



KLAMATH HEALTH PARTNERSHIP, INC

NOTICE OF PRIVACY PRACTICES

Effective 01/2023

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, please contact Kacie Whitehead, Privacy Officer, at (541) 851-8110 or by mail at 2074 South 6th Street, Klamath Falls, OR 97601.

PURPOSE – Klamath Health Partnership (KHP) is committed to protecting your protected health information, and we encourage you to contact our Privacy Officer should any issue or question arise. This Notice of Privacy Practice (“Notice”) describes the processes our staff follow to protect your protected health information (PHI). We are required by law to give you this Notice. This Notice explains how and when we may use or disclose your PHI but may not include every possible situation. This Notice describes your rights and our responsibilities regarding the use and disclosure of PHI.

YOUR HEALTH INFORMATION – This Notice applies to the information and records we have about your health, health status, and the health care and services you receive at KHP. Your health information may include information created and received by this office, may be 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, related billing activity, and similar types of health-related information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU – We may use and disclose health information without your consent:

For Treatment. We may use your health information to provide you with treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in your care. Staff in our office may share information about you with people who do not work in our office to coordinate your care, such as phoning in prescriptions to your pharmacy or ordering lab work or imaging studies. Family members and other healthcare providers may be part of your medical care outside this office and may require information about you that we have.

We may also disclose your health information to health plans that provide you insurance coverage and other health care providers that care for you. Our disclosures of your health information to plans and other providers may be for the purpose of helping these plans and providers provide or improve care, reduce cost, coordinate and manage health care and services, train staff, and comply with the law.

For Payment. We may use and disclose health information about you to bill for the treatment and services you receive from us and to collect payment from you, a health plan, or another third party. We may tell your health plan about a treatment you are going to receive to get prior approval, or to determine whether your plan will pay for the treatment.

For Health Care Operations. We may use and disclose PHI to run or improve our office, programs, or services, and make sure that you and our other patients receive quality care. For example, we may use

your health information to evaluate the performance of our staff in caring for you. We may also use health information to help us decide which additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

Appointment Reminders. We may use and disclose PHI to contact you to remind you about appointments for treatment or health care.

Treatment Alternative/Health-Related Benefits and Services. We may use and disclose PHI to contact you about or recommend possible treatment options or alternatives or health-related benefits and services that may be of interest to you.

To Avert a Serious Threat to Health or Safety. We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. We will only disclose PHI to someone who may be able to help prevent the threat.

Required By Law. We will disclose health information about you when required to do so by federal, state, or local law. We may disclose PHI in response to a court order.

Research. We may use and disclose PHI for research projects that are subject to a special approval process. We may use and disclose a limited data set that does not contain specific identifiable information about you for research. We will only disclose this limited data set if we enter into a data use agreement with the researcher. 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 your PHI to organizations that handle organ procurement 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 your PHI. We may also release information about foreign military personnel to the appropriate foreign military authority.

Minors. We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

Workers' Compensation. We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Abuse, Neglect, or Domestic Violence. We may disclose PHI to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make such disclosures.

Inmates. We may disclose your PHI if you are an inmate of a correctional institution or under the custody of a law enforcement official to such agencies if the disclosure is necessary for the institution to provide you with health care, protect your health and safety or the health and safety of others, or the safety and security of the correctional institution.

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; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

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 the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your PHI 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 if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners and Funeral Directors. We may release your PHI to a coroner or medical examiner as necessary 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 raise an objection. 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. In situations where you are not capable of giving consent because you are not present or due to your incapacity or medical emergency, we may, using our professional judgment, use or disclose to your family member or friend if in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care.

Data Breach Notification. We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information. You have the right to know of a breach of any of your unsecured PHI.

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 the 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 under your permission.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES – The following uses and disclosures of your PHI will only be made with your specific, written authorization:

- Disclosure of specially-protected information such as HIV, substance abuse, mental health, and genetic testing information;
- Uses and disclosures of PHI for marketing purposes; and,
- Disclosures that constitute the sale of PHI;

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU – You have the following rights regarding your health information:

Right to Inspect and Copy. You have the right to inspect and obtain a copy of your PHI, such as medical and billing records, to make decisions about your care. You must submit a written request to inspect and/or obtain a copy of your PHI records. We have up to 15 days to make your PHI available and may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request 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 by a licensed health care professional not directly involved in your care.

Right to Amend. If you believe the health information we have about you is incorrect or incomplete, you may ask us to amend the health information we keep. You have the right to request an amendment as long as the information is kept by us. A request for amendment must be made in writing to our Privacy Officer via our *Medical Record Amendment/Correction Form*. In some cases, we may deny your request for an amendment, such as if your request is not in writing or does not include a reason to support the request.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures of your Protected Health Information.” This is 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, and law enforcement. The list will also exclude any disclosures we have made based on your written authorization. To obtain this list, you must submit your request in writing to our Privacy Officer. The first list you request within a 12-month period will be free. We may charge you for the costs of providing additional lists. We will notify you of the cost involved, and you may choose to withdraw or modify your request at the 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. 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. A request for a restriction must be made in writing to our Privacy Officer. ***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 you with emergency treatment or we are required by law to use or disclose the information.

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 can ask that we only contact you at work or by mail. This request must be made in writing. No reason is necessary. We will accommodate all reasonable requests.

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, you are still entitled to a paper copy. Contact KHP to request a paper copy of this Notice.

Right to a File a Complaint. You have the right to file a complaint if you feel your privacy rights have been violated. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint. You may file a complaint by contacting our Privacy Officer or the U.S. Department of Health and Human Services through the contact information provided below:

Klamath Health Partnership
Privacy Officer
2074 S. 6th Street, Klamath Falls, OR 97601
541-851-8110

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Ave. S.W., Washington D.C. 20201
1-877-696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints

CHANGES TO THIS NOTICE – We reserve the right to change this Notice and to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post the current Notice (or summary of the current Notice) in the office with its effective date on the document. You are entitled to a copy of the Notice currently in effect.