

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.

OUR RESPONSIBILITIES

- **We are required** by law to maintain the privacy and security of your 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.
- **42 CFR Part 2 protects** your health information if you are applying for or receiving services (including diagnosis or treatment, or referral) for drug or alcohol abuse. Generally, if you are applying for or receiving services for drug or alcohol abuse, we may not acknowledge to a person outside the program that you attend the program or disclose any information identifying you as an alcohol or drug abuser except under certain circumstances described here. Violations of this rule are a crime and may be reported to authorities as indicated later in this notice. For more information see: <https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs>
- **The Health Insurance Portability and Accountability Act (HIPAA)** also protects your health information whether or not you or alcohol abuse. Rimrock Trails will follow the rules that give you the greatest protection of your information. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understandig/consumers/index.html
- **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 can change your mind at any time. Let us know in writing if you change your mind.

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, we never share your information unless you give us written permission:
 - Marketing purposes
 - Sale of your information
 - Most sharing of psychotherapy notes
- **You Can Give Us Written Permission to Share Your Information:** For any reason other than the ones described above in Section III, we will only use or share your information when you give us written authorization.
- **Specially Protected Health Information** Genetic, HIV/AIDS and substance abuse treatment related information is specially protected by law and your authorization is usually required for us to share it. Genetic information will not be used to decide whether you will receive services or for the cost of those services.

OUR USES AND DISCLOSURES

We typically use or share your health information as allowed by law in the following ways:

- **Treatment** We may use your health information and share it with other professionals who are treating you. This includes activities performed by licensed clinical social workers and other types of health care professionals providing care to you, or coordinating or managing your care.
- **Payment** We may use and share your health information to bill and get payment from health plans or other entities. For example, your information may be shared with your insurance company to obtain payment for services we provided.

OUR USES AND DISCLOSURES (continued)

- **Health Care Operations**

We may use and share your health information to run our practice, improve your care and contact you when necessary. For example, we may use your information to manage your treatment and services. We may also use your information in order to resolve any concerns or complaints you may have.

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good. We have to meet many conditions in the law before we can share your information for these purposes.

- **Qualified Service Organization**

We may share information about you with a Qualified Service Organization that provides services for Rimrock Trails under a written agreement.

- **Minors**

If you are a minor, we may share your information with a parent or guardian or other person authorized by state law to act on your behalf to reduce a threat to your life or physical health or the life or health of someone else. We will only do this if we feel you are not able to make a rational decision and if sharing your information would reduce the threat.

- **Crime on Rimrock Trails Premises or Against Rimrock Trails Staff**

We may share limited information about you when you have committed a crime on our premises or committed or threatened to commit a crime against us or our staff.

- **Victims of Abuse or Neglect**

We will share your information with a government authority if we have reason to believe you are a victim of abuse or neglect.

- **Food and Drug Administration (FDA)**

We may share your information with the FDA if they believe that the health of any individual may be at risk because of a mistake in manufacturing, labeling or sale of a product.

- **Medical Emergency**

If we are unable to obtain your permission in a medical emergency, we may share your information to meet that emergency.

- **Central Registry**

We may share your information with a central registry to prevent multiple enrollments in treatment programs. To Criminal Justice System that Referred You to Treatment We may share your information with the criminal justice system that referred you to us in order for them to monitor your progress.

- **Audit and Evaluation**

We may share your information with health oversight agencies for audit or evaluation activities. (continued)

OUR USES AND DISCLOSURES (continued)

- **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're complying with federal privacy laws

- **Medical Examiner or Funeral Director.**

We may share your information with a coroner, medical examiner, or funeral director when an individual dies.

- **Do Research**

In some cases, we may use or share your information for health research.

YOUR RIGHTS

- **Ask Us to Limit What We Share**

You can ask us not to use or share certain health information for treatment, payment, or operations.

You can ask us to limit what we share with other individuals such as family members, relatives, friends or others that you tell us about.

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.

- **You must ask us this in writing.** We will say “yes” unless a law requires us to share that information.

- **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.

- **Change Your Mind**

If you tell us we can share your information, you may change your mind at any time.

- **You must tell us this in writing.**

- **Get an Electronic or Paper Copy of Your Health Information.**

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

We will not use the information you obtain to confirm or press criminal charges against you or to investigate you.

- **Note:** If you are a parent or legal guardian of a minor, certain parts of the minor's medical record will not be available to you (for example, records about pregnancy, abortion, sexually transmitted diseases, substance use or abuse, or contraception and/or family planning services).

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YOUR RIGHTS (continued)

- **Get a Copy of this 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.

- **Ask Us to Correct Your Medical Record**

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

- **Get a List of Those with Whom We’ve Shared Information.**

You can ask for a list (accounting) of the times we’ve 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 Notice of a Breach**

You will be notified of a breach of your protected health information.

- **Choose Someone to Act for You**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

- **You must let us know in writing that you want them to use this authority.**

We will make sure the person has this authority, can act for you and has your permission before we take any action.

EFFECTIVE DATE AND DURATION OF THIS NOTICE

Effective Date:

This Notice is effective on: 08/27/2019

Right to Change Terms of this Notice

In the future, Rimrock Trails may change its Notice of Privacy Practices.

Any changes will apply to information Rimrock Trails already has, as well as any information Rimrock Trails receives in the future.

A copy of the new notice will be posted on Rimrock Trails’ website and provided as required by law. You also may obtain any new notice by contacting the privacy officer.

ADDITIONAL INFORMATION

If you want more information about your privacy rights, if you think we have violated your privacy rights or if you disagree with a decision that we made about your privacy rights, you may contact our privacy officer below. We will not retaliate against you for filing a complaint.

Rimrock Trails Treatment Services

Quality and Compliance Manager

1333 NW 9th Street

Prineville, OR 97754

Phone: 541-447-2631

(TDD: 711)

Fax: 541-447-2616

Email: Compliance@rimrocktrails.org

**OUTPATIENT
Client / Family Acknowledgement of Receipt**

1. _____ Financial Agreement
2. _____ Client Bill of Rights
3. _____ Grievance Process
4. _____ Voluntary Consent and Permission
5. _____ Philosophy of Care and Engagement Expectations
6. _____ Attendance Policy/No Show
7. _____ Notice of Privacy Practices
8. _____ Declaration of Mental Health (optional)

Your signature on this document indicates you received an orientation explaining the outline of this program. By signing this form you also acknowledge that information regarding the documents listed above was explained to your satisfaction as part of the orientation process and that you received or were offered a copy of each.

Individual Signature

Date Received

If individual is under the age of 18:

Parent/Guardian Signature

Date Received