



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.

<p>Understanding the Type of Information We Have: We receive medical information about you when you begin services with us. It includes your name, date of birth, sex, insurance information and other personal information. We also receive enrollment information from your health insurers and medical information from your other health care providers. When we visit you in your home, we also collect information about your condition, diagnosis and treatment.</p>	
<p>Our Privacy Commitment to You: <i>We care about your privacy.</i> The information we collect about you is private. We are required to give you a notice of our privacy practices. Only people who have both the need and the legal right may see your information. The privacy practices described in this Notice will be followed by all Partners In Care employees, medical staff, trainees, students and volunteers. Unless you give us permission in writing, we will only disclose your information as listed below:</p>	
Treatment	We may use or disclose medical information about you to provide and coordinate your health care. For example, we may notify your regular doctor about changes in your health care status.
Payment	We may use and disclose information so the care you are given can be properly billed and paid for. For example, we may be required for payment purposes to send your health insurer information that explains the physician ordered services we provided you.
Exceptions	For certain kinds of records, your permission may be needed for release for treatment and/or payment.
As Required By Law and for Other Government Functions	We will release information when we are required by law to do so or for other government functions. Examples of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, communicable disease reporting, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety or in other kinds of emergencies.
Public Health and Safety	We may use or disclose information about you as required to prevent or reduce a serious threat to the health or safety of a person or the public. For example, we may disclose information about immunizations and certain diseases to public health officials.

Fundraising	Partners In Care engages in fundraising activities, the donations are used to help support the mission of the organization. Partners In Care may contact you and/or your family asking you to consider giving a charitable gift. We would welcome any donation you or your family would like to make. If you do not wish to receive fundraising communications, please notify us and ask to be removed from our contact list.
Contact	Partners In Care may contact you or your family after your discharge from our services for the purpose of obtaining feedback about our services and other information helpful to us as we seek to continue improving the services we provide.
Family and Friends	We may disclose your information to family members, friends or others that you identify in writing.
After Death	We may disclose your information as required by coroners or medical examiners and funeral homes after you are deceased.
With Your Permission	If you give us permission in writing, we may use and disclose your personal information for purposes you list. If you give us permission, you have the right to change your mind and revoke it. This must be in writing, too. We cannot take back any uses or disclosures already made with your permission.
Our use and disclosure of your personal health information must comply not only with federal privacy regulations but also with applicable Oregon law. Oregon law provides certain additional protections to your personal health information.	
Your Privacy Rights:	
You have the following rights regarding the health information that we have about you. Your requests must be made in writing to us at Partners In Care System Privacy Officer 2075 NE Wyatt Court Bend, Oregon 97701	
Your Right to Inspect and Copy	In most cases, you have the right to look at or get copies of your health records. You may be charged a fee to cover the cost of copying your records. (You may need to make an appointment to look at your records to assure that we will have it available for you.)
Your Right to Amend	You may ask us to change your records if you feel that there is a mistake. We can deny your request for certain reasons, but we must give you a written reason for our denial.
Your Right to a List Of Disclosures	You have the right to ask for a list of certain disclosures made after April 14, 2003. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your permission. It will not include information released without your name or other data that would identify you.

Your Right to Request Restrictions on Our Use or Disclosure of Information	<p>You can ask for limits on how your information is used or disclosed. We are not required to agree to such requests, but can if we believe it is reasonable to do so.</p> <p>You have the right to restrict disclosures of protected health information to your health insurer where you paid out of pocket in full. In this case we must agree with your request.</p>
Your Right to Request Confidential Communications	<p>You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to an alternate address instead of your home address. We will do our best to accommodate such a request.</p>
Your Right of Breach Notification	<p>We will notify you if your medical information has been breached. Which means your medical information has been used or disclosed in a way that is inconsistent with the law and therefore could be compromised.</p>
<p>Changes to this notice: We reserve the right to revise this notice. A revised notice will be effective for medical information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. Any changes to our notice will be given to you by our staff before it takes effect.</p>	
How to Use Your Rights Under This Notice	<p>If you want to use your rights under this notice, you may call us or write to us at:</p> <p>Partners In Care System Privacy Officer 2075 NE Wyatt Court Bend, Oregon 97701 (541) 382-5882</p> <p>As your request to us must be in writing, we will help you prepare your written request, if you wish.</p>
Complaints and Communications to Us	<p>If you want to exercise your rights under this notice or if you wish to communicate with us about privacy issues or if you wish to file a complaint, you can call us at (541) 382-5882 or write to:</p> <p>Partners In Care System Privacy Officer 2075 NE Wyatt Court Bend, Oregon 97701</p> <p>You will not be penalized for filing a complaint.</p>
Complaints to the Federal Government	<p>If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to:</p> <p>Region X—Seattle (Alaska, Idaho, Oregon, Washington) Linda Yuu Connor—Deputy Regional Manager Office for Civil Rights U.S. Department of Health and Human Services 2201 Sixth Ave Mail Stop RX-11 Seattle, WA 98121-1831 Voice Phone (206) 615-2290 Toll Free (800) 368-1019 FAX (206) 615-2297 TDY (206) 615-2296</p> <p>You will not be penalized for filing a complaint with the federal government.</p>



This notice is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA).
Esta notificación está disponible en otras lenguas y formatos diferentes que satisfacen las normas del Acta de Americans with Disabilities (ADA).

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