



# Your Information. Your Rights. Our Responsibilities.

(Notice of Privacy Practices)

This notice describes how health information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

## Your Rights

**When it comes to your health information, you have certain rights.**  
This section explains your rights and some of our responsibilities to help you.

### Get an electronic or paper copy of your health record

- You can ask to see or get an electronic or paper copy of your health record and other health information we have about you. We require you to submit this request in writing. Ask us for additional details.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct your health record

- You can ask us to correct health information about you that you think is incorrect or incomplete. We require you to submit this request in writing, and to provide a reason to support your request for correction. Ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If you have given someone the power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using a complaint form located in the lobby, sending an email to [complaint@nwhumanservices.org](mailto:complaint@nwhumanservices.org), or by sending a letter to 681 Center St NE, Salem, OR 97301.
- You can file a complaint with The Joint Commission Office of Quality Monitoring, by sending a letter to One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181, or email [complaint@jointcommission.org](mailto:complaint@jointcommission.org).
- If you are a member of the Mid-Valley Behavioral Care Network (MVBCN), you may file a complaint to them by sending a letter to 1660 Oak Street SE, Suite 230 Salem, Oregon 97301, or calling their toll-free number 1-866-422-6647.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint, or if you exercise any of these rights.

**Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

**Our Uses and Disclosures**

**How do we typically use or share your health information? We typically use or share your health information in the following ways.**

**Treat you**

- We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*
- We can share your personal health information electronically with pharmacies and/or healthcare facilities as it relates directly to your care.

**Run our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

**Bill for your services**

- We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers’ compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Other things to consider**

- We will never share any substance abuse treatment records without your written permission.
- You can also have access to your health information by using our Patient Portal. Ask us how to do this.
- With your written permission, you can receive text message appointment reminders from us.

**Our Policy**

We believe that every patient in our care should be treated with dignity, respect, and compassion. We recognize that all patients have other rights, and we are committed to honoring these rights.

**As a NWHS patient, you have a right to:**

- Have a copy of any rules or regulations related to the conduct of patients.
- Expect that our employees will be sensitive to all patients’ needs and feelings.
- Know your diagnosis, treatment, prognosis, and possible consequences of treatment.

- Be informed of and involved in decisions about your care, treatment and services that would enable you to give informed consent.
- Refuse any suggested treatment, and to discontinue treatment at any time.
- Know the name and qualifications of anyone who is involved in your care.
- Obtain, question, and discuss a full accounting of charges for your care regardless of the source of payment.
- Have all communications in a language that you can clearly understand.
- Be referred to other services and agencies that are necessary for continuity of your care.

**Our promise is to provide:**

- Services regardless of race, sex, religion, age, ethnic background, linguistic preference, education, social class, economic status, sexual orientation, or handicap.
- Services in a private, protected, and humane service environment to meet individual needs.
- Confidentiality, privacy, and protection of personal dignity during examination and treatment.
- Care that respects and is sensitive to cultural, psychosocial, and personal values and beliefs.

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

**Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

**This notice applies to all Northwest Human Services Medical, Dental, and Mental Health Clinics.**

If you have any questions about this notice, please contact the Privacy Officer by sending a letter to 681 Center St. NE, Salem, Oregon 97304, or email [PrivacyOfficer@nwhumanservices.org](mailto:PrivacyOfficer@nwhumanservices.org).

*Effective Date of Revised Notice: July 29, 2016*



# NONDISCRIMINATION AND ACCESSIBILITY NOTICE

## Discrimination is Against the Law

NWHS complies with applicable federal civil rights laws and does not exclude, deny services to, or otherwise discriminate against any individual based upon ethnic group identification, race, national origin, religious creed, age, sex, sexual orientation, gender identity or expression, veteran's status, color, disability, housing status, educational level, economic status, social class, political beliefs, linguistic preference, or reprisal or retaliation for prior civil rights activity in any program or activity.

We provide aids and services, free of charge, in a timely manner, to people with disabilities to communicate effectively with us, such as:

- ✓ Qualified sign language interpreters
- ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)

We provide language services, free of charge, in a timely manner, to people whose primary language is not English, such as:

- ✓ Qualified interpreters
- ✓ Information written in other languages

**If you need these services, call (503) 378-7526**

If you believe that NWHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the NWHS Risk Officer located at 681 Center St. NW, Salem, OR 97301, Tel. (503) 588-5828, Fax (503) 588-5852. You can file a grievance in person or by mail, or fax. If you need help filing a grievance, the Risk Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail: attn.: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, or phone 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

<p><b>Español (Spanish)</b>  <b>ATENCIÓN:</b> si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-503-378-7526.</p>	<p><b>Tiếng Việt (Vietnamese)</b>  <b>CHÚ Ý:</b> Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-503-378-7526.</p>
<p><b>繁體中文 (Chinese)</b>  <b>注意:</b> 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-503-378-7526</p>	<p><b>Русский (Russian)</b>  <b>ВНИМАНИЕ:</b> Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-503-378-7526.</p>
<p><b>한국어 (Korean)</b>  <b>주의:</b> 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-503-378-7526번으로 전화해 주십시오.</p>	<p><b>Українська (Ukrainian)</b>  <b>УВАГА!</b> Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-503-378-7526.</p>
<p><b>日本語 (Japanese)</b>  <b>注意事項:</b> 日本語を話される場合、無料の言語支援をご利用いただけます。1-503-378-7526 まで、お電話にてご連絡ください。</p>	<p><b>العربية (Arabic)</b>  <b>ملحوظة:</b> إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-503-378-7526.</p>
<p><b>Română (Romanian)</b>  <b>ATENȚIE:</b> Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-503-378-7526.</p>	<p><b>ខ្មែរ (Cambodian)</b>  <b>ប្រយ័ត្ន:</b> បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-503-378-7526 ។</p>
<p><b>Oroomiffa (Oromo)</b>  <b>XIYYEEFFANNA:</b> Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-503-378-7526.</p>	<p><b>Deutsch (German)</b>  <b>ACHTUNG:</b> Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-503-378-7526.</p>
<p><b>فارسی (Farsi)</b>  <b>شما برای رایگان بصورت زبانی تسهیلات، کنید می گفتگو فارسی زبان به اگر توجه بگیرد تماس 1-503-378-7526 با باشد می فراهم.</b></p>	<p><b>Français (French)</b>  <b>ATTENTION:</b> Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-503-378-7526.</p>
<p><b>ภาษาไทย (Thai)</b>  <b>เรียน:</b> ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-503-378-7526.</p>	

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## Receipt Acknowledgment of NWHS' Notice of Privacy Practices

By signing below, I acknowledge that I have read, or had read to me the Notice of Privacy Practices of Northwest Human Services titled "*Your Information. Your Rights. Our Responsibilities.*" and I have had a chance to discuss any questions or concerns about this document with a NWHS staff member.

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Patient Name (Printed)

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Patient or Legal Guardian Signature

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Date

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### FOR OFFICE USE ONLY

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify): \_\_\_\_\_