

Rogue Valley Physicians, P.C.

Children & Adolescents Clinic Creekside Family Medicine Family Practice Group Groskopp & Ryland
Medford Neurological & Spine Clinic Southern Oregon Internal Medicine Valley Family Practice

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

It also describes the information privacy practices RVP follows. If you have any questions about this notice, please contact the Privacy Officer at 541-282-2217, 2900 Doctors Park Drive, Suite 250, Medford, OR 97504.

YOUR HEALTH INFORMATION

This notice applies to the information and records we have about your health, health status, and care and services you receive at this office. Your health information may include information created and received by this office, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, billing activity and similar types of health-related information.

We are required by law to give you this notice. It tells you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU 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 doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you.

For example, your doctor may need to know if you have health problems that could complicate your treatment. He/she may use your medical history to decide what treatment is best for you, or tell another doctor about your condition so that doctor can help determine the most appropriate care for you.

Our office staff may disclose information to people who do not work in our office in order to coordinate your care, such as ordering prescriptions or scheduling lab work or imaging studies. Family members and other health care providers may be part of your medical care and may require information about you.

For Payment. We may use and disclose health information about you so that we can bill for the services that you receive, and so that payment may be collected from you, an insurance company or other payer.

For example, we may need to give your health plan information about services you received here so they will pay us or reimburse you for services, or to obtain prior approval or determine coverage for services.

For Health Care Operations. We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care.

For example, we may use your health information to evaluate staff performance, or to help us decide what new services we should offer, how we can be more efficient, or whether new treatments are effective.

We may also disclose your health information to your health plan or other providers for the purpose of helping them provide or improve care, reduce cost, manage services, train staff and comply with the law.

Appointment Reminders. We may contact you to remind you of your appointment at our office.

Treatment Alternatives. We may tell you about or recommend treatment options or alternatives.

Health-Related Products and Services. We may tell you about health-related products or services.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us **in writing** (at the address listed at the top of this Notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

SPECIAL SITUATIONS We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others.

Required By Law. We will disclose health information about you when required to do so by federal, state or local law.

Research. We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

Organ and Tissue Donation. If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

Military, Veterans, National Security and Intelligence. If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries 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. We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor health care, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a 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.

Law Enforcement. We may release health information when requested by a law enforcement official in response to a court order, subpoena, warrant, summons, etc., subject to all applicable legal requirements.

Coroners, Medical Examiners and Funeral Directors. We may release health information to a coroner or medical examiner, if necessary, for example, to identify a deceased person or 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 your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not object. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment, that you would not object. For example, we may assume you agree to our disclosure of your health information to your spouse when you bring him/her into the exam room during your exam.

In situations where you are not capable of giving consent (if you are not present or are incapacitated), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, prescriptions, medical supplies, or X-rays.

OTHER USES AND DISCLOSURES 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*. If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization*, **in writing**, at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

In some instances, we may need specific, written authorization from you in order to disclose certain types of specially-protected information such as HIV, substance abuse, mental health, and genetic testing information.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Right to Inspect and Copy. You have the right to inspect and copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written request to the *Office Manager* at the clinic providing your services in order to inspect and/or copy your records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies.

We may deny your request to inspect and/or copy records in certain limited circumstances. If you are denied copies of or access to health information that we keep about you, you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the 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 is incorrect or incomplete, you may ask us to amend it. 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 RECORD AMENDMENT/CORRECTION FORM to the *Office Manager* at the clinic providing your services.

We may deny your request for an amendment if your request 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 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 that we keep, or is accurate and complete

Right to an Accounting of Disclosures. You may request an “accounting of disclosures,” a list of the disclosures we made of medical information about you for purposes other than treatment, payment, health care operations, and a limited number of special circumstances involving national security, correctional institutions, or law enforcement. The list will exclude any disclosures made based on your written authorization.

To obtain this list, you must submit your request **in writing** to the *Office Manager* at the clinic providing your services. It must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (electronically or on paper). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs 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.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you. You also 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. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed for emergency treatment or we are required by law to use or disclose the information. To request restrictions, you may complete and submit the REQUEST FOR RESTRICTION ON USE OR DISCLOSURE OF MEDICAL INFORMATION to the *Office Manager* at the clinic providing your services.

Right to Request Confidential Communications. You have the right to request that we communicate with you in a certain way. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION AND/OR CONFIDENTIAL COMMUNICATION to the *Office Manager* at the clinic providing your services. We will not ask you the reason for your request. We will accommodate all reasonable requests. You must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time, even if you have agreed to receive it electronically entitled to a paper copy. To obtain such a copy, contact the *Office Manager* at the clinic providing your services.

CHANGES TO THIS NOTICE

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. We will post the current notice in the office with its effective date in the top right hand corner.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the *Office Manager* at: Children & Adolescents Clinic- 779-1300 / Creekside Family Medicine- 282-6500 / Groskopp & Ryland 608-7683 / Family Practice Group 779-5531 / Medford Neurological & Spine Clinic- 779-1672 / Southern Oregon Internal Medicine- 282-2208 / Valley Family Practice- 664-5505

You will not be penalized for filing a complaint.