



Cascade Infectious Diseases

A Practice of Oregon Specialty Group

Notice of Privacy Practices

Effective Date: June 24, 2020.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS IS YOUR RIGHT TO NOTICE.

This Notice is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA). Contact Oregon Oncology Specialists, LLC (DBA Cascade Infectious Diseases) at: Phone 503-540-9999, or Fax 503-540-3105.

In this Notice, the words “we,” “us,” “our” and “CID” means Cascade Infectious Diseases.

The Purpose of this Notice:

Cascade Infectious Diseases provides many types of services, including medical care. CID staff must collect information about you to provide these services. CID knows that information we collect about you and your health is private. We are required to protect this information by federal and state law. We call your individual health information “protected health information” (PHI).

CID is committed to providing high-quality healthcare to its patients. As such, clinical photography may be used, but is limited to the purposes of diagnosis, treatment, and professional education. Clinical photography is defined as any videotaping, filming, or still photography of patients and includes, but is not limited to, facial pictures to identify patients and pictures of wounds.

This Notice of Privacy Practices will tell you how CID may use or share information about you. Not every situation may be described. If you have any questions about any statements in this notice, please feel free to ask us. CID is required to give you a notice of our privacy practices for the information we collect and keep about you. By law, we must follow the terms of the notice currently in effect.

How We May Use and Disclose Your Information

We may use and disclose 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 doctors, nurses, technicians, skilled nursing facilities, staff or other personnel who are involved in taking care of you and your health. For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at CID may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may provide your health information to bill your health plan for your medical visit here.
- **For Health Care Operations.** CID may use or share information in order to manage its programs and activities to make sure that you and our other patients receive quality care. For example, we may use information to evaluate the performance of our staff in caring for you.
- **For Appointment Reminders and Other Notifications to You.** CID may call you at the phone number given or send you reminders for medical care visits with us. We will call you at the phone number you give us unless you tell us to call you at a different phone number. You can also tell us not to call you at all. We may leave a message on your voicemail machine about these reminders or simply ask you to call us back. We will leave only a limited message with the caller’s name and phone number.
- **Sharing Your Information with Family, Friends and Others.** We may share health information with your family or other persons you have identified as involved in your medical or mental health care. You have the right to object to the sharing of this information.

Special Circumstances

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 the public or another person.
- **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; 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 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 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 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 health information to a coroner or medical examiner. This may be 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 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. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room or the hospital during treatment or while treatment is discussed.

Other Uses and Disclosures of Health Information

CID will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. Examples of disclosures requiring your authorization include disclosures to your partner, your spouse, your children and your legal counsel.

We also will not use or disclose your health information for the following purposes without your specific, written Authorization:

- **For our marketing purposes.** This does not include face-to-face communication about products or services that may be of benefit to you and about prescriptions you have already been prescribed.
- **For the purpose of selling your health information.** We may receive payment for sharing your information for, as an example, public health purposes, research, and releases to you or others you authorize a release to as long as payment is reasonable and related to the cost of providing your health information.

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

Other Laws Protect Your Health Information

Many health care providers have other federal and state laws to follow for the use and disclosure of your information. We have privacy safeguards built into our facility to protect your information and In some instances, we may need specific, written authorization from you in order to disclose certain types of specially-protected information such as (1) Treatment of a mental illness and session therapy notes; (2) Alcohol and drug abuse treatment services; (3) HIV/AIDS testing and services; (4) Sexually Transmitted Infection such as Herpes; (5) Communicable diseases such as TB and Hepatitis B; (6) Child abuse and neglect; (7) Sexual assault; (8) Genetic testing.

For more information on Oregon law related to these and other specially protect records, please contact the CID Privacy Officer or refer to the Oregon Revised Statutes and the Oregon Administrative rules. These documents are available on line at: www.oregon.gov

Your Rights Regarding Health Information About You.

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Get Copies of Your Records.** 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 Cascade Infectious Diseases HIPAA Compliance Office in order to inspect and/or copy records of your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. 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 Amend.** If you believe the 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 CID.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, health care operations, when specifically authorized by you and a limited number of special circumstances involving national security, correctional institutions and law enforcements. To obtain this list, you must submit your request **in writing** to Alice McCarty. 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 (for example, on paper, or electronically). The first list you request within a 12-month period is 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 before any costs are incurred.

- **Right to Request Restrictions.** You have the right to ask that CID restrict or limit how your information is used or shared. You must make the request in writing and tell us what information you want to limit and/or to whom you want the limits to apply. You can request that the limitation be terminated in writing or verbally.
- **Right to Revoke Permission.** If you are asked to sign an authorization to use or share information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.
- **Right to Choose How We Communicate with You.** You have the right to ask that we share information with you in a certain way or at a certain place. For example, you may ask us to send information to your work address instead of your home address. Or you may ask us to call you at a different phone number. Generally, you must make this request in writing. You do not have to explain why.
- **Right to Get a Paper Copy of This Notice.** You have the right to ask for a paper copy of this notice at any time.

Duration of This Notice

We may change the terms of this notice at any time. Any changes will apply to information we already have, as well as any information we may receive in the future. A copy of the new notice will be posted at CID and provided as required by law. You may ask for a copy of the current notice anytime you visit Cascade Infectious Diseases.

Breach of Information

Cascade Infectious Diseases is required by law to notify affected individuals following a breach of unsecured protected health information.

Non-Discrimination Policy

CID complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CID does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex

For More Information and How to Contact Us

You may contact CID's Privacy Officer at any time if you have a question about this notice or need more information on how to use your rights. Please use the address and phone number below.

Cascade Infectious Diseases
 2720 Commercial Street SE
 Suite 201
 Salem, OR 97302
 Phone: 503-540-9999
 Fax: 503-540-3105

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 at:

Office for Civil Rights Region X
 U.S. Department of Health & Human Services
 2201 Sixth Avenue – M/S: RX-11
 Seattle, WA 98121-1831
 Phone: 800-368-1019
 Fax: 206-615-2297
 TDD: 800-537-7697

To file a complaint with Cascade Infectious Diseases contact Alice McCarty, CID Privacy Officer, at (503.540.9999) or by email: HIPAA@oregonsg.com **You will not be penalized for filing a complaint.**