



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.

Who We Are

This Notice describes the privacy practices of the Center for Human Development, Inc. (CHD). CHD provides a variety of services throughout Union County, including counseling for mental health, substance use disorders, gambling addiction, and 24/7 crisis services. We also provide public health services and intellectual/developmental disabilities services. The privacy practices in this document apply to services furnished to you at the CHD office building, in schools and any other locations we provide services.

Our Privacy Obligations

We are required by law to maintain the privacy of your health information (“protected health information” or “PHI”) and to provide you with this Notice of our legal duties and privacy practices with respect to your PHI. When we use or disclose your PHI, we are required to abide by the terms of this Notice (or other Notice in effect at the time of the use or disclosure).

PHI may be spoken (oral), written (on paper) or electronic (stored on a computer). Only people who need your PHI for health care operations, coordinating your care and other reasons explained below are allowed to see your PHI. Because PHI may be spoken, written, or electronic, CHD has many ways to keep it safe. We use methods such as cabinet locks for paper records, as well as passwords, encryption and firewalls for our computer systems. Paper that is no longer needed is shredded so that your PHI cannot be read or reconstructed. Electronic information that is no longer needed is cleared, purged or destroyed so that PHI cannot be retrieved.

There are also circumstances where we are required by law to share your PHI without your consent. However, federal law covering substance use disorder referral, diagnosis and treatment requires your written consent for most disclosures--with very few exceptions. Because CHD provides integrated mental health and substance use disorder treatment, all behavioral health records are co-mingled and are held to this higher standard of confidentiality.

Permissible Uses and Disclosures Without Your Written Authorization

Although it is CHD’s general policy to obtain your written authorization to release your PHI for any reason, these are the situations where we are allowed (or required by law) to share your PHI if we are unable to obtain your permission.

We may use and/or disclose your PHI in this section without your permission for the following purposes **unless you are receiving substance use disorder/mental health services:**

Treatment, Payment and Health Care Operations

We may use and disclose PHI, in order to treat you, obtain payment for services provided to you and conduct our health care operations as detailed below:

- Treatment. We use and disclose your PHI to provide treatment and other services to you—for

example, to diagnose and treat your injury or illness. We may also disclose PHI to other providers involved in your treatment.

- Payment. We may use and disclose your PHI to obtain payment for services that we provide to you from Medicare, the Oregon Health Plan program or another governmental program that arranges or pays the cost of some or all of your health care.
- Health Care Operations. We may use and disclose your PHI 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 PHI to evaluate the quality and competence of our workforce members. We may disclose PHI to our Director of Community Relations in order to resolve any complaints you may have.

Disclosure to Relatives, Close Friends or Caregivers When You are Present

We may use or disclose your PHI to a family member, close personal friend or any other person identified by you **when you are present for, or otherwise available prior to**, the disclosure, if we:

- obtain your agreement;
- provide you with the opportunity to object to the disclosure and you do not object; or
- reasonably infer that you do not object to the disclosure

Public Health Activities

We may disclose your PHI for the following public health activities:

- to report health information to public health authorities to prevent disease
- to report child abuse and neglect
- to report adverse reactions to medications
- to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition
- to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance

Victims of Abuse, Neglect or Domestic Violence

If we reasonably believe you are a victim of abuse or neglect, we may disclose your PHI to the Oregon Department of Human Services or other governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, domestic violence or neglect.

Health Oversight Activities

We may disclose your PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid. For certain programs, data collection and reporting is necessary to comply with programmatic funding guidelines; for instance, submitting PHI for each individual receiving family planning services for statistical and quality performance purposes is a requirement of Federal Title X Guidelines.

Judicial and Administrative Proceedings

We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process. Unless specifically authorized by a court order, we may not use or disclose PHI identifying you as a recipient of substance abuse program services if the purpose is to initiate or substantiate any criminal charges against you or to conduct any investigation of you.

Law Enforcement Officials

We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

Decedents

We may disclose your PHI to a coroner or medical examiner as authorized by law.

Organ and Tissue Procurement

We may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

Health or Safety

We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

Proof of Immunization

Upon your written or verbal agreement, we may disclose proof of immunization to a school if the law requires the school to have proof of immunization prior to admitting your child. The written agreement does not need to be a formal authorization and may even be an email.

Specialized Government Functions

We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

Workers' Compensation

We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

Business Associates

We may disclose your PHI to a business associate who has contracted with us and has agreed to abide by the federal and state confidentiality protections to safeguard the information. These disclosures will be limited and include only information relevant to the work being done by the business associate for CHD.

Notice to Secretary of Department of Health and Human Services

Disclosures may be made to the Secretary of HHS for compliance and enforcement purposes.

As Required by Law

We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories.

Substance use disorder/mental health PHI may be shared without your permission for the following purposes:

Internal Program Communications

CHD staff members involved in your care may share your PHI internally within CHD.

In Response to a Crime Against Program Personnel or on Program Premises

CHD may disclose PHI to law enforcement agencies or officials which 1) are directly related to an individual's commission of a crime on the premises of CHD or against CHD personnel or to a threat to commit such a crime; and 2) are limited to the circumstances of the incident, including the name, address and status of the individual committing or threatening to commit the crime, as well as the individual's last known whereabouts.

To Report Suspected Child Abuse or Neglect

CHD may report incidents of suspected child abuse and neglect to the appropriate state or local authorities. Federal restrictions on substance use disorder records continue to apply to the original

records maintained by CHD, including their disclosure and use for civil or criminal proceedings which may arise out of the report of suspected child abuse or neglect.

Medical Emergencies

CHD may disclose your PHI to medical personnel for the purpose of treating a condition that poses an immediate threat to your health and requires immediate medical intervention.

Communication with Qualified Service Organization

CHD may disclose to a qualified service organization who has contracted with us and has agreed to abide by federal laws protecting substance use disorder treatment information. These disclosures will be limited and include only information relevant to the work being done by the qualified service organization for CHD.

Auditing and Evaluation Activities

CHD may disclose PHI to qualified persons who are conducting an audit or evaluation of CHD's substance use disorder treatment program without your consent, provided that safeguards are met. Disclosures will be limited to the minimum necessary to accomplish the audit or evaluation.

Valid Court Order

CHD may disclose your PHI in response to a valid authorizing court order.

Vital Statistics

CHD may disclose PHI relating to the cause of death of an individual under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death.

Uses and Disclosures Requiring Your Written Authorization

For any purpose other than the ones described above in section "Permissible Uses and Disclosures Without Your Written Authorization," we may only use or disclose your PHI when you give us your authorization on a valid authorization form. [164.508(a)(1)]

Private Payors

We must obtain your authorization to disclose PHI to your health insurer or other private payor.

Uses and Disclosures of Your Specially Protected Health Information

In addition, federal and Oregon laws provide special privacy protections for:

- treatment of a mental illness
- substance use disorder treatment
- HIV/AIDS testing
- genetic testing

In order for us to disclose this information for a purpose other than those permitted by law we must obtain your authorization.

Marketing and Sale of PHI

Uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI require your authorization. Two exceptions for marketing purposes are if the communication is in the form of a face-to-face communication made to you personally, or a promotional gift of nominal value provided to you.

Research

We will not use or disclose your PHI for research without your authorization.

Other Uses and Disclosures

All other uses and disclosures of PHI not otherwise described in this Notice will require your authorization.

Your Rights Regarding Your Protected Health Information

For Further Information; Complaints

If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact our Privacy Office. You may also file written complaints with the Secretary, Office for Civil Rights of the U.S. Department of Health and Human Services, 2201 Sixth Avenue – Mail Stop RX-11, Seattle, WA 98121. We will not retaliate against you if you file a complaint with us or the Secretary.

Right to Request Additional Restrictions

You have the right to restrict certain disclosures of PHI to health plans/insurance companies if you pay out of pocket in full for the health care service.

You may request additional restrictions on our use and disclosure of your PHI

- for treatment, payment and health care operations,
- to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or
- to notify or assist in the notification of such individuals regarding your location and general condition.

While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from our Privacy Office and submit the completed form to the Privacy Office. We will send you a written response.

Right to Receive Confidential Communications

You may request, and we will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.

Right to Revoke Your Authorization

You may revoke your authorization, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Office identified below. A revocation of authorization form is available upon request from the Privacy Office.

Right to Inspect and Copy Your Health Information

You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form from the Privacy Office and submit the completed form to the Privacy Office. We will provide your records at no charge unless the request involves extensive labor or supply costs. If you request a summary of your PHI, we will charge you the current hourly rate of the staff member preparing the summary. You have the right to receive electronic copies of your health information that is currently stored in an electronic format.

Right to Amend Your Records

You have the right to request that we amend PHI maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the

Privacy Office and submit the completed form to the Privacy Office. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

Right to Receive an Accounting of Disclosures

Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. [164.528; 164.520(b)(1)(iv)(E)] If you request an accounting more than once during a twelve (12) month period, we will charge you \$5.00 for each page of the accounting statement. This accounting will not include the times that information was disclosed for treatment, payment, or health care operations. In addition, the accounting may not include the instances listed in Section III above where we were required by law to disclose information about you.

Right to Receive Breach Notifications

We will notify you of any breach of your unsecured PHI. This Notice will be made without unreasonable delay, but not later than 60 days from when we discover the breach.

Right to Receive Paper Copy of this Notice

Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such Notice electronically. [164.520(c)(3); 164.520(b)(1)(iv)(F)]

Fundraising Communications

We will not contact you to request a contribution to support important activities of CHD and will not disclose to our fundraising staff any information about you. If you wish to make a tax-deductible contribution now or at any time in the future, you may contact our Privacy Specialist at (541)962-8809.

Effective Date and Duration of This Notice

Effective Date

This Notice is effective on April 14, 2003. Last updated June 6, 2024.

Right to Change Terms of this Notice

We may change the terms of this Notice at any time, and the changes will apply to all information we have about you. We will post the new Notice in waiting areas around CHD and on our website site at www.chdinc.org. You also may obtain any new Notice by contacting the Privacy Office.

Privacy Office

You may contact the Privacy Office at:

CHD Privacy Office
2301 Cove Avenue
La Grande, OR 97850
Telephone: (541) 962-8800
E-mail: kmiddleton@chdinc.org