

Rehabilitation Medicine Associates, PC

Physical Medicine and Rehabilitation Specialists

1040 NW 22nd Avenue

Suite 320

Portland, OR 97210

503.413.6294

Notice of Privacy Practices

Effective April 14, 2003; updated February 1, 2008

This notice describes how medical information about you may be used, disclosed and how you can get access to this information.

Please review this information carefully.

If you have questions regarding this notice, please contact our HIPAA Privacy Officer at 503.413.6294.

WHO WILL FOLLOW THIS NOTICE

This notice describes Rehabilitation Medicine Associates, PC (RMA) practices and those of:

- Any health care professional authorized to treat you and/or enter information into your RMA medical record.
- Employees, physicians, staff, volunteers, contracted personnel, trainees, students, and other RMA personnel providing services at RMA or RMA affiliated patient care settings listed below.
- All departments, sites and facilities where care is provided by RMA health care professionals.
- RMA medical staff may provide health care and or have business operations and programs at the following locations:
 - Rehabilitation Medicine Associates, PC Northwest Portland Clinic
 - Rehabilitation Medicine Associates, PC Tualatin Clinic
 - Legacy Good Samaritan Hospital
 - Legacy Emanuel Hospital
 - Legacy Meridian Park Hospital
 - Legacy Mount Hood Hospital
 - Legacy Salmon Creek Hospital
 - Any additional site where health care or consultation is provided by RMA health care professionals

These entities, sites, locations may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

Rehabilitation Medicine Associates, PC understands that medical information about you and your health is personal. We are committed to protecting medical information about you. A record of your care and services you receive is created. We need to record this information in order to provide you with quality care and to comply with legal requirements. This notice applies to all of the records of your care generated by RMA health care professionals, whether created by your physician, other practitioners, staff or other individuals employed or associated with RMA who are involved in your care.

This notice describes the ways in which RMA may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information about you.

The law requires us to:

- Make sure medical information about you is kept private;
- Provide you with this Notice of our legal duties and privacy practices with respect to medical information;
- Follow the terms of this Notice.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use your medical information to provide you with medical treatment or services. We may disclose medical information about you to physicians, physician assistants, nursing staff, technicians, pharmacists, or others who are involved with your care. **For example**, if you need to have an X-ray, we will disclose information to the X-ray technologist so the proper X-ray film may be taken.
- **For payment.** We may use and disclose medical information about you for our payment purposes or the payment purposes of other health care providers or health plans. **For example**, your insurance company requires information regarding your diagnosis and treatment. Without that information, they will not honor your claim.

- **For Healthcare Operations.** We may use and disclose your medical information for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care we deliver to you. We may also disclose your medical information for the health care operations of a health plan so long as they have a relationship with you and need the information for their own quality assurance purposes, for purposes of reviewing the qualification of their health care professionals or conducting skill improvement programs.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care or services.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** Health professionals, using their best judgment, may disclose to a family member or close personal friend, or anyone else you identify, medical information relevant to that person's involvement in your care. We may also give information to someone who helps pay for your care. *If you do not want us to make those disclosures, you must notify your care provider in advance.*
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. However, we will get your permission prior to using your specific medical information for research studies.
- **Limited Data Set Information.** We may disclose limited medical information to third parties for purposes of research, public health and health care operation. This limited data set will not include any information, which could be used to identify you directly (such as your name, street address, telephone number, social security number, or other identifying number or photographs). Before disclosing this information, we must enter into an agreement with the recipient of the information that requires the recipient to protect the privacy of medical information about you.
- **As Required By Law.** We will disclose your medical information when required to do so by federal, state or local law. *For example, when subpoenaed by court order, when the law requires reporting such things as child abuse, or when a person may pose a danger to themselves or others.*
- **Incidental Disclosures.** Certain incidental disclosures of medical information about you occur as a byproduct of lawful and permitted disclosure of your medical information. *For example, another patient may inadvertently overhear a discussion about your care occurring at the nurses' station. These incidental disclosures are permitted if the clinic provides reasonable safeguards to protect medical information about you.*
- **Disclosures to Business Associates.** We contract with outside companies to perform business services for us, such as billing companies, management consultants, quality assurance reviewers, accountants, attorneys or computer specialists. In certain circumstances, we may need to share medical information about you with a business associate so it can perform a service on our behalf. We will limit the disclosure of information about you to a business associate to the amount of information that is the minimum necessary for the company to perform services for us. In addition, we will have a written contract in place with business associates requiring it to protect the privacy of your medical information.

Special Situations

- **Military.** If you are a member of the armed forces, we may disclose your medical information as required by military command authorities. We may also disclose medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may disclose medical information about you from workers' compensation or similar programs, to the extent authorized by law. These programs provide benefits for work-related injuries or illness.
- **Public Health Activities.** We may disclose medical information about you to public health agencies as required or authorized by state law to support public health activities. This generally includes, but is not limited to the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to report reaction to medication or problems with products and to enable product recalls, repairs or replacement;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify 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 the patient agrees or when required or authorized by law.
- **Serious Threat to Health or Safety.** We may use and disclose medical 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.
- **Disaster Relief Efforts.** We may disclose medical information about you to other health care providers and to an entity assisting in a disaster relief effort to coordinate care and, unless you object, so that your family or other individual involved in your care can be notified about your condition and location.
- **Health Oversight Activities.** We may disclose your medical information to a health oversight agency for activities authorized by law. *For example, audits, investigation, inspection, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.*
- **Lawful Subpoena or Court Order.** If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court or administrative order. We may also disclose your medical 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 notify you of the request or to obtain an order protecting the information requested.

- **Law Enforcement.** We may disclose your medical information if asked to do so by a law enforcement official, including (but not limited to) the following:
 - In response to a court order, criminal subpoena, warrant, or other lawful process;
 - Limited information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement to the disclosure;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the clinic(s);
 - In emergency circumstances to report a crime; the location of the crime or crime victim; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose your medical information to a coroner, medical examiner or funeral director. *For example, to identify a deceased person or determine the cause of death. We may also disclose your medical information to funeral directors as necessary to carry out their duties.*
- **National Security and Intelligence Activities.** We may disclose your medical information to authorized federal officials for intelligence, counter intelligence, and other national security activities authorized by law.
- **Protective Services for the President and others.** We may disclose your medical information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your medical information to the correctional institution or law enforcement official. *For example, medical information may be disclosed to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.*

USES AND DISCLOSURES OF SPECIALLY PROTECTED INFORMATION

- Oregon and Federal Law provide additional confidentiality protections in some circumstances. For example, in Oregon a health care provider generally may not release the identity of a person tested for HIV or the result of an HIV-related test without your consent and you must be notified of this confidentiality right. Drug and alcohol records are specially protected and typically require your specific authorization for disclosure under both federal and state law. Mental health records are specially protected in some circumstances, as is genetic information.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

- You have the following rights regarding your medical information:
 - **Right to Inspect and Copy.** You have the right to inspect and obtain copies of your medical information that may be used to make decisions about your care or payment for your care, not including psychotherapy notes. To inspect and obtain copies of your medical information, you must submit a written request to Jennie McCartney. There is a charge for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy your medical information under limited circumstances. If access to your medical information is denied, you may request in writing that the denial be reviewed.
 - **Right to Amend.** If you feel that your medical information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for RMA. To request an amendment, contact the RMA Medical Records Department at the number listed above. Your request must provide a reason that supports your request. Your request must be submitted in writing to:
Rehabilitation Medicine Associates, PC
Jennie McCartney
1040 NW 22nd Avenue, Suite 320
Portland, OR 97210
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:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the information which you would be permitted to inspect and copy;
 - Is accurate and complete.We will put any denial in writing and explain our reasons for denial. You have the right to respond in writing to our explanation of denial, and to require that your request, our denial, and your statement of disagreement, if any, be included in future disclosures of the disputed record.
 - **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures we made of your medical information in the previous six years, beginning April 14, 2003. You are not entitled to an accounting of disclosure made for purposes of treatment, payment and health care operations, disclosures you authorized, disclosures to you, disclosures to family or other persons involved in your care, disclosures to correctional

institutions and law enforcement in some circumstances, disclosures of limited data set information or disclosures for national security or law enforcement purposes.

To request an accounting of disclosures, contact the RMA Medical Records Department at the telephone number and address listed above. Your first accounting for a 12-month period will be free. For additional accountings, we may charge you for the cost of providing the accounting.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical 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 medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. **For example, you could ask that we not use or disclose information about a particular procedure you underwent. 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 emergency treatment.

To request a restriction, contact the RMA Medical Records Department at the address listed above. Your request must be submitted in writing and you must tell us:

- What information you want to limit;
 - Whether you want to limit our use, disclosure or both;
 - To whom you want the limits to apply, for example, disclosure to your spouse or relatives.
- **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 may ask that we only contact you at work or by mail.**

To request confidential communications, you must complete the designated request form in writing at the time you receive care. We will not 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 right to a paper copy of this privacy notice. You may ask us to give you a copy of this privacy notice at any time by requesting a copy from the RMA Medical Records Department at the telephone number and address listed above.

CHANGES TO THIS NOTICE

We may change the terms of the Notice at any time. If we change this Notice, we may make the new notice terms effective for all medical information we maintain, including any information created or received prior to issuing the new notice. If we change this notice, we will post the new notice in locations where patients receive services and on our website at www.RMAclinic.com. You also may obtain a new notice by contacting the Privacy Officer at the address listed below.

COMPLAINTS

If you believe your privacy rights have been violated, you may contact or submit your complaint in writing to the Privacy Officer. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services.

All other uses and disclosure of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your medical information, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will not longer use or disclose your medical information for the purposes identified in your written revocation, unless we have already acted in reliance on your authorization.

Privacy Officer and Contact Person

If you have any questions about this Notice or wish to object to or complain about any use or disclosure as explained above, please contact our Privacy Officer and Contact Person:

Jennie McCartney or Deanna Kelly, Privacy Officer(s)

Rehabilitation Medicine Associates, PC

1040 NW 22nd Avenue, Suite 320

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