



# Notice of Privacy Practices

Updated January 1, 2017

***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.***

In this notice we use the terms “we,” “us,” and “our” to refer to Albertina Kerr. We use the terms “you” and “your” to refer to patients, clients, persons we serve and/or their guardians.

**Why this notice?** Under a federal law called the Health Insurance Portability and Accountability Act (HIPAA), covered health care organizations across the nation, including Albertina Kerr, must have a *Notice of Privacy Practices* and provide you with a copy.

**What is “Protected Health information?”** Your protected health information (“PHI”) is health information that contains identifiers, such as your name, social security number, or other information that reveals who you are. For example, your medical record is PHI because it includes your name and other identifiers. Protected health information (PHI) may be spoken (oral), written (on paper) or electronic (stored in a computer). Albertina Kerr has many ways to protect your PHI, such as locks, passwords and firewalls. Only people who need your PHI for health care operations, coordinating your care and other reasons explained below are allowed to see your PHI.

Because PHI may be oral, written, or electronic, Albertina Kerr has many ways to keep it safe. We use methods such as cabinet locks for paper records, passwords, encryption and firewalls for our computer systems. Paper that is no longer needed is shredded or destroyed in such a way that your PHI cannot be read or reconstructed. Electronic information is cleared, purged or destroyed so that PHI cannot be retrieved.

**What is our responsibility to protect your PHI?** By law, we must:

- Protect the privacy of your PHI, we take this responsibility seriously and will take appropriate steps to safeguard your PHI;
- Tell you about your rights and our legal duties with respect to your PHI;
- Tell you about our privacy practices and follow our notice currently in effect; and
- Provide you with timely breach notice. We maintain physical, administrative and technical safeguards to protect against unauthorized access, use or disclosure of your information. However, in the event of a breach of unsecured information, we will provide you written notice without unreasonable delay. If law enforcement investigates, there may be a delay in notifying you.

**How will we use and disclose your PHI?** Your confidentiality is important to us. Our physicians and employees are required to maintain the confidentiality of the PHI of our clients, patients and individuals we provide services to. We have policies and procedures and other safeguards to help protect your PHI

from improper use and disclosure. We are allowed by law to use and disclose certain PHI without your written permission. We will briefly describe these uses and disclosures below with examples.

How much PHI is used or disclosed without your written permission will vary depending, for example, on the intended purpose of the use or disclosure. Sometimes we may only need to disclose a limited amount of PHI, such as to send you an appointment reminder or to confirm your benefits or insurance coverage. At other times, we may need to disclose more PHI, such as when we are providing medical treatment.

## **I. USES and DISCLOSURES of PROTECTED HEALTH INFORMATION**

We may use or disclose Protected Health Information (PHI) to provide treatment services to you. To help facilitate quality and timely care, this disclosure does not require your authorization, written or otherwise, unless noted within this notice. PHI, including mental health and HIV information, may be released to **other healthcare providers** both **within and outside of Albertina Kerr** for the purpose of providing you with quality healthcare. We will limit the release of information to the minimum amount needed to facilitate care when possible. We may also disclose your information as a part of continuity of care both when you are referred to our agency for services or when we are referring you to another agency for follow-up or other services. We may also use and disclose PHI or portions of PHI in connection with our healthcare operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities. Albertina Kerr may disclose your health care information to business associates whom we contract with to perform business services for us, such as billing companies, quality assurance reviewers or translator service so it can perform a service on our behalf. We require that all business associates implement appropriate safeguards to protect your health care information. Disclosures that are incidental to permitted or required uses or disclosures under HIPAA are permissible, so long as we implement safeguards to avoid such disclosures, and we limit the PHI exposed through these incidental disclosures.

### **Others who may access your medical record**

We may make your medical information available electronically through an information exchange service to other **health care providers, health plans and health care clearinghouses** that request your records. Participation in information exchange services also lets us see their information about you. This is to allow us to better provide quality and coordinated care to you.

**Other uses as Required or Permitted by Law:** We may use or disclose PHI or portions of PHI when we are required or permitted to do so by state or federal law. Such disclosures will be made pursuant to the terms of those laws. For example, we may disclose PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition, we may report to Child Protective Services or other appropriate law enforcement agency when there is reason to suspect abuse or neglect. We may also report to law enforcement officers and the intended victim when there is a clear and serious threat of homicide or intent to do serious bodily harm to another person. In addition, we may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others, including disclosure of PHI to a doctor or hospital in the event of a medical emergency. Other disclosures permitted or required by law may include the following: disclosures for public health activities, disclosures to judicial and law enforcement officials in response to a court order or other lawful process, disclosures for research when approved by an institutional review board and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions as otherwise authorized by law.

**Fundraising for Albertina Kerr:** We may use certain information (name, address, telephone number or e-mail information, age, date of birth, gender, health insurance status, dates of service, department of service

information, treating physician information or outcome information) to contact you for the purpose of raising money for Albertina Kerr and you will have the right to opt out of receiving such communications with each solicitation. For the same purpose, we may provide your name to our institutionally-related foundation. Albertina Kerr relies on fundraising to expand and improve the services and programs we provide that strengthen Oregon families and communities by helping children and adults with developmental disabilities and mental health challenges, empowering them to live richer lives. You are free to opt out of fundraising solicitations, and your decision will have no impact on your treatment or payment for services at Albertina Kerr.

## Uses and Disclosures REQUIRING Your Written Authorization

1. **Other Uses and Disclosures:** Uses and disclosures (other than those described above) will only be made with your written authorization. For example, you will need to sign an authorization form before we can send PHI to a school, your attorney, or to caregivers/parents who are not the child's legal guardian. You may revoke any such authorization at any time, except if we have already taken action in reliance on the authorization.
2. **Psychotherapy Notes:** Notes recorded by your clinician documenting the contents of a counseling session with you ("Psychotherapy Notes") will be used only by our clinical staff and will not otherwise be used or disclosed without your written authorization. Albertina Kerr does not document psychotherapy notes on our electronic medical record system.
3. **Other Highly Confidential Information:** In addition, federal and state law requires special privacy protections for certain highly confidential information including your PHI that includes information about alcohol and drug abuse prevention, treatment and referral. In order for us to disclose such highly confidential information for a purpose other than those permitted by law, we must obtain your written authorization.
4. **Marketing Communications:** We will not use your health information for marketing communications outside of Albertina Kerr without your written authorization. As noted above, you can opt out of fundraising communication from us.

## II. YOUR INDIVIDUAL RIGHTS

- A. **Right to Inspect and Copy:** You may request access to your medical record and billing records maintained by us in order to inspect and request copies of the records. All requests for access must be made in writing addressed to the Medical Records Department identified in Section IIG. We may charge a fee for the costs of copying and sending you any records requested. We may deny your request in certain limited circumstances, and you may request that decision be reviewed. If you are a parent or legal guardian of a minor, please note that certain portions of the minor's medical record may not be accessible to you. If the youth is 14 years or older, the youth must sign a release for PHI to be given to the guardian or personal representative in many cases.
- B. **Right to Alternative Communications:** You may request, and we will accommodate any reasonable written request from you, to receive PHI by alternative means of communication or at alternative locations.
- C. **Right to Request Restrictions:** You have the right to request a restriction on PHI we use or disclose for treatment, payment or health care operations. You must request any such restriction in writing

addressed to the Corporate Compliance Officer identified in Section IIG. We are not required to agree to any such restriction you may request.

- D. **Right to Request Amendment:** You have the right to request that we amend your health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances. Please note that information within your medical record may not be altered, only amended.
- E. **Right to Accounting of Disclosure:** You have the right to request an accounting of disclosures of PHI. The response will exclude any disclosures for treatment on health care operations or any disclosures that you authorized in writing. You must request an accounting in writing directed to the Corporate Compliance Officer identified in Section IIG.
- F. **Right to Obtain Notice:** You have the right to obtain a paper copy of the Notice by submitting a written request to our Corporate Compliance Officer identified in Section IIG at any time.
- G. **Questions and Complaints:** If you desire further information about your privacy rights, or are concerned that we have violated your privacy rights, you may contact the Quality Improvement and Compliance Department at [Quality@AlbertinaKerr.org](mailto:Quality@AlbertinaKerr.org) or 503.802.5246 or you may fax us at 503.802.5311.

You may also file a complaint if you feel we have violated your privacy rights with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services at:

2201 Sixth Avenue-M/S: RX-11  
Seattle, WA 98121-1831  
206-615-2290  
206-615-2297 Fax  
1-877-696-6775 Toll free  
[OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

*We will not retaliate against you if you file a complaint with the Director or our facility.*

### III. EFFECTIVE DATE and CHANGES TO THIS NOTICE

- A. **Effective Date:** This Notice is effective on **January 1, 2017**.
- B. **Changes to this Notice or questions:** We may change the terms of this Notice at any time. If we change this Notice we may make the new Notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new Notice. If we change this Notice, we will post the revised Notice in the waiting area of our office and we will provide you with a copy at your request. . You may also obtain a copy of any revised Notice or ask any questions by contacting the Quality Improvement and Compliance Department (see II G above).