

OREGON LUNG SPECIALISTS NOTICES OF PRIVACY PRACTICES

EFFECTIVE JUNE1, 2011

THIS NOTICE DESCRIBES HOW YOUR HEALTH CARE INFORMATION MAY BE USED AND DISCLOSED BY OUR OFFICE AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

YOU'RE HEALTH INFORMATION:

Oregon Lung Specialists, LLC records your health care information in an Electronic Medical Record (EMR). In order to provide continuity of care, your health record in the EMR is accessible electronically and shared with physicians within our community. In the case of unauthorized disclosure or access to your electronic personal health information, (ePHI), all possible actions will be taken to protect your rights as a patient according to HIPAA privacy and security laws.

WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION FOR THE FOLLOWING PURPOSES:

FOR TREATMENT: We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to physicians, medical or office staff from our office or other offices, technicians, hospital staff, or other people who are involved in taking care of you and your health. Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate care, such as phoning in prescriptions to your pharmacy, scheduling tests at other healthcare facilities, or referring you to another specialist for care. If you or another entity request that we provide copies of your records and the request is not specific, we will send copies of the past two (2) years of clinical notes, tests, procedures and lab reports.

FOR PAYMENT: We may use and disclose health information so that the treatment and services you receive at our office may be billed to, and payment may be collected from, an insurance company or other party. We may give your health insurance company information about why you were seen here so that they will pay us, or reimburse you, for care provided by our office. We may also give information to your health plan so that a service your doctor has recommended may be prior authorized, or we can determine whether or not the service will be paid for by the insurance company. If we are reporting information regarding a work-related or motor vehicle accident injury or problem, we will only send notes regarding the specific problem relating to the injury.

FOR HEALTH CARE OPERATIONS: We may use and disclose health information about you in order to run our office and make sure that you and other patients receive quality care. We may call your home and leave a reminder on your recorder of the date and time of your upcoming appointment. We may mail you a registration packet to complete before your next visit. We may review how your treatment was paid so that we can decide whether to continue providing a specific service. We may tell your health insurance company of a medical condition you have so that they can contact you regarding programs offered that will be beneficial to your care, such as heart, pre-natal or diabetic education programs.

SPECIAL SITUATIONS: We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

☞ **To avert a serious threat to health or safety**, or a threat to the health and safety of the public or another person.

☞ **As required by federal, state or local law.**

☞ **To military, veterans, national security and intelligence if required by military command or other government authorities.**

☞ **To worker's compensation carriers or programs relating to a work injury or illness.**

☞ **Public Health Risks:** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

☞ **Health Oversight Activities:** For audits, investigations, inspections or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

☞ **Lawsuits or disputes:** If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

☞ **Coroners, Medical Examiners and Funeral Directors:** We may release health information to a coroner or medical examiners as necessary, such as, to identify a deceased person or to determine the cause of death.

☞ **Information not Personally Identifiable:** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

☞ **Family and Friends:** We may disclose health information about you to a family member or caretaker if you are physically present and ask us to do so or you have provided written documentation giving our office permission to disclose your health information to certain individuals. If you bring a family member or caretaker into an exam room, we will assume your permission to talk to you or that person regarding your health and care needs. If you desire us to communicate with a friend or family member about your health information in your absence, we will require written permission from you. However, if a friend or family member brings you to our facility for emergency care and you are unable to communicate, we will keep that person informed of your status and progress. We will also use our professional judgment to make reasonable assumptions about sharing information with that person so that the person can act on your behalf, for example to pick up prescriptions or medical care equipment.

OTHER USES AND DISCLOSURE OF HEALTH INFORMATION: We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. We must obtain your Authorization to disclose information about you that is not related to treatment, payment or operations. We will require you to fill out our Authorization to Release Information Form, listing specific information you want released and to whom. You may revoke the Authorization at any time, in writing, but we cannot take back any uses or disclosures that were already made with your permission. If we have sensitive health information about you, we cannot release that information without a specific signed, written Authorization. There is a separate place on our Authorization form to ask for your permission to release this information, and the Authorization will comply with the law governing sensitive records. In accordance with our document retention policy, all inactive records will be destroyed after 10 years.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:

Are as follows:

Right to Inspect and Copy: You have the right to inspect and request a copy of your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to our HIPAA Privacy Officer in order to inspect a copy of your medical chart. We will set an

appointment date for a fifteen (15) minute review. No charge will be assessed to the patient for chart inspection. We will make requested and approved copies for you, and we will charge you for those copies at the rate of \$1 per page. We will provide the copies within fifteen (15) calendar days of the patient's request. Payment for copies is payable at the time of request. We may deny your request to inspect and receive a copy of your health information in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed healthcare provider within our practice to review your request and our denial. The person conducting the review will not be the same person who denied your request, and we will comply with the outcome of the review.

Right to Amend: If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, complete and submit a Medical Records Amendment Correction Form to our HIPAA Privacy Officer at our office. All medical record amendments or corrections must be in writing. 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 to amend information that: "We did not create, unless the person or entity that created the information is no longer available to make the amendment." "Is not part of the health information we keep." "You would not be permitted to inspect and copy." "Is accurate or complete."

Right to an Account of Disclosures:

You have the right to request an accounting of disclosures. This is a list of the disclosures we have made of medical information about you for purposes other than treatment, payment or operations, and not including, disclosures for which we have your signed authorization. To obtain this list, you must submit your request in writing to our Privacy Officer. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The list will be provided in written format. The first list you request within a 12 month period will be provided at no cost. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. It is our policy that we do not share information about you with family or friends unless you have requested that, however, you additionally have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend.

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 you.

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 by mail instead of by phone. To request confidential communications, you must complete and submit the Request for Restriction on Use/Disclosure of Medical Information and/or Confidential Communication Form to our Privacy Officer. 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. We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. You have a right to request and receive a copy of any revised or changed notices.

QUESTIONS & COMPLAINTS: If you want more information about our policy practices or have questions or concerns, please contact our office at 541-687-1712. If you are concerned that your privacy rights have been violated, or you disagree with a decision we made about access to your health information, you may complain to our office using the contact information listed below. We support your right to privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact: HIPAA Compliance Officer Telephone: (541) 687-1712 Address: 3355 RiverBend Dr. S-240 Springfield, OR 97477