NOTICE OF PRIVACY PRACTICES

Partners In Care

Draft revision date: July 9, 2026
Effective date: 7/13/2026

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 concerns or questions regarding our privacy practices and your rights under the Federal Privacy Standard, please contact our Privacy Officer at 2075 NE Wyatt Ct. Bend, OR 97701, (541) 382-5882 or visit our website at PartnersBend.org.

In this notice, "health information" means information we maintain about your health, care, payment for care, or related services. It includes protected health information, or "PHI," as defined by HIPAA.

Our responsibility to protect your information

Partners In Care is required by law to maintain the privacy and security of your health information, provide this notice of our legal duties and privacy practices, follow the terms of the notice currently in effect, and notify you if a breach of your unsecured health information occurs.

We may change this notice. If we make a material change, the updated notice will apply to information we already maintain and to information we receive in the future. We will post the current notice in our facilities and branch offices, make it available upon request, and post it on our website if we maintain a website that describes our services.

How we may use and disclose your information without your written authorization

Purpose	What this means	Example
Treatment	We may use and share your information to provide, coordinate, or manage your care.	We may share information with your attending provider, hospice or home health team, pharmacy, medical equipment supplier, facility staff, or another provider involved in your care.
Payment	We may use and share your information to bill and collect payment for services.	We may provide information to Medicare, Medicaid, another insurer, or a payer to confirm eligibility, obtain authorization, explain services, or process a claim.
Health care operations	We may use and share information to operate our programs and improve care.	We may use information for quality review, care coordination, staff training, compliance activities, auditing, accreditation, licensing, credentialing, and business planning.

Other uses and disclosures permitted or required by law

Business associates: We may share information with vendors and contractors who perform services for us, such as billing, technology support, consulting, document storage, or quality review. We require business associates to agree in writing to protect your information and use or disclose it only as allowed by law and by our agreement.

Health information exchange: We may participate in a health information exchange or similar health care information network that allows providers involved in your care to access relevant health information. If an opt-out or restriction process is available, we will provide information about how to exercise it.

Appointment reminders and care-related information: We may contact you about appointments, treatment alternatives, care coordination needs, health-related benefits, services, or information that may be of interest to you.

Family, friends, and others involved in your care: Unless you tell us not to, we may share information with a family member, friend, personal representative, or other person involved in your care or payment for your care when the information is relevant to that person involvement. We may also share information to notify a family member or person responsible for your care about your location, general condition, or death.

Facility directory: If you are receiving care at Hospice House or another Partners In Care location with a directory, we may include limited information, such as your name and location, unless you ask us not to. Directory information may be shared with people who ask for you by name.

Disaster relief: We may share information with disaster relief organizations or other health care providers to coordinate care or notify others of your condition or location.

Fundraising: We may use limited information, such as your name, contact information, dates of service, department or provider information, outcome information, and health insurance status, to contact you about fundraising for Partners In Care. Every fundraising communication will tell you how to opt out, and you may opt out at any time by contacting the Development Office or Privacy Officer.

Required by law: We may use or disclose information when federal, state, or local law requires us to do so.

Public health and safety: We may disclose information for public health activities, such as reporting disease, injury, vital events, product recalls, adverse events, or possible exposure to communicable disease, and to prevent or lessen a serious and imminent threat to health or safety.

Abuse, neglect, or domestic violence: We may report suspected abuse, neglect, domestic violence, or other safety concerns when required or allowed by law.

Health oversight: We may disclose information to oversight agencies for activities authorized by law, such as audits, investigations, inspections, licensure, certification, and enforcement.

Judicial and administrative proceedings: We may disclose information in response to a court or administrative order. We may also disclose information in response to a subpoena, discovery request, or other lawful process when required conditions are met.

Law enforcement: We may disclose information to law enforcement as required by law or in response to a court order, warrant, subpoena, summons, or similar process, and in other limited circumstances allowed by HIPAA.

Coroners, medical examiners, and funeral directors: We may disclose information to coroners, medical examiners, and funeral directors as needed for them to carry out duties authorized by law.

Organ, eye, or tissue donation: We may disclose information to organizations involved in donation, procurement, banking, or transplantation of organs, eyes, or tissue.

Research: We may use or disclose information for research only when legal requirements are met, such as approval by an institutional review board or privacy board, or when authorization is obtained if required.

Specialized government functions: We may disclose information for certain government functions, such as military and veterans activities, national security, protective services, medical suitability determinations, and correctional or law enforcement custody activities, when allowed by law.

Workers compensation: We may disclose information as authorized by and to the extent necessary to comply with workers compensation or similar laws.

Information with additional protections

Some types of health information receive additional protection under federal or state law. When a law provides greater privacy protection than HIPAA, Partners In Care will follow the more protective requirement.

Examples may include substance use disorder patient records protected by 42 CFR Part 2, HIV-related information, certain mental health records, genetic information, reproductive health information, or other sensitive information protected by applicable law.

Substance use disorder records: If Partners In Care creates, maintains, or receives records protected by 42 CFR Part 2, certain uses and disclosures may require a specific written consent or court order. Part 2 records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless allowed by Part 2. This section should be finalized after confirming whether Partners In Care creates, maintains, or receives Part 2 records.

Uses and disclosures that require your written authorization

- We will obtain your written authorization before using or disclosing your health information for purposes not described in this notice, unless the use or disclosure is otherwise allowed or required by law.
- We will not use or disclose psychotherapy notes without your written authorization, except in limited circumstances allowed by law.
- Most uses and disclosures of your health information for marketing purposes require your written authorization.
- We will not sell your protected health information without your written authorization.
- You may revoke an authorization in writing at any time. The revocation will apply to future uses and disclosures. It will not affect actions we already took in reliance on your authorization.

Your rights regarding your health information

Request confidential communications: You may ask us to contact you in a specific way or at a specific location. We will accommodate reasonable requests. Your request must be in writing.

Ask us to limit what we use or share: You may ask us not to use or disclose certain health information for treatment, payment, or health care operations, or not to share information with people involved in your care or payment for care. We are not required to agree, except as described below for certain self-pay services.

Restrict disclosure to a health plan when you pay in full: If you pay out of pocket in full for a health care item or service, you may ask us not to disclose information about that item or service to your health plan for payment or health care operations. We must agree unless the disclosure is required by law.

Inspect and receive a copy of your records: You may request to inspect or receive a copy of your health information, including medical and billing records. Requests must be in writing. We will provide the information in the format you request if it is readily producible in that format, or in another agreed-upon format. We may charge a reasonable, cost-based fee as allowed by law.

Ask us to amend your records: You may ask us to correct or add to your health information if you believe it is inaccurate or incomplete. Your request must be in writing and explain the reason. We may deny the request in certain circumstances, and if we do, we will explain why in writing.

Receive an accounting of disclosures: You may request a list of certain disclosures we made of your health information for up to six years before the date of your request. The accounting will not include all disclosures, such as disclosures for treatment, payment, health care operations, disclosures to you, disclosures you authorized, or certain other disclosures excluded by law.

Receive a paper copy of this notice: You may receive a paper copy of this notice at any time, even if you agreed to receive it electronically.

Receive breach notification: You have the right to be notified if there is a breach of your unsecured health information. If you are deceased, notice may be provided to your personal representative or next of kin if known, as required by law.

Opt out of fundraising communications: You may opt out of fundraising communications at any time. We will not condition treatment or payment on your choice to receive fundraising communications.

File a complaint without retaliation: You may file a complaint with Partners In Care or with the U.S. Department of Health and Human Services, Office for Civil Rights, if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

How to contact us or file a complaint

Contact the Partners In Care Privacy Officer at 2075 NE Wyatt Ct. Bend, OR 97701, (541) 382-5882.

You may submit a complaint to the U.S. Department of Health and Human Services, Office for Civil Rights. OCR complaint information is available at www.hhs.gov/ocr/privacy/hipaa/complaints/.

Partners In Care will not retaliate against you for filing a complaint or asking questions about your privacy rights.

Acknowledgment of receipt

Partners In Care may ask you to acknowledge that you received this notice. Signing an acknowledgment does not mean you agree to any use or disclosure of your health information; it only confirms that you received the notice. If you do not sign, we may still provide care, and we will document our good-faith effort to provide the notice and obtain acknowledgment when required.

Internal Compliance Revision Summary - Remove Before Publication

This draft implements the following updates from the 2024 Notice of Privacy Practices:

- Converted the notice to plainer, more patient-friendly language while preserving the required HIPAA elements.
- Added explicit authorization language for marketing, sale of PHI, psychotherapy notes, and all other uses not described in the notice.
- Added current 2026 substance use disorder / 42 CFR Part 2 review language, with a reviewer prompt to confirm whether Partners In Care creates, maintains, or receives Part 2 records.
- Modernized Health Information Exchange wording and added a prompt to verify any opt-out process.
- Clarified fundraising opt-out rights and added a prompt to verify current Development Office practice.
- Clarified OCR complaint language by naming the U.S. Department of Health and Human Services, Office for Civil Rights.
- Added reviewer prompts for effective date, Privacy Officer contact information, website URL, HIE practices, and fundraising practices.

Primary source references used for this revision

- 45 CFR 164.520 - Notice of privacy practices for protected health information.
- HHS Office for Civil Rights, Notice of Privacy Practices for Protected Health Information guidance.
- HHS Office for Civil Rights, Model Notices of Privacy Practices, revised February 2026, including Part 2/SUD patient record updates.
- 42 CFR Part 2 / 42 CFR 2.22 - patient notice requirements for substance use disorder records, if applicable.