

For example, your doctor may be treating you for heart condition and may need to know if you have health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy or scheduling testing at other facilities. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

To promote quality of care, we use an electronic community health record that shares health information among many providers. Many providers, including those not affiliated with us, use this computer system. This electronic community health record lets us and other providers look at and/or add information about you, your health, the care you receive and other important facts. Not every provider that treats you looks at and or adds information in the community health record. We cannot remove information once it is placed in the community health record.

To promote quality of care, we participate in an electronic imaging exchange network with other health care providers not affiliated with us. This secure, electronic network lets us and other network providers share your electronic medical imaging records maintained on the network and add to and review the information contained in those records, such as the care you receive and other important health information. Not all your medical imaging is kept in the records maintained on the network. Not every provider who treats you looks at or is allowed to update your medical imaging records maintained on the network.

**For 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, or a third party.

For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care.

Appointment reminders. We may contact you by telephone as a reminder that you have an appointment for treatment or medical care at the office. We may leave a message on your answering machine if you are not home. Our phone number and name will appear on all Caller ID boxes. We may send you a postcard reminding you to make an appointment. We may send you an email for

appointment reminders. We may send you a text message reminder about your appointment. You can opt out of this service. If you receive text messages you may incur costs from your cell phone provider.

Newsletter. We may send you our newsletter via US Postal Service or email.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive our newsletter. If you advise us in writing at Northwest Specialty Clinics C/O Compliance Officer 3355 RiverBend Dr. Ste 430 Springfield, Oregon 97477 that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

## **SPECIAL SITUATIONS**

We may use or disclose health information about you without your permission 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.

**Required by Law.** We will disclose health information about you when required to do so by federal, state or local 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 research will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

**Organ and Tissue Donation.** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

**Military, Veterans, National Security and Intelligence.** 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. We may also release information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and 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 you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state

and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

**Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**To the Department of Health and Human Services (HHS).** We must disclose your medical information when requested by HHS when it is undertaking a compliance investigation, review, or enforcement action.

**To You.** We must disclose your medical information to you when you request it in writing, as described below. We may disclose your medical information to you in other situations.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

**Information Not Personally Identifiable.** In certain situations we may disclose your medical information within a limited data set for research, healthcare operations, and public health purposes. A limited data set is medical information that is disclosed in a way that does not personally identify you or reveal who you are.

**Disaster Relief.** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

**Family and Friends.** We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. 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 the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or x-rays.

**Incidental Use.** Although we try to limit communications of your medical information to the minimum necessary, we can disclose information that is incidental to an otherwise permissible use.

**Fundraising.** We may disclose certain medical information about you for fundraising purposes. We may also contact you for fundraising purposes. If you do not wish to be contacted for this purpose, you may opt out of receiving such communications.

#### **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We will not use or disclose your health information for any purpose other than those identified in the previous section without your specific, written Authorization. We must obtain your Authorization separate from any Consent we may have obtained from you. If you give us Authorization to use or disclose health information about you, you may revoke that 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.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization (different from the Authorization and Consent mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have both your signed Consent and a special written authorization that complies with the law governing HIV or substance abuse records.

Oregon State law requires that you expressly authorize the release of information for: HIV/AIDS information, mental health information, genetic testing, and drug and alcohol diagnoses, treatment, and referral information. In order to disclose these types of records we will have to have both your signed Consent and a special written authorization that complies with the law governing release of specially protected health information.

**Marketing, and Sales of Protected Health Information.** Most uses and disclosures of protected health information for marketing purposes, and that constitute a sale of protected health information require authorization.

#### **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 copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to the Compliance Officer in order to inspect and/or copy your health information. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

**Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**Right to Amend.** If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office.

To request an amendment, complete and submit a MEDICAL RECORD AMENDMENT/CORRECTION FORM to the Northwest Specialty Clinics C/O Compliance Officer 3355 RiverBend Dr. Ste 430 Springfield, Oregon 97477

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:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the health information that we keep
- You would not be permitted to inspect and copy
- 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 the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations.

To obtain this list, you must submit your request in writing to the Compliance Officer. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.

Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request with a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the health 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 health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse.

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 you emergency treatment or if legally required to do so.

To request restrictions, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION to the Northwest Specialty Clinics C/O Compliance Officer 3355 RiverBend Dr. Ste 430 Springfield, Oregon 97477.

**Out-of-Pocket-Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full, at the time of service for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and Eugene Gastroenterology Consultants, PC will honor that request if approved.

**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 request that we only contact you at work or by mail.

To request confidential communications, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION AND/OR CONFIDENTIAL COMMUNICATION to the Northwest Specialty Clinics C/O Compliance Officer 3355 RiverBend Dr. Ste 430 Springfield, Oregon 97477. We will 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 notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, <http://www.eugenegi.com/information-for-patients/patient-privacy>. To obtain a paper copy of this notice, please request it from the receptionist or you can request it in writing to the Compliance Officer listed above.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will inform you of any significant changes to this Notice. This may be through a newsletter, a sign prominently posted at our location(s), a notice posted on our web site, or other means of communication.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the NSC/NWHP Compliance Officer, (541) 868-9211. **You will not be penalized for filing a complaint.**

To file a complaint with the Secretary of the Department of Health and Human Services:

Office for Civil Rights Region X-Seattle  
U.S. Department of Health & Human Services  
2201 Sixth Ave. -M/S: SX-11  
Seattle, Wa 98121-1831  
Voice Phone: (800) 368-1019  
Fax: (206) 615-2297  
TTD: (800) 537-7697