



Partners In Care

## **NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

**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.**

### **PARTNERS IN CARE'S DUTIES**

Partners In Care is required by law to maintain the privacy of your health information, to provide to you (or your representative) this Notice of our duties and privacy practices, and to notify you (or your representative) following a breach of your unsecured health information. Partners In Care is required to abide by terms of this Notice as may be amended from time to time. Partners In Care reserves the right to change the terms of our Notice and to make the new Notice provisions effective for all health information that it maintains. Any revision or amendment to this Notice will be effective for all of your records Partners In Care has created or maintained in the past, and for any records Partners In Care may create or maintain in the future. Partners In Care will post a copy of the current Notice in a prominent location in our facility as well as on our website, [PartnersBend.org](http://PartnersBend.org).

### **USE AND DISCLOSURE OF HEALTH INFORMATION**

**THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH PARTNERS IN CARE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION:**

**To Provide Treatment.** Partners In Care may use your health information to treat you and coordinate your care within Partners In Care. Partners In Care also may disclose your health information to individuals outside of Partners In Care involved in your care including family members, clergy whom you have designated, pharmacists, suppliers of medical equipment or other health care professionals.

**To Obtain Payment.** Partners In Care may use or disclose your health information in order to bill or collect payment for the services and items you receive from Partners In Care. Partners In Care also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for care and the services that will be provided to you.

**To Conduct Health Care Operations.** Partners In Care may use or disclose your health information for our own operations in order to facilitate the function of Partners In Care and as necessary to provide quality care to all of Partners In Care 's patients. Partners In Care also may disclose your health information to a health oversight agency performing activities authorized by law, such as investigations or audits. These agencies include governmental agencies that oversee the health care system, government benefit programs, and organizations subject to government regulation and civil rights laws. In addition, Partners In Care may disclose your health information to another health care provider subject to Federal privacy

protection laws, as long as the provider has or has had a relationship with you and the health information is for that provider's health care operations.

**For Fundraising Activities.** In support of our charitable mission, Partners In Care may use certain health information about you (e.g., demographic information, dates of health care provided and outcome information) to contact you or your family to aid in acknowledging memorial gifts or to generate contributions for Partners In Care. You may choose to "opt-out" of receiving any and all fundraising communications by notifying the Development Office at Partners In Care at 541-382-5882.

**Facility Directory.** If you are receiving care at one of Partners In Care 's facilities, unless you request otherwise, Partners In Care may disclose certain information about you (e.g., your name and room number) in our facility directory and such information may be released to anyone who asks for you by name.

**For Appointment Reminders.** Partners In Care may use or disclose your health information to contact you to remind you about an appointment.

**To Inform You About Information That May be of Interest to You.** Partners In Care may use or disclose your health information to tell you about or recommend possible treatment options or alternatives, or to inform you of other information that may be of interest to you.

**Release of Information to Family/Friends.** Unless you specifically ask Partners In Care not to in writing, Partners In Care may release your health information to a family member or friend who is involved in your treatment or who is helping you pay for your care.

**Business Associates.** Partners In Care may disclose your health information to our business associates that perform functions on our behalf or provide it with services if the information is necessary for them to provide such functions or services. Partners In Care requires our business associates to agree in writing to protect to privacy of your health information and to use and disclose your health information only as specified in that written agreement.

**Health Information Exchanges.** Partners In Care participates in an arrangement of health care organizations who have agreed to work with each other to facilitate access to health information that may be relevant to your care.

## **THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH PARTNERS IN CARE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR CONSENT OR AUTHORIZATION:**

**When Legally Required.** Partners In Care will disclose your health information to the extent that it is required to do so by any Federal, state or local law.

**When There Are Risks To Public Health.** Partners In Care may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as death, and the conduct of public health surveillance, investigations and interventions.
- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the workforce as legally required.

**To Report Abuse, Neglect Or Domestic Violence.** Partners In Care is allowed to notify government authorities if Partners In Care reasonably believes a patient is the victim of abuse, neglect or domestic violence. Partners In Care will make this disclosure only when specifically required or authorized by law or when you authorize the disclosure.

**To Conduct Health Oversight Activities.** Partners In Care may disclose your health information to a

health oversight agency or other organization for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. If you are the subject of a health oversight agency investigation, Partners In Care may disclose your health information only if it is directly related to your receipt of health care or public benefits.

**In Connection With Judicial And Administrative Proceedings.** Partners In Care may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order. Under certain conditions, Partners In Care may also disclose your health information in the course of a judicial or administrative proceeding in response to a subpoena, discovery response or other lawful process.

**For Law Enforcement Purposes.** As permitted or required by state law, Partners In Care may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries.
- Pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if Partners In Care has a suspicion that your death was the result of criminal conduct.
- To a law enforcement official if Partners In Care believes the information constitutes evidence of criminal conduct that occurred at Partners In Care.
- In an emergency in order to report a crime.

**To Coroners And Medical Examiners.** Partners In Care may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

**To Funeral Directors.** Partners In Care may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, Partners In Care may disclose your health information prior to and in reasonable anticipation, of your death.

**For Organ, Eye Or Tissue Donation.** Partners In Care may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

**For Research Purposes.** Partners In Care may, under very select circumstances, use your health information for research. Before Partners In Care discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

**In the Event Of A Serious Threat To Health Or Safety.** Partners In Care may, consistent with applicable law and ethical standards of conduct, disclose your health information if Partners In Care, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions.** In certain circumstances, the Federal regulations authorize Partners In Care to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates in law enforcement custody.

**For Workers' Compensation.** Partners In Care may release your health information for Workers' Compensation or similar programs.

## **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than is stated above, Partners In Care will not disclose your health information other than with your written authorization. Your authorization (or the authorization of your representative) is specifically required before Partners In Care: (i) uses or discloses your psychotherapy notes; (ii) uses your health information to make a marketing communication to you for which it receives financial remuneration

from a third party, unless such communication is face-to-face or in other limited circumstances; or (iii) discloses your health information in any manner which constitutes the sale of such information under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). Also, some types of health information are particularly sensitive, and the law, with limited exceptions, may require that Partners In Care obtain your authorization to use or disclose that information. Sensitive information may include information dealing with genetics, HIV/AIDS, mental health, developmental disabilities, and alcohol and substance abuse. If required by law, Partners In Care will ask that you (or your representative) sign an authorization before it uses or discloses such information. If you (or your representative) authorizes Partners In Care to use or disclose your health information, you (or your representative) may revoke that authorization in writing at any time, except to the extent that it has already been acted upon.

## **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that Partners In Care maintains:

- **Right To Confidential Communications.** You (or your representative) have the right to request that Partners In Care communicate with you about your health and related issues in a particular manner or at a certain location. Such requests shall specify the requested method of contact or the location where you wish to be contacted. For instance, you (or your representative) may ask that Partners In Care contact you on a cellular phone rather than a home phone. All requests for confidential communications must be made in writing using the appropriate Hospice form. The form can be requested by contacting the System Privacy Officer at (541) 382-5882. Partners In Care will accommodate reasonable requests. You (or your representative) do not need to give a reason for your request.
- **Right To Request Restrictions.** You (or your representative) have the right to request restrictions on certain uses and disclosures of your health information. You (or your representative) have the right to request a limit on Partners In Care’s disclosure of your health information to someone who is involved in your care or the payment of your care. All requests for restrictions must be made in writing using the appropriate Hospice form. The form can be requested by contacting the System Privacy Officer (541) 382-5882. Partners In Care is not required to agree to your request; however, if Partners In Care does agree, it is bound by that agreement except when otherwise required by law or in emergencies. Except as otherwise required by law, Partners In Care must agree to a restriction request if: (i) the disclosure is to a health plan for purposes of carrying out payment or health care operations (and not for purposes of carrying out treatment); and (ii) the health information pertains solely to a health care item or service for which Partners In Care has been paid out of pocket in full by you or someone else on your behalf (not the health plan). If you self-pay and request a restriction, it will apply only to those health records created on the date that you received the item or service for which you, or another person (other than the health plan) on your behalf, paid in full, and which document the item or service provided on such date.
- **Right To Inspect And Copy Your Health Information.** You (or your representative) have the right to inspect and copy your health information, including billing records. All requests to inspect and copy records must be made in writing using the appropriate Hospice form. All requests for restrictions must be made in writing using the appropriate Hospice form. The form can be requested by contacting the System Privacy Officer at (541) 382-5882. If you (or your representative) request a copy of your health information, Partners In Care will provide you (or your representative) copies of your health information in the format you request unless we cannot practicably do so. Partners In Care may charge a reasonable fee for copying and assembling costs associated with your request. Partners In Care may deny your request to inspect and/or copy your health information in certain limited circumstances. If Partners In Care denies your request, you (or your representative) may request that it provide you with a review of our denial. Reviews will be conducted by a licensed health care professional who Partners In Care has designated as a reviewing official, and who did not participate in the original decision to deny the request.

- **Right To Amend Health Care Information.** If you (or your representative) believe that your health information is incorrect or incomplete, you (or your representative) have the right to request that Partners In Care amend your records. The request may be made so long as Partners In Care still maintains your records and it must include a reason for the amendment. All requests for amendment must be made in writing using the appropriate Hospice form. All requests for restrictions must be made in writing using the appropriate Hospice form. The form can be requested by contacting the System Privacy Officer at (541) 382-5882. Partners In Care may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if the requested amendment pertains to health information that was not created by Partners In Care, if the records you are requesting to amend are not part of Partners In Care's records, if the health information you wish to amend is not part of the health information you (or your representative) are permitted to inspect and copy, or if, in the opinion of Partners In Care, the records containing your health information are accurate and complete.
- **Right To An Accounting.** You (or your representative) have the right to request an accounting of disclosures of your health information made by Partners In Care for certain reasons, including reasons related to public purposes authorized by law and certain research. All requests for an accounting must be made in writing using the appropriate Hospice form. The form can be requested by contacting the System Privacy Officer at (541) 382-5882. The request should specify the time period for the accounting, which may not be in excess of six (6) years. Partners In Care will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- **Right To A Paper Copy Of This Notice.** You (or your representative) have a right to a separate paper copy of this Notice at any time even if you (or your representative) have received this Notice previously (either in paper or electronic format). To obtain a separate paper copy, please contact the System Privacy Officer at (541) 382-5882. You (or your representative) may also obtain a copy of the current version of Partners In Care's Notice of Privacy Practices at our website, [PartnersBend.org](http://PartnersBend.org).
- **Right to Breach Notification.** You (or your representative) have the right to be notified of any breach of your unsecured health information. Notification of a breach may be delayed or not provided if so required by a law enforcement official. You may request that such notice be provided to you be electronic mail. If you are deceased and there is a breach of your health information, the notice will be provided to your next of kin or personal representative if Partners In Care knows the identity and address of such individual.

## QUESTIONS

If you have any questions or feel that your privacy rights as stated in this Notice have been violated, please contact the Privacy Officer at (541) 382-5882.

## COMPLAINTS

You (or your representative) have the right to express complaints to Partners In Care or to the Secretary of Health and Human Services if you (or your representative) believe that your privacy rights have been violated. All complaints to Partners In Care should be made in writing and submitted to Partners In Care | System Privacy Officer | 2075 NE Wyatt Court | Bend, Oregon 97701. Partners In Care encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

***EFFECTIVE DATE: This Notice is effective May 25, 2021.***