

# ALBERTINA KERR

## ALBERTINA KERR CENTERS Finance, Audit & Compliance Committee

### Meeting Agenda Tuesday, January 7, 2020 4 to 6 p.m. Kerr Administration Center 2<sup>nd</sup> Floor Board Room

- 4:00 p.m.      **Convene** (Karen Rasmussen, Chair)
- 4:00  
pp. 2-3      **Approve Minutes of November 12, 2019 Committee Meeting** (All)
- 4:01      **November FY2019-2020 Financial Statements** (Janice Jacobs)  
Documents to be distributed separately and prior to meeting
- 4:20      **Review 5 Year Capital & Reserve Plan** (Janice Jacobs)  
Documents to be distributed separately and prior of meeting
- 4:45  
pp. 4-24      **Investment, Gift Acceptance & Planned Giving Committee Report;  
Review Current Investment Policy & Portfolio Benchmark  
Performance** (Catherine Bekooy/Mary Lago)
- 5:15  
pp. 25-36      **Review New Privacy and Medical Record Standards policy**  
(Owen Gibson). Current Notice of Privacy Practices is included in the packet  
for reference pp. 37-41
- 5:45      **Executive Session** (Committee, Owen Gibson)
- 6:00      **Adjourn** (Karen Rasmussen)

*Attachment: Committee Objectives FY2019-2020 for Reference  
Next Meeting: March 10, 2020*

**ALBERTINA KERR CENTERS**  
**Finance, Audit & Compliance Committee Minutes**  
**November 12, 2019**  
**5 to 7:00 p.m.**  
Kerr Admin Center – 2<sup>nd</sup> Floor Board Room

**Members Present**

David Connell, David Lake (via conference call), Paul Litwinczuk (via conference call), Jill Nickerson, Karen Rasmussen, Laura Shipley

**Members Excused**

Melissa May, Craig Payne

**Community Member Present**

Mark Thoenes

**Staff Present**

Jeff Carr, Owen Gibson, Janice Jacobs, Melody Tanner

**Guests**

Gary McGee & Nathan Bresser of Gary McGee & Co

**Convene** (Karen Rasmussen, Chair)

Karen convened the meeting at 5:07 p.m.

**Approve Minutes of October 8<sup>th</sup>, 2019 Finance, Audit & Compliance Committee Meeting**

**ACTION: Laura Shipley moved that the minutes of the October 8<sup>th</sup> meeting be approved. David Connell seconded. The motion passed via unanimous vote.**

**Review FY2018-2019 Audit of Financial Statements** (Gary McGee & Nathan Bresser)

Gary provided a draft copy of the audit for review, and he commended Janice Jacobs and Melody Tanner for their hard work in completing the audit, given the challenges and staff turnover during this past year. A Letter to the Board of Directors included a list of significant financial adjustments (page 3 of the draft report). The findings are attributed to key personnel changes in the Accounting Department during the year and subsequent variations in accounting methodology and processes. The auditors consider these anomalies to be unique to this past year. The report identifies that changes in methodology began in November of 2018, reflective of the time when changes in key personnel took place. The auditors noted changes to accounting reporting standards this year that were successfully adopted, specifically how restricted funds are reported when spent. During the audit, it was discovered that the reporting software in use, PowerPlan, needs to be updated. Desk procedures in accounting and payroll are being rebuilt from start to finish for each process, and all procedures are being documented for initial training, smooth transitions and cross-training among department staff. Reconciliation of cash, general ledgers and sub-ledgers are key focus items in the audit, and the new procedures will cover these critical steps. A public-facing document responding to the management letter will be composed. A question was asked about having the right staff in position at this time; the answer is yes, and implementing Lean Management methods will increase efficiencies.

**ACTION: Janice Jacobs will provide an update to the Committee in the spring on the progress of developing and documenting sound processes and controls within the department. Janice will also provide a written response to the findings for the full Board. Gary McGee & Co staff will review progress of implementation of new methods in the March timeframe as well.**

**ACTION: Jill Nickerson moved that the audit report be recommended to the full Board for acceptance. David Lake seconded. The motion passed via unanimous vote.**

Follow-up discussion was held regarding distribution of RFPs to other audit firms. The Committee unanimously agreed now is not the time to change auditors, given the current auditors' familiarity with Kerr, and also their willingness to support Kerr by reviewing and testing the new controls and processes in the spring.

**September FY2019-2020 Financial Statements** (Janice Jacobs)

Janice reported that adult group homes are at full capacity. With a 4% increase in rates, an additional \$51k is being generated compared to last fiscal year. Employment Services reimbursements are challenging to predict due to finding appropriate placements, differing expectations and qualifications of jobs and clients, and bonus payments that are realized based on client milestones being met. The 34% increase in reimbursement rates at kids' group homes and increases in DSP wages are evident. Young adult transition homes are tracking on budget. Kerr Bikes is seasonal. Subacute census is trending upward again after the expected decrease during the summer months. YTD operating results show performance is ahead of budget. Group homes will catch up with the addition of four beds at the Autzen group home in January. Subacute revenues will increase with the increase in census and the planned incremental contract rates. A comparison of year over year performance shows overall positive trends. Errors in grant reporting were identified and fixed during the audit. Financial tracking in Financial Edge is now clean, while the reporting system, PowerPlan, will take more work. Revenue Cycle continues to perform well, with 88% of accounts receivables under 90 days.

**Review Compliance Dashboard** (Owen Gibson)

Owen commented on highlights of the Compliance Dashboard and updated members on the founded abuse case in Marion County. The group home absentee billing issue has been reset by the State, effective September 1<sup>st</sup>; however, final clarity around the rules is still somewhat uncertain. Staff in Revenue Cycle are closely tracking hours to provide an accurate accounting of activity. A reduction was seen in issues with the fleet and driving incidents. Owen is leading a project on updating policies and will bring revisions of some policies to the Committee for review in January. A survey of exiting staff is included in the compliance report. Surveys in the dashboard were conducted prior to the new wage increases. Going forward, surveys will be monitored for potential changes in reasons for leaving Kerr, relative to wages. There are no licensing issues and just two calls to Navex in the 4<sup>th</sup> quarter.

**Executive Session**

Committee members entered executive session at 6:52 pm.

**Adjourn** (Karen Rasmussen)

Karen adjourned the meeting at 7:00 p.m.

Recorded by Holly Edgar, Corporate Secretary



**TO: Albertina Kerr Finance Committee**

**DATE: 12/23/2019**

**RE: Annual Update from Albertina Kerr Centers Foundation Investment, Gift Acceptance and Planned Giving Committee**

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The Albertina Kerr Centers Foundation Endowment assets are overseen by the Albertina Kerr Centers Foundation Board of Trustees. A minimum of 51% of the Trustees are appointed by the Albertina Kerr Centers, Inc. Board.

The responsibilities of Albertina Kerr Centers Foundation's Investment, Gift Acceptance and Planned Giving Committee (see attached Committee Charter) include the following:

***Investment Oversight:** (a) Review the board approved Investment Policy annually and make recommendations for changes, if any to the Board of Trustees; (b) review the performance of Kerr's investment advisors quarterly regarding compliance with Board-approved Investment Policy and performance against agreed upon benchmark comparisons; (c) periodically, but at least every 4 years, review the qualification and performance of the investment advisors and make a recommendation to the Board of Trustees about retaining the current investment advisor or go through an investment advisor selection process to retain the current advisor or select new advisor; (d) Review requirements under Uniform Prudent Management of Institutional Funds Act (UPMIFA) or current standards annually.*

The Charter also states that the Committee Chair will review annually with the Albertina Kerr Centers Operations Committee, to be updated to the Finance, Audit & Compliance Committee, the investment policy, investment performance and review of the investment advisors.

Following a comprehensive RFP process in 2015, the Foundation delegated the Investment Management function to U.S. Bank in November 2015. The Foundation's Endowment assets, which as of 9/30/2019 totaled \$8,911.171, are segregated into four separate investment accounts to allow for proper tracking of donor restrictions. As of 8/31/2019, 79.6% of the Endowment is Quasi-Endowment (Board designated) and 20.4% is donor restricted.

Attached are additional informational and performance documents for your review and discussion at the Finance, Audit & Compliance Committee meeting on January 7, 2020.

**THE AMENDED AND RESTATED BYLAWS**  
**OF**  
**ALBERTINA KERR CENTERS FOUNDATION, INC.**  
An Oregon Nonprofit Corporation

As revised and adopted August 16, 2017

**ARTICLE I**

**NAME**

The name of the corporation is Albertina Kerr Centers Foundation, Inc. (hereinafter sometimes referred to as “corporation” or “Foundation”), which shall be a nonprofit, public benefit corporation organized under the Oregon Nonprofit Corporation Act (the “Act”) and Section 501(c)(3) of the Internal Revenue Code of 1986, as amended or the corresponding provision or provisions of any future federal income tax laws.

**ARTICLE II**

**PURPOSES**

The purposes for which this corporation is organized and operated shall be as set forth in Article III of the Articles of Incorporation of this corporation. Subject to those limitations and conditions set forth in Article III, Section 2 below, the corporation shall have all statutory powers.

**ARTICLE III**

**MEMBER**

1. **Designation.** The sole member of this corporation is Albertina Kerr Centers, Inc.
2. **Reserve Powers.** Notwithstanding anything to the contrary in these Bylaws, neither the Board of Trustees nor any committee, officer, employee or agent of this corporation may take any of the following actions without approval of the member:
  - 2.1 Amendment or restatement of the Articles of Incorporation or the Bylaws of this corporation.
  - 2.2 Purchase, sale, lease, disposition, hypothecation, exchange, gift, pledge or encumbrance of any interest in real or personal property, except in accordance with the established policies for such matters approved from time-to-time by the member.
  - 2.3 Election and removal of 51% of the Trustees of this corporation.

- 2.4 Aggregate borrowing of this corporation for periods of one (1) year or less for any purpose in excess of a dollar amount to be established by the member from time-to-time; and aggregate borrowing for more than one (1) year for any purpose in excess of a dollar amount to be established by the member from time-to-time. For purposes hereof, the term “borrowing” shall include any commitment for the payment of money pursuant to any contract.
- 2.5 Any change in the formal or informal expressions of philosophy or purpose of this corporation.
- 2.6 Merger, consolidation, reorganization or dissolution of this corporation.
- 2.7 Sale, lease, mortgage, pledge or other disposition of all or substantially all assets of this corporation.
- 2.8 Creation of any subsidiary of this corporation or its participation in any business entity, including, without limitation, any corporation, unincorporated association, partnership, joint venture, consortium or cooperative.
- 2.9 Approval or adoption of annual operating and capital budgets.
- 2.10 Any unbudgeted capital expenditure in excess of a dollar amount to be determined by the member from time-to-time.
- 2.11 Appointment of the independent auditor and corporate counsel.
- 2.12 Any transaction of this corporation in which a trustee or officer of this corporation has a material financial interest.
3. Policy. The member shall also have the discretion to review any proposed transaction of this corporation which the member deems to involve significant questions of policy or would have a substantial impact, financial or otherwise, upon this corporation or the member, and to approve or disapprove such transaction.
4. Disputes. In all cases of dispute of authority or uncertainty of the meaning of these Bylaws, the decision of the member shall be dispositive.
5. No Liability. The member shall not be liable to the creditors of the corporation, or otherwise be liable, and all creditors and claimants shall only look to the assets of the corporation for payment.
6. No Transfer. The member shall not transfer its membership interest without the prior written consent of the corporation.

## ARTICLE IV

### **BOARD OF TRUSTEES**

1. General. Subject to the rights of the member, the affairs of the corporation shall be managed by a Board of Trustees. The Board of Trustees shall consist of not fewer than 7 nor more than 30 persons, as shall be established from time to time by the Board of Trustees. All Trustees shall have equal and full voting responsibilities as members of the Board of Trustees. A trustee on leave of absence shall not be considered a member of the Board of Trustees entitled to a vote during the period of such leave for receiving notices, for the purpose of determining a quorum, or for any other purposes.

2. Election of Trustees, Qualifications, and Basic Responsibilities.

2.1 The incumbent Board of Trustees shall nominate individuals as required to fill vacancies on the Board of Trustees. Trustees shall be elected and/or re-elected at any regularly scheduled meeting of the Board of Trustees.

2.2 Each trustee shall actively participate in corporate governance including service on at least one committee and support and participate in the major fund development activities of the corporation.

2.3 Fifty-one percent (51%) of the Trustees, to the nearest whole number, shall be elected by Albertina Kerr Centers, Inc. from among the candidates nominated and forty-nine percent (49%) of the Trustees, to the nearest whole number, shall be elected by the Board of Trustees from among the candidates nominated by the incumbent Board of Trustees. The CEO of Albertina Kerr Centers, Inc. shall serve as a member of the Board of Trustees, ex officio, with vote, and shall be one of the trustees elected by Albertina Kerr Centers, Inc. Up to three (3) representatives of The Old Kerr Nursery Association, as designated by Albertina Kerr Centers, Inc., shall serve as members of the Board of Trustees and shall be three of the trustees elected by Albertina Kerr Centers, Inc.

3. Term: Staggered Terms. Each trustee shall be appointed and serve for a term of three (3) years or until his/her successor is elected; or he/she dies, is disqualified, resigns, or is removed. There shall be no mandatory term limits, but it is expected that trustees will normally serve not more than six (6) years. Such three year terms shall be staggered so that approximately one-third (1/3) of the total number of trustees then in office shall be elected during each calendar year. It is a goal, but not a requirement, that the number of trustees in each group will be approximately equal.

4. Quorum and Manner of Acting. One-third (1/3) of the trustees in office immediately before the meeting begins shall constitute a quorum for the transaction of business at any meeting of the Board of Trustees. The act of a majority of the trustees present at a meeting at which a quorum is present shall be the act of the Board of Trustees, unless the act of a greater number is required by law, the Articles of Incorporation, or these Bylaws. The Board Chair shall have the right to vote on all matters. Proxy voting by trustees is not permitted.

**Albertina Kerr Centers Foundation**  
**Investment, Gift Acceptance and Planned Giving Committee Charter**

**Purpose**

The primary functions of the Investment, Gift Acceptance and Planned Giving Committee is to: recommend the organization's investment policy, monitor progress toward investment goals, make investment decisions within policy guidelines, oversee gift acceptance policies as guided by the organization's strategic plan and recommend & monitor a planned giving plan.

**Membership**

The Committee shall be appointed by the Board of Trustees and shall be comprised of three or more persons, at least three of whom shall be members of the Board of Trustees. The Board of Trustees will designate a Chair of the Committee. The Committee may, at its discretion invite community members with expertise in investment, finance, accounting, law or planned giving to join the Committee as non-voting members.

**Authority and Responsibility**

The following shall be the principal recurring processes of the Committee in carrying out its responsibilities. The Committee may perform such other duties and responsibilities as are consistent with its purpose and the Board of Trustees or Committee deems appropriate.

**1. Investment Oversight.** (a) Review the board approved Investment Policy annually and make recommendations for changes, if any to the Board of Trustees; (b) review the performance of Kerr's investment advisors quarterly regarding compliance with Board-approved Investment Policy and performance against agreed upon benchmark comparisons; (d) periodically, but at least every 4 years, review the qualification and performance of the investment advisors and make a recommendation to the Board of Trustees about retaining the current investment advisor or go through an investment advisor selection process to retain the current advisor or select new advisor; (e) Review requirements under Uniform Prudent Management of Institutional Funds Act (UPMIFA) or current standards annually.

The Committee Chair will review annually with Albertina Kerr Centers Operations Committee the investment policy, investment performance and the review of investment advisors.

**2. Gift Acceptance.** (a) Approve acceptance of gifts, other than cash or publicly-traded securities according to the gift acceptance policy; (b) At least every four years review gift policies and make recommendations for change, if any to the Board of Trustees.

**3. Spending Rate.** Annually recommend a spending rate up to a maximum of 7% of the endowment investment portfolio based on a 13 quarter trailing average. Consideration will be given to the needs of Albertina Kerr Centers, investment goals and to the fiduciary responsibility under UPMIFA or current standards.

**4. Committee Performance Evaluation.** The Committee shall annually review how it functions as a Committee and its own performance as specified in this Charter. The Committee shall report the results of such reviews to the Board of Trustees.

**5. Charter.** The Committee shall review and assess the adequacy of this Charter periodically as conditions dictate, but at least annually, and recommend to the Board of Trustees any modifications to this Charter.

**6. Planned Giving.** (a) Annually recommend a planned giving plan to the Board of Trustees; (b) Assist with implementation of the plan; (c) Monitor & evaluate the plan.





## Albertina Kerr Centers Foundation

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**POLICIES****FOUNDATION TRUSTEES**

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**Section:** Executive Limitation

**Policy Area:** Statement of Investment Policy, Objectives and Guidelines – Endowment Funds

**Summary:**

Investment Time Horizon    In perpetuity

Investment Objective        Long-term growth while avoiding excessive risk using the Total Return approach.

Portfolio Constraints        Focus on low-cost market exposure through passive pooled vehicles

### I. SCOPE OF THIS INVESTMENT POLICY

This statement of investment policy reflects the investment policy, objectives, and constraints of Albertina Kerr Centers Foundation.

### PURPOSE OF THIS INVESTMENT POLICY STATEMENT

This statement of investment policy is set forth by The Board of Trustees, in order to:

1. Define and assign the responsibilities of all involved parties.
2. Establish a clear understanding for all involved parties of the investment goals and objectives.
3. Offer guidance and limitations to all Investment Managers regarding asset investments.
4. Establish a basis for evaluating investment results.
5. Establish the relevant investment horizon for which the assets will be managed.

In general, the purpose of this statement is to outline a philosophy and attitude which will guide the investment management of the assets toward the desired results. It is intended to be sufficiently specific to be meaningful, yet flexible enough to be practical.

## DELEGATION OF AUTHORITY

The Board of Trustees is a fiduciary and is responsible for directing and monitoring investment management. As such, the Board is authorized to delegate certain responsibilities to professional experts in various fields. These include, but are not limited to:

1. Investment Advisor. The Investment Advisor may assist the Board in establishing investment policy, objectives, and guidelines; selecting investment managers; reviewing such managers over time; measuring and evaluating investment performance; and other appropriate tasks. The Investment Advisor has the discretion to purchase, sell, or hold the specific funds and securities that will be used to meet the investment objectives.
2. Custodian. The Custodian will physically maintain possession of securities, collect dividend and interest payments, redeem maturing securities, and effect receipt and delivery following purchases and sales.
3. Additional specialists such as attorneys, auditors, actuaries, retirement plan consultants, and others may be employed to assist in meeting its responsibilities and obligations to administer assets prudently.

All expenses for such experts must be customary and reasonable, and will be borne by the Albertina Kerr Centers Foundation as deemed appropriate and necessary.

## DEFINITIONS

1. "Investment, Gift Acceptance and Planned Giving Committee (IGAPGC)" shall refer to the committee established by the Foundation Board of Trustees to oversee the Foundation's investments.
2. "Fiduciary" shall mean the person or persons who are under a duty to act for the benefit of the Foundation as to matters within the scope of the relationship. In keeping with the principals of Uniform Prudent Investment of Institutional Funds Act (UPMIFA), fiduciary duties include the standard of conduct provide in Section 3 of the Act.
3. "Advisor" shall mean any individual, or group of individuals, employed to manage the investments of all or part of the assets.
4. "Securities" shall refer to the marketable investment securities which are defined as acceptable in this statement.

5. "Investment Horizon" for the Foundation assets shall be in perpetuity unless otherwise defined.
6. "Fund" shall mean the Foundation's financial reserves / endowments which are to be invested in accord with this policy.
7. "Foundation" shall refer to the Albertina Kerr Centers Foundation.

## **ASSIGNMENT OF RESPONSIBILITY**

### **a. Responsibility of the Investment, Gift Acceptance and Planned Giving Committee**

The Board of Trustees, advised by the IGAPGC, is charged by law with the responsibility for the management of the assets of the Foundation. The IGAPGC shall discharge its duties solely in the interest of the Foundation, with the care, skill, prudence and diligence under the circumstances then prevailing, that a prudent investor, acting in a like capacity and familiar with such matters would use in the conduct of an enterprise of a like character with like aims. The IGAPGC shall monitor general compliance with Uniform Prudent Management of Institutional Funds Act (UPMIFA). The specific responsibilities of the IGAPGC relating to the investment management of the assets include:

1. Projecting financial spending needs for the Foundation for the next 3 years, and communicating such needs to the Investment Advisor on a timely basis.
2. Determining the risk tolerance and investment horizon, and communicating these to the appropriate parties.
3. Establishing reasonable and consistent investment objectives, policies, and guidelines which will direct the investment of the Fund's assets.
4. Regularly evaluating the performance of the Investment Advisor to assure adherence to policy guidelines and monitor investment objective progress.

### **b. Responsibility of the Investment Advisor**

The Investment Advisor's role is that of a discretionary advisor to the IGAPGC. Investment advice concerning the investment management of the assets will be offered by the Investment Advisor, and will be consistent with the investment objectives, policies, guidelines and constraints as established in this statement. The Investment Advisor will have full discretion to make all investment decisions for the assets placed under its jurisdiction, while observing and operating within all policies, guidelines, constraints, and philosophies as outlined in this statement. Specific responsibilities of the Investment Advisor include:

1. Assisting in the development and periodic review of investment policy.
2. Perform ongoing "due diligence" on the investment manager(s).
3. Monitoring the performance of the investment manager(s) to provide the Investment and Planned Giving Committee with the ability to determine the progress toward the investment objectives.
4. Communicating matters of policy, manager research, and manager performance to the IGAPGC.
5. Reviewing investment history, historical capital markets performance and the contents of this investment policy statement to any newly appointed members of the IGAPGC.
6. Providing, on a timely basis, quarterly reporting on investment performance results for the Fund as a whole.
7. Discretionary investment management including decisions to buy, sell, or hold individual securities, and to alter asset allocation within the guidelines established in this statement.
8. Communicating any major changes to their economic outlook, investment strategy, or any other factors which affect implementation of investment process, or the investment objective progress of the funds investment management.
9. Informing the IGAPGC regarding any qualitative change to investment management organization: Examples include changes in portfolio management personnel, ownership structure, investment philosophy, etc.
10. Voting proxies on behalf of the Foundation in keeping with this Investment Management Policy.
11. Rebalancing of the portfolio will be done to ensure that the asset allocation remains within the permissible ranges specified herein. If at any time the asset percentages fall outside of the specified ranges, the Investment Advisor shall rebalance the portfolio to bring the asset allocation within the stated ranges. The portfolio will be reviewed on a quarterly basis in keeping with the rebalancing duty.

## **GENERAL INVESTMENT PRINCIPLES**

1. Investments shall be made solely in the interest of Foundation.

2. The Fund shall be invested with the care, skill, prudence, and diligence under the circumstances then prevailing that a prudent investor, acting in like capacity and familiar with such matters, would use in the investment of a fund of like character and with like aims.
3. Investment of the Fund shall be diversified to minimize the risk of large losses.
4. The Investment Advisor may employ a variety of investment managers of varying styles and objectives while pursuing a passive approach that focuses on asset allocation, diversification and cost minimization.
5. Cash is to be employed productively at all times, by investments in short term cash equivalents to provide safety, liquidity, and return. These instruments should avoid any erosion of principal.
6. In accordance with UPMIFA, the Board of Trustees has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to the programs and operations supported by its endowment, while also seeking to maintain the long-term purchasing power of the endowment assets

## **INVESTMENT OBJECTIVES**

1. Growth of Capital - Consistent with their respective investment styles and philosophies, Investment Advisor should make prudent efforts for capital growth, understanding that losses may occur over short periods of time.
2. Risk Aversion - Understanding that risk is present in all types of securities and investment styles, the Board of Trustees recognizes that some risk is necessary to produce long-term investment results that are sufficient to meet the Fund's objectives. The Investment Advisor is to make reasonable efforts to control risk, and will be evaluated regularly to ensure that the risk assumed is commensurate with the given investment style and objectives.
3. Liquidity - In an effort to meet the short-term spending needs of the Foundation, the Investment Advisor will, as part of the investment allocation, invest in assets that can be readily converted to cash without a significant change in value. The value of assets will be determined through information provided to the Investment Advisor by the Foundation. Generally, these assets will be debt structures with maturities less than 2 years.
4. Low Cost/Passive - As cost has a direct impact on performance, an investment objective to minimize costs with a focus on passive investing has been established.
5. Total Return - Investment of assets will focus on total return. Total return includes interest, dividends and capital gains to achieve overall performance objectives.

## VIII. INVESTMENT GUIDELINES

### 1. Prohibited Asset Classes

Prohibited investments include, but are not limited to the following:

- a. Private Equity
- b. Hedge funds
- c. Non traded REIT
- d. MLPs
- e. IPOs

### 2. Prohibited Transactions

Prohibited transactions include, but are not limited to the following, except that use thereof by investment managers in a mutual fund or other pooled income structure is allowed.

- a. Short Selling
- b. Margin Transactions
- c. Option trading
- d. Futures

## IX. ASSET ALLOCATION GUIDELINES

Investment management of the assets of the Foundation shall be in accordance with the following asset allocation guidelines:

### 1. Aggregate Fund Asset Allocation Guidelines (at market value).

<u>Asset Class*</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Preferred</u>
<b>Cash</b>	<b>0%</b>	<b>10%</b>	<b>3%</b>
<b>Fixed Income</b>	<b>25%</b>	<b>45%</b>	<b>32%</b>
<b>U.S. Equities</b>	<b>30%</b>	<b>60%</b>	<b>40%</b>
<i>Large Cap Stocks</i>	30%	55%	35%
<i>Small Cap Stocks</i>	0%	9%	5%
<b>International Equities</b>	<b>5%</b>	<b>30%</b>	<b>18%</b>
<i>Developed International</i>	5%	25%	15%
<i>Emerging Markets</i>	0%	5%	3%
<b>Real Assets</b>	<b>0%</b>	<b>10%</b>	<b>7%</b>
<i>Real Estate Securities</i>	0%	10%	5%
<i>Commodities</i>	0%	5%	2%

2. In the event that the above aggregate asset allocation guidelines are violated, for reasons including but not limited to market price fluctuations, the Investment Advisor is to bring the portfolio into compliance with these guidelines as promptly and prudently as possible.

## **X. DIVERSIFICATION FOR INVESTMENT MANAGERS**

In order to achieve a prudent level of portfolio diversification, the securities of any one company should not exceed 5% of the total Fund, the securities of any one government agency should not exceed 35% of the total Fund, and the corporate debt of any one company should not exceed 5% of the total Fund. Treasury bonds and notes may represent up to 100% of the Fund's aggregate bond position.

## **XI. SELECTION OF INVESTMENT MANAGERS**

The Investment and Planned Giving Committee's selection of Investment Advisor must be based on prudent due diligence procedures. A qualifying Investment Advisor must be a registered investment advisor under the Investment Advisors Act of 1940, or a bank or insurance company.

## **XII. INVESTMENT MANAGER PERFORMANCE REVIEW AND EVALUATION**

Performance reports generated by the Investment Advisor shall be compiled at least quarterly and communicated to the IGAPGC for review. The investment performance of total portfolios, as well as asset class components, will be measured against commonly accepted performance benchmarks. Consideration shall be given to the extent to which the investment results are consistent with the investment objectives, goals, and guidelines as set forth in this statement. The IGAPGC intends to evaluate the portfolio(s) over at least a five year period, but reserves the right to terminate a manager for any reason including the following:

1. Investment performance which is significantly less than anticipated given the discipline employed and the risk parameters established, or unacceptable justification of poor results.
2. Failure to adhere to any aspect of this statement of investment policy, including communication and reporting requirements.
3. Significant qualitative changes to the investment advisor organization.

Investment managers shall be reviewed at least annually regarding performance, personnel, strategy, research capabilities, organizational and business matters, and other qualitative factors that may impact their ability to achieve the desired investment results.

## XII. INVESTMENT POLICY REVIEW

To assure continued relevance of the guidelines, objectives, financial status and capital markets expectations as established in this statement of investment policy, the IGAPGC plans to review investment policy periodically.

This statement of investment policy is adopted on by The Board of Trustees of the Foundation.

Policy approved by the Board of Trustees December 5, 2006

Revised December 16, 2008

Revised September 22, 2011

Amended November 18, 2013

Revised April 26, 2016

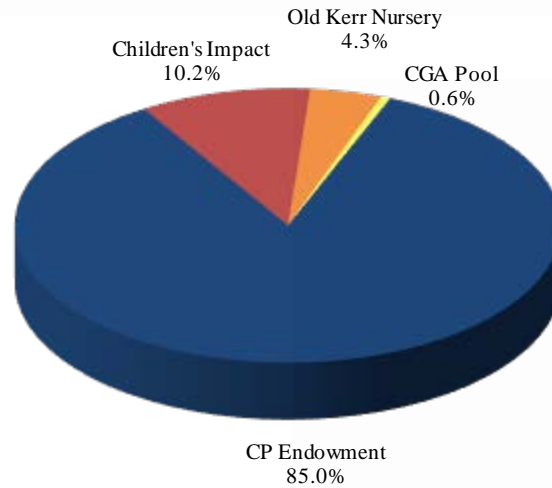
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Holly Edgar, Corporate Secretary



# Albertina Kerr Centers & Foundation

Relationship Review 7/1/2019 – 9/30/2019



	CP Endowment	Children's Impact	Old Kerr Nursery	CGA Pool	Total Relationship
Beginning Balance (07/01/2019)	\$ 7,540,408.43	\$ 904,296.08	\$ 375,364.75	\$ 51,289.04	Beginning Balance \$ 8,871,358.30 (07/01/2019)
Net Contributions	\$ (44,890.07)	\$ (8,424.09)	\$ -	\$ (2,275.00)	Net Contributions \$ (55,589.16)
Dividends & Interest	\$ 33,160.84	\$ 3,995.32	\$ 1,654.49	\$ 257.80	Dividends & Interest \$ 39,068.45
Fees & Expenses	\$ (7,514.51)	\$ (899.18)	\$ (825.57)	\$ (50.32)	Fees & Expenses \$ (9,289.58)
Change in Value*	\$ 55,759.55	\$ 6,669.83	\$ 2,777.74	\$ 416.00	Change in Value* \$ 65,623.12
Ending Balance (09/30/2019)	\$ 7,576,924.24	\$ 905,637.96	\$ 378,971.41	\$ 49,637.52	Ending Balance \$ 8,911,171.13 (09/30/2019)

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\*includes accruals

# Albertina Kerr Centers & Foundation

## Account Performance Summary

Account Number	Name	Market Value 6/30/2019	Market Value 9/30/2019	3Q 2019	Year to Date	One Year	Three Years	Inception to Date	Inception Date
<b>Restricted Funds</b>									
<i>(Aggregate)</i>	Community Promise Endowment	\$ 7,543,310.44	\$ 7,576,924.24	1.14%	13.33%	3.62%	7.41%	8.34%	Feb-16
080018586200	Children's Impact	\$ 904,644.70	\$ 905,637.96	1.14%	13.33%	3.61%	7.41%	8.21%	Feb-16
080018589200	Old Kerr Nursery	\$ 375,507.67	\$ 378,971.41	1.14%	13.32%	3.61%	7.38%	8.36%	Feb-16
	<i>Blended Benchmark*</i>			0.94%	13.69%	4.42%	7.73%		
<b>Charitable Gift Annuity Pool</b>									
080018615000	Albertina Kerr Centers CGA Agency <sup>†</sup>	\$ 51,307.59	\$ 49,637.52	1.29%	12.36%	4.67%	6.44%	7.16%	Mar-16
	<i>CGA Benchmark**</i>			1.13%	12.39%	5.35%	6.86%		
		<b>\$ 8,874,770.40</b>	<b>\$ 8,911,171.13</b>						

Selected Benchmarks					
Index Name	3Q 2019	Year to Date	One Year	Three Years	
S&P 500 Index	1.70%	20.55%	4.25%	13.39%	
Russell 2000 Index	-2.40%	14.18%	-8.89%	8.23%	
MSCI AC World ex US Index	-1.70%	12.06%	-0.72%	6.85%	
Barclays Intermediate Aggregate	1.38%	6.18%	8.08%	2.39%	
S&P Global REIT	6.00%	23.17%	16.40%	6.63%	

*All returns over one year are annualized*

\*35% S&P 500 / 5% Russell 2000 / 32% Barclays Intermediate US Aggregate / 15% MSCI EAFE / 3% MSCI Emerging Markets / 5% MSCI US REIT / 2% S&P GSCI / 3% T-Bills

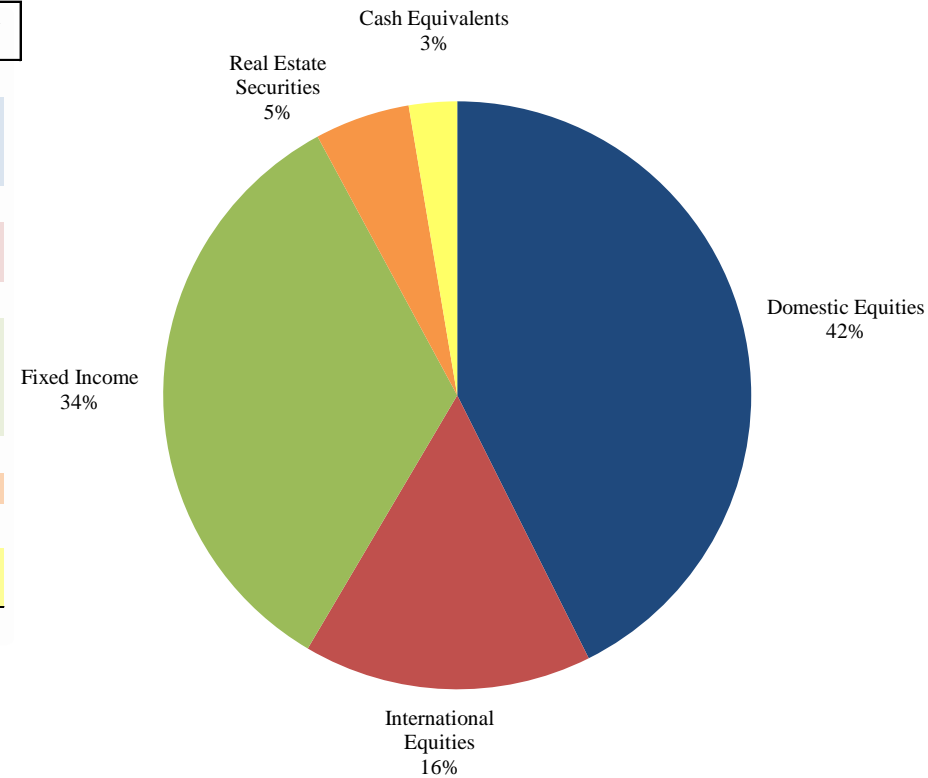
\*\*30% S&P 500 / 5% Russell 2000 / 45% Barclays Intermediate US Aggregate / 10% MSCI EAFE / 2% MSCI Emerging Markets / 4% MSCI US REIT / 1% S&P GSCI / 3% T-Bills

<sup>†</sup> Performance adjusted to remove influence of incorrect deposit in January of 2019

# Albertina Kerr Centers & Foundation

## Portfolio Allocation – Community Promise Fund

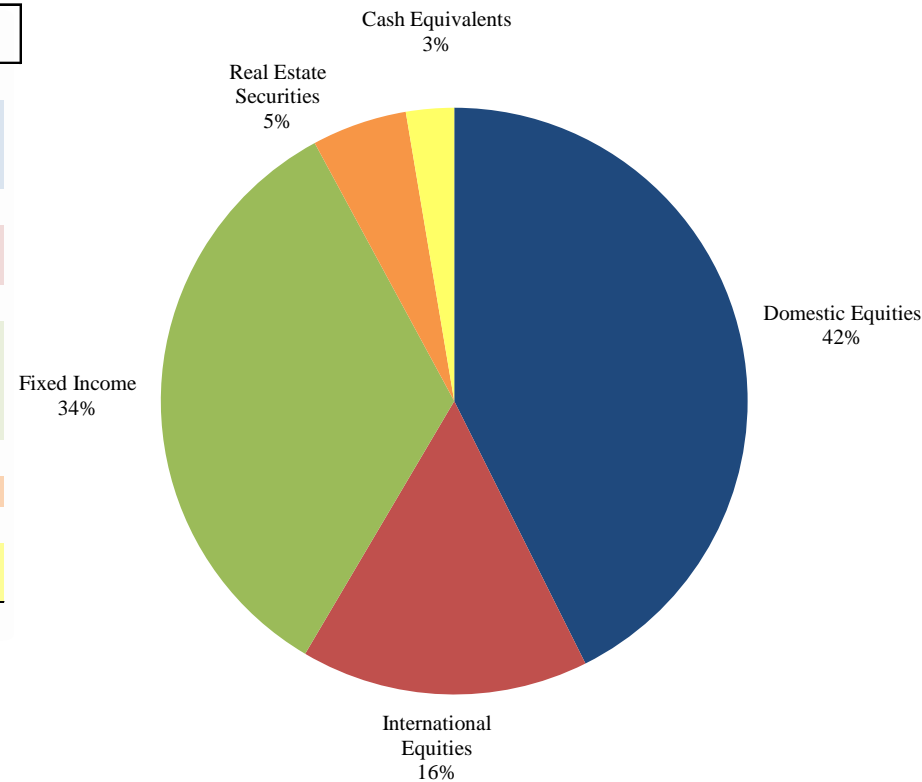
	Market Value 9/30/2019	Allocation 9/30/2019	Allocation 6/30/2019	Allocation Ranges
<b>Domestic Equities</b>	\$ 3,229,188.19	42.6%	43.1%	30-60%
Vanguard 500 Index	\$ 2,629,257.96	34.7%	35.0%	
iShares Russell Midcap Index ETF	\$ 224,974.95	3.0%	3.0%	
iShares Core S&P Small Cap ETF	\$ 374,955.28	4.9%	5.1%	
<b>International Equities</b>	\$ 1,202,350.46	15.9%	17.2%	5-30%
iShares Core MSCI EAFE ETF	\$ 1,018,525.46	13.4%	14.1%	
iShares Core MSCI Emerging Markets ETF	\$ 183,825.00	2.4%	3.1%	
<b>Fixed Income</b>	\$ 2,548,339.44	33.6%	33.5%	25-45%
iShares Core US Aggregate ETF	\$ 378,553.65	5.0%	4.9%	
iShares Barclays Intermediate Gov/Credit ETF	\$ 1,123,934.94	14.8%	14.8%	
iShares Barclays MBS Bond ETF	\$ 149,129.10	2.0%	2.0%	
Individual Bonds	\$ 896,721.75	11.8%	11.8%	
<b>Real Estate Securities</b>	\$ 396,463.85	5.2%	5.0%	0-10%
Schwab US REIT ETF	\$ 396,463.85	5.2%	5.0%	
<b>Cash Equivalents</b>	\$ 200,582.30	2.6%	1.2%	0-3%
Money Market	\$ 200,322.25	2.6%	1.2%	
Accruals	\$ 260.05	0.0%	0.0%	
<b>Total Portfolio</b>	\$ 7,576,924.24	100.0%	100.0%	



# Albertina Kerr Centers & Foundation

## Portfolio Allocation – Children’s Impact Fund

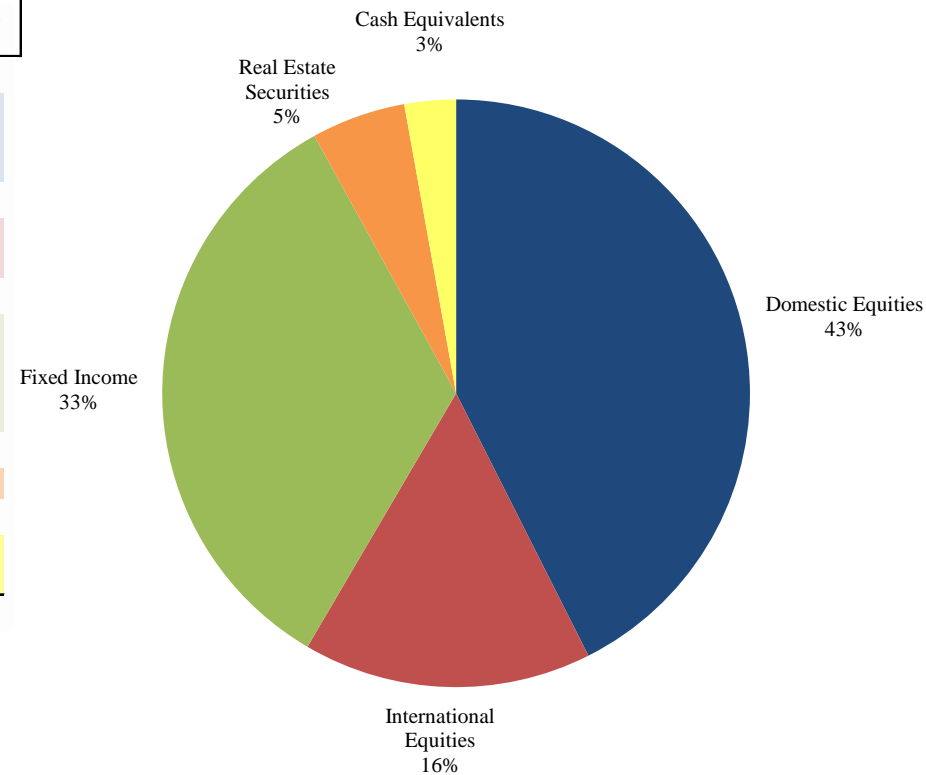
	Market Value	Allocation	Allocation	Allocation
	9/30/2019	9/30/2019	6/30/2019	Ranges
<b>Domestic Equities</b>	\$ 385,977.30	42.6%	43.1%	30-60%
Vanguard 500 Index	\$ 314,251.40	34.7%	35.0%	
iShares Russell Midcap Index ETF	\$ 26,967.90	3.0%	3.0%	
iShares Core S&P Small Cap ETF	\$ 44,758.00	4.9%	5.1%	
<b>International Equities</b>	\$ 143,673.47	15.9%	17.2%	5-30%
iShares Core MSCI EAFE ETF	\$ 121,712.51	13.4%	14.1%	
iShares Core MSCI Emerging Markets ETF	\$ 21,960.96	2.4%	3.1%	
<b>Fixed Income</b>	\$ 304,527.82	33.6%	33.4%	25-45%
iShares Core US Aggregate ETF	\$ 45,381.17	5.0%	4.9%	
iShares Barclays Intermediate Gov/Credit ETF	\$ 136,996.20	15.1%	15.0%	
iShares Barclays MBS Bond ETF	\$ 17,544.60	1.9%	1.9%	
Individual Bonds	\$ 104,605.85	11.6%	11.5%	
<b>Real Estate Securities</b>	\$ 47,500.19	5.2%	4.9%	0-10%
Schwab US REIT ETF	\$ 47,500.19	5.2%	4.9%	
<b>Cash Equivalents</b>	\$ 23,959.18	2.6%	1.4%	0-3%
Money Market	\$ 23,928.12	2.6%	1.4%	
Accrual	\$ 31.06	0.0%	0.0%	
<b>Total Portfolio</b>	\$ 905,637.96	100.0%	100.0%	



# Albertina Kerr Centers & Foundation

## Portfolio Allocation – Old Kerr Nursery Fund

	Market Value 9/30/2019	Allocation 9/30/2019	Allocation 6/30/2019	Allocation Ranges
<b>Domestic Equities</b>	<b>\$ 161,310.73</b>	<b>42.6%</b>	<b>43.1%</b>	<b>30-60%</b>
Vanguard 500 Index	\$ 131,672.65	34.7%	35.0%	
iShares Russell Midcap Index ETF	\$ 11,190.00	3.0%	3.0%	
iShares Core S&P Small Cap ETF	\$ 18,448.08	4.9%	5.1%	
<b>International Equities</b>	<b>\$ 60,160.19</b>	<b>15.9%</b>	<b>17.2%</b>	<b>5-30%</b>
iShares Core MSCI EAFE ETF	\$ 50,993.45	13.5%	14.1%	
iShares Core MSCI Emerging Markets ETF	\$ 9,166.74	2.4%	3.1%	
<b>Fixed Income</b>	<b>\$ 127,144.85</b>	<b>33.5%</b>	<b>33.6%</b>	<b>25-45%</b>
iShares Core US Aggregate ETF	\$ 18,786.22	5.0%	4.9%	
iShares Barclays Intermediate Gov/Credit ETF	\$ 55,930.68	14.8%	14.8%	
iShares Barclays MBS Bond ETF	\$ 7,581.00	2.0%	2.0%	
Individual Bonds	\$ 44,846.95	11.8%	11.9%	
<b>Real Estate Securities</b>	<b>\$ 19,622.72</b>	<b>5.2%</b>	<b>4.9%</b>	<b>0-10%</b>
Schwab US REIT ETF	\$ 19,622.72	5.2%	4.9%	
<b>Cash Equivalents</b>	<b>\$ 10,732.92</b>	<b>2.8%</b>	<b>1.2%</b>	<b>0-3%</b>
Money Market	\$ 10,718.76	2.8%	1.2%	
Accrual	\$ 14.16	0.0%	0.0%	
<b>Total Portfolio</b>	<b>\$ 378,971.41</b>	<b>100.0%</b>	<b>100.0%</b>	



Fund	Description/Restriction	9/30/2016	9/30/2017
Kerr Endowment/Community Promise Fund	The Endowment is broken into Trust Endowment Funds that are permanently restricted to provide ongoing support to Albertina Kerr and Quasi Endowment Funds that have been designated by the Board to be used like Endowment funds, but the Board can approve using the funds for any purpose.	\$ 6,967,706.00	\$ 7,492,033.25
Children's Impact	Originally known as the Chaplancy Fund. This fund was created in 1989 to fund the salary of a Chaplain to serve the ecumenical needs of Kerr clients. Today, proceeds from this fund support programs for youth.	\$ 828,898.71	\$ 883,400.22
Old Kerr Nursery	Previously known as the Landmark Fund, this Fund is restricted to the preservation of the Old Kerr Nursery building and grounds.	\$ 342,175.42	\$ 364,901.20
Albertina Kerr CGA Agency	A segregated reserve fund with a balance equal to the value of charitable gift annuity liabilities.	\$ 50,267.36	\$ 43,350.88
Total		\$ 8,189,047.49	\$ 8,783,685.55

9/30/2018	9/30/2019
\$ 7,351,937.47	\$ 7,576,924.24
\$ 911,630.25	\$ 905,637.96
\$ 376,407.93	\$ 378,971.41
\$ 44,886.76	\$ 49,637.52
\$ 8,684,862.41	\$ 8,911,171.13

Copy of Endowment Spending - Rolling Analysis.xls

Community Promise Endowment/Quasi Endowment					Children's Impact Endowment			Old Kerr Nursery Endowment	
13-Quarter Rolling Account Balances									
	True Endowment Portion	Quasi Endowment Portion	OCF Funds	Total					
3/31/16 Balance	1,212,751.21	6,025,152.34	199,086.89	7,436,990.44	3/31/16 Balance	802,478.13	3/31/16 Balance	336,687.19	
6/30/16 Balance	1,239,427.42	5,608,225.09	201,656.00	7,049,308.51	6/30/16 Balance	813,293.72	6/30/16 Balance	337,256.10	
9/30/16 Balance	1,279,038.21	5,688,667.27	210,036.23	7,177,741.71	9/30/16 Balance	828,898.65	9/30/16 Balance	342,175.40	
12/31/16 Balance	1,272,177.31	5,599,392.60	212,039.88	7,083,609.79	12/31/16 Balance	821,853.18	12/31/16 Balance	341,912.57	
3/31/17 Balance	1,314,939.96	5,762,620.99	219,664.81	7,297,225.76	3/31/17 Balance	847,278.47	3/31/17 Balance	353,026.02	
6/30/17 Balance	1,342,803.51	5,881,722.45	173,091.54	7,397,617.50	6/30/17 Balance	863,068.67	6/30/17 Balance	353,771.60	
9/30/17 Balance	1,377,456.57	6,114,098.35	179,310.56	7,670,865.48	9/30/17 Balance	883,349.01	9/30/17 Balance	364,878.74	
12/31/17 Balance	1,482,453.29	5,802,724.35	179,133.65	7,464,311.29	12/31/17 Balance	905,669.09	12/31/17 Balance	376,914.18	
3/31/18 Balance	1,456,269.50	5,722,470.85	179,238.71	7,357,979.07	3/31/18 Balance	889,109.82	3/31/18 Balance	371,884.12	
6/30/18 Balance	1,462,626.71	5,735,093.24	181,712.49	7,379,432.44	6/30/18 Balance	891,143.85	6/30/18 Balance	376,185.69	
9/30/18 Balance	1,493,370.85	5,855,643.81	179,661.41	7,528,676.07	9/30/18 Balance	911,264.72	9/30/18 Balance	376,262.32	
12/31/18 Balance	1,364,131.52	5,345,931.63	167,130.85	6,877,194.00	12/31/18 Balance	824,607.08	12/31/18 Balance	343,779.65	
3/31/19 Balance *	1,468,001.99	5,944,783.04	178,390.56	7,591,175.59	3/31/19 Balance	888,477.34	3/31/19 Balance	374,064.31	
13-Qtr Average	1,366,572.93	5,775,886.62	189,242.58	7,331,702.13	13-Qtr Average	859,268.59	13-Qtr Average	357,599.84	

2015-19 Spending Rate Analysis:									
15-16 Spending Rate - 4%	48,540.00	277,872.00	-	326,415.00	15-16 Spending Rate - 4%	31,942.00	15-16 Spending Rate - 4% (\$13,027 spent)	13,094.34	
16-17 Spending Rate - 3%	37,664.00	203,855.00	-	241,518.90	16-17 Spending Rate - 4%	32,844.17	16-17 Spending Rate - 4% (\$13,165 spent)	13,519.65	
17-18 Spending Rate - 4%	51,078.51	253,148.98	7,783.23	312,010.73	17-18 Spending Rate - 4%	33,251.11	17-18 Spending Rate - 4% (\$12,915 spent)	13,783.36	
18-19 Spending Rate - 4%	52,481.46	235,971.27	7,128.00	295,580.73	18-19 Spending Rate - 4%	33,696.30	18-19 Spending Rate - 4% (\$8,846 spent YTD)	13,992.35	
4-Year Total 2015-19				1,175,525.36	4-Year Total 2015-19	131,733.59	4-Year Total 2015-19	54,389.70	
4-Year Total For Amount Actually Spent 2015-19				1,175,525.36	4-Year Total For Amount Actually Spent 2015-19	131,733.59	4-Year Total For Amount Actually Spent 2015-19	53,099.35	
4-Year Total as a % of 13-Qtr Avg Balance 2015-19				16.03%	4-Year Total as a % of 13-Qtr Avg Balance 2015-19	15.33%	4-Year Total as a % of 13-Qtr Avg Balance 2015-19	15.21%	
4-Year Actual Spent as a % of 13-Qtr Avg Balance 2015-19				16.03%	4-Year Actual Spent as a % of 13-Qtr Avg Balance 2015-19	15.33%	4-Year Actual Spent as a % of 13-Qtr Avg Balance 2015-19	14.85%	
Annualized % of 13-Qtr Avg Balance 2015-19				4.01%	Annualized % of 13-Qtr Avg Balance 2015-19	3.83%	Annualized % of 13-Qtr Avg Balance 2015-19	3.80%	
Annualized Actual Spent % of 13-Qtr Avg Balance 2015-19 **				4.01%	Annualized Actual Spent % of 13-Qtr Avg Balance 2015-19	3.83%	Annualized Actual Spent % of 13-Qtr Avg Balance 2015-19	3.71%	

2016-20 Spending Rate Analysis:									
16-17 Spending Rate - 3%	37,664.00	203,855.00	-	241,518.90	16-17 Spending Rate - 4%	32,844.17	16-17 Spending Rate - 4% (\$13,165 spent)	13,519.65	
17-18 Spending Rate - 4%	51,078.51	253,148.98	7,783.23	312,010.73	17-18 Spending Rate - 4%	33,251.11	17-18 Spending Rate - 4% (\$12,915 spent)	13,783.36	
18-19 Spending Rate - 4%	52,481.46	235,971.27	7,128.00	295,580.73	18-19 Spending Rate - 4%	33,696.30	18-19 Spending Rate - 4%	13,992.35	
19-20 Spending Rate - 4%	54,662.92	231,035.46	7,351.27	293,049.65	19-20 Spending Rate - 4%	34,370.74	19-20 Spending Rate - 4%	14,303.99	
4-Year Total 2015-19				1,142,160.01	4-Year Total 2015-19	134,162.33	4-Year Total 2015-19	55,599.36	
4-Year Total For Amount Spent 2015-19				1,142,160.01	4-Year Total For Amount Spent 2015-19	134,162.33	4-Year Total For Amount Spent 2015-19	55,599.36	
4-Year Total as a % of 13-Qtr Avg Balance 2015-19				15.58%	4-Year Total as a % of 13-Qtr Avg Balance 2015-19	15.61%	4-Year Total as a % of 13-Qtr Avg Balance 2015-19	15.55%	
4-Year Spent as a % of 13-Qtr Avg Balance 2015-19				15.58%	4-Year Spent as a % of 13-Qtr Avg Balance 2015-19	15.61%	4-Year Spent as a % of 13-Qtr Avg Balance 2015-19	15.55%	
Annualized % of 13-Qtr Avg Balance 2015-19				3.89%	Annualized % of 13-Qtr Avg Balance 2015-19	3.90%	Annualized % of 13-Qtr Avg Balance 2015-19	3.89%	
Annualized Spent % of 13-Qtr Avg Balance 2015-19				3.89%	Annualized Spent % of 13-Qtr Avg Balance 2015-19	3.90%	Annualized Spent % of 13-Qtr Avg Balance 2015-19	3.89%	

\* The 3/31/19 OCF statements were not yet available as of 4/7/19, so the balance available on the website was used, which was as of 4/7/19.

\*\* Along with the spending rate, other amounts have been withdrawn from the quasi-endowment, summarized as follows:

	2015-16	2016-17	2017-18	2018-19 YTD	Total
Add Withdrawals	992,045	568,231	-	-	1,560,276
Annualized % of 13-Qtr Avg Balance 2015-19 - Quasi-Endowment - Spd Rte + Addl Withdrawals:					10.67%
Annualized % of 13-Qtr Avg Balance 2015-19 - True Endowment - Spd Rte:					3.47%
Annualized % of 13-Qtr Avg Balance 2014-18 - Combined - Spd Rte + Addl Withdrawals:					9.33%



# Chapter 10: Privacy and Medical Record Standards

## SECTION: INTRODUCTION TO PRIVACY

**HIPAA** is the Health Insurance Portability and Accountability Act of 1996. It establishes the essential privacy and security protections of health information. It also guarantees individuals the right to access their health information from their provider and establishes consumer control on how their Protected Health Information (PHI) is used and released. Any information received from clients or regarding clients served, related to their care, assessment, and treatment is confidential. The clinical record is the paper or electronic medium that identifies the client and documents the care they received.

**OCIPA** is the Oregon Consumer Information Protection Act of 2020, which defines and expands the reporting requirements for Oregon businesses that maintain Individually Protected Information.

**HITECH** is the Health Information Technology for Economic and Clinical Health Act of 2009. The Act was created to promote and expand the adoption of health information technology; specifically, the use of electronic health records (EHRs) by healthcare providers and to ensure that agencies and business associates of HIPAA covered entities were complying with HIPAA Rules and notifications were sent to affected individuals when health information was compromised. The rule also introduced financial penalties to providers who failed to protect consumer health information.

**Protected Health Information (PHI)** includes *the client's name, street address, birth date, admission date, discharge date, telephone numbers, fax number, e-mail address, social security numbers, medical record numbers, initials, notes, diagnosis, health plan beneficiary numbers, account numbers, certificate/license numbers, vehicle identifiers and serial numbers, device identifiers and serial numbers, biometric identifiers, including finger and voice prints, full face photographic images, videos, and any comparable data, any other unique identifying number, characteristic, or code.*

All individually identifiable health information contained in Albertina Kerr's medical records (paper or electronic), billing records, or any computer database is confidential, regardless of how and where it is stored. Disclosure of health information in medical or financial records can only be released to the client or legal guardian unless the client or legal guardian authorizes the disclosure to another person or organization, or a court order has been sent to the agency, or by other exceptions noted in Albertina Kerr's Notice of Privacy Practices.

All Albertina Kerr employees, business associates, and volunteers, who generate, use, or otherwise work with individually identifiable information, must uphold the client's right to privacy and will adhere to the HIPAA, OCIPA, and HITECH mandated confidentiality standards. All employees, clinicians, consultants, and other individuals engaged in the collection, handling, dissemination, and disposal of treatment information regarding clients served will be trained explicitly in their responsibility to protect data

regarding clients served and of the penalty for violation. Except in the regular course of business, reviewing, discussing, transmitting, or disclosing information related to clients served is prohibited.

**Violation of this policy will be cause for disciplinary action, up to and including termination of employment.**

## SECTION: EMPLOYEE ACCESS TO PROTECTED HEALTH INFORMATION AND "SNOOPING"

Employees are allowed access to protected health information when they are providing direct care to a client as an employee of Albertina Kerr or have another specific need to access the information to fulfill their job duties. If you access clinical records, in any format, that access must be related and necessary to your day to day duties as an Albertina Kerr employee or volunteer. For example, accessing a behavioral assessment for someone in your group home where you are providing care is necessary and allowed. However, accessing clinical information for someone not in your care or no longer an Albertina Kerr client is prohibited.

“Snooping” is the act of searching, viewing, or using protected health information that is not needed in your day-to-day work activities. Activities such as viewing protected health information for someone that is not in your care, or not being referred for care, is considered “snooping.” **Any attempt to search, view, or use protected health information for any client or consumer that is not currently receiving services within Albertina Kerr is expressly prohibited.**

Employees are never allowed to access:

- Their own medical record
- Their family member’s medical record
- A co-worker or friend’s medical record
- Former client’s record unless access is required as part of your specific job duties.
- Clients being served in other programs where you do not have a provider role as an Albertina Kerr employee.
- Any other person within the medical record where the employee does not have a current need to access as a specific job duty as an Albertina Kerr employee.

If you are involved in client care or need access to protected health information as a part of your job duties, you will be assigned a username and password to access the Electronic Health Record (EHR) or other databases. Each position at Albertina Kerr has a specific profile that determines your level of access to medical records. Those employees with no need to access protected health information will not be issued access to the Electronic Health Record.

## SECTION: HANDLING AND SAFEGUARDING PROTECTED HEALTH INFORMATION (PHI)

Employees should not discuss, mail, fax, email, or otherwise communicate client information (financial and clinical) with anyone who is not directly involved in the care of the client or involved in payment or determination of the financial arrangements for care. Any discussions, meetings, or other verbal communication regarding clients should not be conducted in areas that could be overheard by the public, Albertina Kerr clients, or Albertina Kerr employees not involved in the client's care. Voicemail or other messages will be listened to in a manner that respects the privacy of the client.

Any physical protected health information (such as paper documents) must be stored in a way where there are two locks between the general public and the information. Protected Health Information (PHI) should never be posted or kept in a space where the general public has access. Information regarding clients will be removed promptly from printers, copiers, and fax machines. Computer screens with identification and confidential information of clients will be shielded from the view of the public and Albertina Kerr clients. You must lock or log-off of the computer when unattended. PHI will not be stored overnight in work environments unless they are behind lock and key.

If an employee must transport PHI in a vehicle or other modes of transportation, the information must be kept in a locked container or bag. Generally, protected health information should always be kept on your person. Employees may, for a short period of time, leave protected health information in a locked vehicle. However, the information must be locked in a trunk or hidden from view prior to the arrival at your destination. Protected health information should never be left in a vehicle overnight or left in an unsecured or unlocked location.

The use of any type of portable storage device (such as a USB drive, removable hard drive, etc.) to store any PHI is prohibited.

At administrative sites, all Albertina Kerr employees will wear and display an Albertina Kerr issued identification badge. Any visitors to an administrative site will be asked to sign in at the front desk and wear a badge indicating that they are a visitor. All visitors are to be escorted by an Albertina Kerr employee within the facility when feasible. Clients served at administrative sites are not required to sign-in or display a visitor badge.

All Albertina Kerr mobile devices are fully encrypted to protect PHI. **Employees may use their personal device for work purposes if a smartphone or other device is required as a part of your employment at Albertina Kerr and if the device is formally enrolled in the Albertina Kerr's Bring Your Own Device (BYOD) program.** If you are enrolled in the BYOD program, Albertina Kerr will install a program on your device that will encrypt and control any Albertina Kerr information. **If your personal phone or device is not enrolled in Albertina Kerr's BYOD program, you may never use it to access, use, collect, or**

**disseminate protected health information.** This prohibition includes emails, texts, photos, videos, or any other information regarding current or past clients of Albertina Kerr. **Employees are not allowed to create or forward protected health information using personal emails or upload any client information to Non- Albertina Kerr managed cloud accounts. Employees may not use their personal email or other personal online accounts for work purposes. PHI should never be uploaded to any social media platform.**

The use of email to transmit Protected Health Information is discouraged. Without additional precautions, emailing of protected health information outside of Albertina Kerr is prohibited, including emails that only include a person's initials. **If protected health information must be sent via email outside of the agency, you must send the email via encryption.** A message is encrypted by adding ## in the subject of the email. Only employees in Albertina Kerr's Medical Records department may authorized unencrypted emails containing protected health information. Generally, protected health information should be released by creating a request to Albertina Kerr's Medical Records department.

You may never share your password with anyone. You will never be asked to reveal your password, even by Information Technology employees or your manager. Employees should be wary of responding to any email that asks for your Albertina Kerr credentials. If you asked for your password, you should contact our IT Helpline immediately and **before** responding to any email or other type or request.

## SECTION: LOSS OF PROTECTED HEALTH INFORMATION

Any unauthorized disclosure or loss of information regarding clients or staff should be reported to your supervisor and the Medical Records Department **as soon as the disclosure is discovered.** The client and the legal guardian, if appropriate, will be notified of the disclosure or loss by the Chief Compliance Officer, or designee, within 60 days of the incident, which will include a description of what information was disclosed or lost. If a specific employee, intern, contract employee, or volunteer is involved in an accidental disclosure, they may be re-trained on privacy and confidentiality as determined by the Program Director in consultation with the Chief Compliance Officer. Any employee found to have violated confidentiality policies may be subject to disciplinary action, up to and including termination of employment.

In instances of any known cyber-attack on Albertina Kerr's electronic infrastructure, Albertina Kerr will activate its Cyber Breach Plan to mitigate the loss of information. Loss of any Protected Health Information will be reported to the Office of Civil Rights, either annually, or within 60 days of the incident if the breach impacts more than 500 clients.

## SECTION: RETENTION AND DESTRUCTION OF PROTECTED HEALTH INFORMATION

**All protected health information must be retained for at least 7 years after the discharge of the client from services.** Some protected health information must be retained for longer. Please see Albertina Kerr's Corporate Document Retention Policy for details. Employees must seek approval from Albertina Kerr's Medical Records before destroying any paper information or materials generated by Albertina Kerr employees not already stored in an electronic format and uploaded to the Electronic Record or Sharepoint Client Document Storage. Clinical information that has been uploaded to the Electronic Record or Sharepoint Client Document Storage may be securely destroyed after 30 days of upload. For items that are not typically placed or kept in a client's record (such as empty packs of medicine), those items may be securely disposed of once employees have no use for the item. All records permanently destroyed (with no electronic other copy) must be logged in a document destruction directory. Also, a permanent directory of the client's served at Albertina Kerr along with types of services, dates, and other information must be maintained indefinitely. Destruction of clinical records will be in accordance with State law and HIPPA privacy practices and is organized by the Albertina Kerr Medical Records department. Albertina Kerr utilizes criss/cross shredders in the group homes for limited shredding and a professional document destruction service for confidential shredding of larger quantities of documents at administrative sites. **Protected Health Information must never be placed in the recycling or trash unless it has been shredded by an approved device.** Also, clients may not participate in the process of shredding of protected health information.

If Albertina Kerr changes ownership, all records of the clients and families served by Albertina Kerr must remain in a facility operated by the new owner. It will be the responsibility of the new owner to maintain, protect, and release these records. Confidential information of deceased clients will be treated according to the same practices outlined for all Albertina Kerr clients.

## SECTION: USE OF VIDEO OR PHOTOGRAPHS

Employees are not allowed to photograph, video, or audio record any client at Albertina Kerr unless the client or guardian has signed a specific release to be recorded. The signed release must specify how the media will be used. If the signed release has been obtained, you must use an Albertina Kerr issued device to capture the recording. Any recording/photo of clients may never be taken with an employee's personal phone or device unless the device is managed by Albertina Kerr under the Bring Your Own Device (BYOD) program. The recording must be secured like any other type of protected health information.

## SECTION: NOTICE OF PRIVACY PRACTICES

Upon intake, clients and their guardians will be given the Notice of Privacy Practices and notified of their right to privacy, including their right to know whom Albertina Kerr has made disclosures to, how Albertina Kerr uses Protected Health Information, and parties that we may release information to without the client or guardian's consent. The Notice of Privacy Practices is maintained & updated by Albertina Kerr's Chief Compliance Officer. The Notice of Privacy Practices is also posted in all Albertina Kerr service locations and located on its main website. Current clients will be notified anytime Albertina Kerr's Notice of Privacy Practices is updated.

## SECTION: RELEASING PROTECTED HEALTH INFORMATION

Albertina Kerr follows all state and federal guidelines regarding the release of protected health information. Albertina Kerr's Notice of Privacy Practices outlines these guidelines. Generally, all releases of information from Albertina Kerr's medical records should be routed through Albertina Kerr's Medical Records Department. **In all cases, you should only release the minimum amount of necessary information to those that are authorized to receive the information.**

Unless noted as an exception in Albertina Kerr's Notice of Privacy Practices, a release of information (ROI) must be completed by the client or guardian before the information is released to someone who is not the client or guardian. The ROI includes specifics of who will receive the information, why the information is being released, and what specific documents or information is being released. Employees must document what Protected Health Information has been released in the client's Medical Record. For example, if a school is requesting Protected Health Information, the client or guardian must sign a Release of Information for the school to receive the requested information, and employees must log what information they released to the school.

**Below are categories of different parties that may request or receive PHI:**

### Clients

A client of Albertina Kerr may ask for a copy of their medical record at any time. This release of records should occur with the coordination of Medical Records and completed within 30 days. Albertina Kerr will never withhold the release of medical information from a current or past client unless that release violates state or federal law, or in the case of existing clients, the release of information may only be restricted if the release of the information would cause harm to the client and only if the Director of the program approves of the restriction. The restriction of release must be documented and given to the client and guardian (if applicable) for review within 30 days of the request. The client may request an appeal which will be reviewed by Albertina Kerr's Medical Director. If the appeal is denied, the denial must be given to the client in writing for review. The decision of Albertina Kerr's Medical Director is final.

## Guardians

In the state of Oregon, a guardian has the right to view the medical records of their child if the child is under the age of 18, except for outpatient mental health services where the youth gains control of their mental health records at age 14. At the age of 18, a client gains full control over their entire medical record, and the client must complete a written release of information for the information to be accessed by a guardian. Those with medical guardianship may also have access to a client's medical record. Please consult Albertina Kerr's Medical Records department if questions.

## Other's in the community

Unless noted as an exception, a Release of Information must be completed by a client or guardian before information may be shared.

## Mandated Reporting Exception

In the case of suspected or alleged abuse of an Albertina Kerr client, employees may disclose protected health information to Oregon State or County abuse reporting lines and investigators without a signed release of information.

## Care and Treatment Providers Exception

Under HIPAA, you may provide protected health information to physical and mental health providers without a release of information. For example, you may tell a client's primary care physician about how the client is doing in the home, the client's diagnosis, and what medications they are taking. Or, in an emergency, you can disclose medical information to medical first responders. If you give a medical provider any documentation created by an Albertina Kerr employee, you should notify the Medical Records department.

## Law Enforcement Exception

You may only disclose Protected Health Information to law enforcement in cases where there is an immediate risk of harm to the client or others. You should only disclose the minimum amount of information that is needed for the law enforcement agency to act. For example, if a client elopes from a program, you can give the name of the client and a physical description. However, you would not disclose the client's mental health diagnosis or other details that are not needed to locate the client.

If law enforcement contacts an employee requesting information about a client at Albertina Kerr (not related to a police report filed by an Albertina Kerr employee), and there is no immediate danger to the client or others, please contact the Program Director, Chief Program Officer, or Albertina Kerr's Chief Compliance Officer before responding to the law enforcement request.

## Other Exceptions

Protected Health Information (PHI) of clients may be disclosed to outside organizations with whom we have a Business Associates Agreement for purposes including claims processing or administration, data analysis, utilization review, quality assurance, billing, legal, benefits management, service provision, and practice management. State entities, under the Oregon Department of Human Services, may also receive or review protected health information without a signed release of information.

Albertina Kerr will never charge a fee to a current or former client or their guardian for a copy of their medical records. However, Albertina Kerr reserves the right to charge a fee, based on current federal and state rates, to release of information to other persons or entities. In all cases, Albertina Kerr will fulfill a valid request to release information within 30 calendar days. Albertina Kerr may extend this release to 60 days if records require translation. The recipient will be notified of the extension within 30 days of the initial request.

Albertina Kerr maintains the right to refuse to honor a request to release Protected Health Information if there is reasonable doubt to the identity of the person presenting the authorization or evidence that the person requesting the information is not the person named in the consent.

## SECTION: CLIENT AMENDMENT OF PROTECTED HEALTH INFORMATION

If a client or guardian believes that information in the clinical record, created by an Albertina Kerr employee, is incorrect, they may request for correction or amendment to the client's record. This request should be submitted in writing, dated, and signed. No alterations to the original medical record are allowed. The guardian or client may submit an addendum that will be attached to the document, which will note the disagreement with the original written record. Any subsequent disclosure of the disputed recordset or information will include this statement of disagreement. Albertina Kerr will notify the client when the amendment has been added to the record, within 30 days. At the time of notification, the client may specify to whom they would like the amended information shared. Medical records will distribute the amended recordset to the specified parties within 30 days of the request. Alteration to documents created by providers other than Albertina Kerr is not permissible.

**Please see Albertina Kerr's Notice of Privacy Practices for more details.**

## SECTION: AUDITING OF PROTECTED HEALTH INFORMATION AND ACCESS

All employee's activity in any of Albertina Kerr's electronic systems, including email, access to the electronic record, and other electronic systems, are logged and monitored. This monitoring includes any searches, viewing, creation, modification, and deletions of any information within those systems.



At least quarterly, the Security and Privacy Committee will review any loss of protected health information and develop recommendations to help mitigate future loss.

## SECTION: BUSINESS ASSOCIATE AGREEMENTS

Albertina Kerr will maintain a Business Associate Agreement for any vendors that receive, maintain, or process protected health information. A “business associate” is a person, entity or subcontractor, other than an employee of Albertina Kerr, who performs functions or activities on behalf of Albertina Kerr and has access or maintains protected health information of clients served by Albertina Kerr. A business associate is directly liable, under the HIPAA Rules, and subject to civil and, in some cases, criminal penalties for making uses and disclosures of protected health information that are not authorized by its contract or required by law. A business associate also is directly liable and subject to civil penalties for failing to safeguard electronic protected health information in accordance with the HIPAA Security Rule.

All business associates that have access to Albertina Kerr client protected health information must complete and sign a Business Associate Agreement before receiving PHI that establishes the following:

- Permitted and required uses and disclosures of protected health information by the business associate.
- Provide that the business associate will not use or further disclose the information other than as permitted or required by the contract or as required by law.
- Require the business associate to implement appropriate safeguards to prevent unauthorized use or disclosure of the information, including implementing requirements of the HIPAA Security Rule concerning electronic protected health information.
- Require the business associate to report to the covered entity any use or disclosure of the information not provided for by its contract, including incidents that constitute breaches of unsecured protected health information.
- Other key requirements of the U.S Department of Health and Human Services.

## SECTION: SUBPOENAS

A subpoena is an order requiring the named party to appear before a court or to attend an out of court deposition or a court order to provide documents to a party in a legal matter. A subpoena is an order directing the named party to appear and allow the inspection of documents listed in the subpoena. Responses to subpoena orders are to follow applicable State and Federal laws.

Upon receipt of a Subpoena, employees will immediately scan the original subpoena to Medical Records and notify their supervisor. Medical Records employees will ascertain which type of subpoena has been

ordered, determine if the subpoena is valid, and will consult with the Corporate Compliance Officer as needed.

Medical Records will prepare a copy of the records and will notify the employee and their supervisor of the status of the subpoena.

If a court appearance is required by an employee, the employees will follow the same verification of the subpoena as outlined above. Also, the employee named in the subpoena will contact the court issuing the subpoena and confirm that the case is on the calendar for the date specified on the subpoena. If a subpoena requires an employee to testify in court, they must appear as requested by the court order and may include testifying at a time and day that is not their normal work schedule. Employees will confer with their direct supervisor regarding testimony and may only speak to what information is documented in the clinical record. The Program Director/Supervisor will consult with the Corporate Compliance Officer as needed.

## SECTION: USES OF PROTECTED HEALTH INFORMATION FOR FUNDRAISING PURPOSES

The agency may release the demographic information of current and former clients to Albertina Kerr's internal development department, a business associate, or Albertina Kerr Foundation for the purpose of raising funds for the agency. Demographic information must be maintained with the same safeguards as any other protected health information held at Albertina Kerr. The agency may not release confidential healthcare information about a client or their family to the public for fundraising or any other purposes without the express written consent of the client and guardian.

If fundraising materials are forwarded to a client served, the agency must include directions on how the client/guardian/health care representative can choose to stop receiving any future fundraising materials. The agency must make reasonable efforts to ensure that those served who do not want to receive fundraising materials will be removed from the fundraising mailing list.

## SECTION: EMPLOYEE PRIVACY AWARENESS TRAINING

At the time of hire and annually after that, employees and contract employees will complete a HIPAA compliance training and a record of that training will be retained for seven years. Employees must complete the Epic Privacy Training before access to the Electronic Record is granted.

## SECTION: MEDICAL RECORDS STANDARDS

Each client receiving services at Albertina Kerr must have a medical record. All entries into a medical record are to be completed within 72 hours of the date the services were provided. Many types of entries, such as incident reports, behavior tracking, medication administration, and other documentation

are to be completed before the employee leaves for the day and shall contain a true and accurate representation of the services provided including (at minimum):

- Date of services
- Time of services
- Which client received services
- What services were provided
- How long services were provided
- The employee who provided the services
- The date signed or authenticated

Any documentation created in a medical record should be written professionally and objectively. Employees should never write disparaging or demeaning comments or opinions about clients. Client records should only speak to the services that Albertina Kerr provided to the client served and to the specific behaviors, conditions, or actions of clients in care and to the effectiveness of the services provided.

Employees should carefully review any medical records they create for completeness and authentication before they are signed. Authentication is the act of verifying or “signing” that an entry into a medical record is true, accurate, and completed by you as an employee. Only authorized Albertina Kerr employees may make entries in the clinical record. All entries in the medical record must be authenticated. Some types of documents, such as incident reports, require a second signature by a supervisor. In the case of hand-written documentation, entries and written signatures are to be made legibly, in black or blue ink and include the author’s name, credentials, and signature date. Employees may only authenticate the information that they, themselves, have created and placed in the record.

Once documents in the electronic record are signed or authenticated, they become an irrevocable part of the clinical record and cannot be deleted or altered in any way. Any additions or corrections must be entered as an addendum to the original document, with a notation of the change made and the date the correction was made. If an employee writes a note meant for another client’s clinical record, a request can be made to delete the note. Client documentation shall never be altered to the point where the original version is not visible. For paper documents, errors should be crossed out with one line with the initials of the person making the edit. “Whiteout” should never be used in the paper medical record. All requests to change an electronic medical record must be reviewed by the employee’s manager, and then sent to Albertina Kerr’s Medical Records department. It should be noted that errors such as spelling or other grammatical errors cannot be corrected once a note is signed. Only errors that could lead to a privacy violation or could cause harm in treatment will be changed by Medical Records.

Albertina Kerr audits all clinical records for completion within 30 days of a client’s service conclusion. Employees with missing documentation will be notified and expected to complete all documentation within seven days of notification. Any deficiency left incomplete will be referred to the author’s supervisor for resolution.

Sources:

Rule/Source	Summary	Last rule revision date
Senate Bill 684/2019	Creation of the Oregon Consumer Information Protection Act	2020
HHS.Gov	HIPAA and Security Rule (combined), HITECH Act	2013
HCCA Healthcare Compliance Professional’s Manual	Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules	2016
OAR 309-109-0100 to 0320	Oregon Administrative Rules- Mental Health Services	2019
OAR 411-325-0010 to 0490	Oregon Administrative Rules- IDD Services	2019
OAR 413-215-0071	Licensing Rules: Records and Documentation	2019
Disability Rights of Oregon	Guardianship Handbook	2009 (current 2019)
HIPAA Journal.com	HITECH Act	2018

Revision and Approval History:

Policy	Revised by	Revision Date	Approved by	Approval Date
Privacy and Medical Record Standards	Owen Gibson	12/31/19	FAC Committee	TBA



## Notice of Privacy Practices

Updated March 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 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 a 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 with 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 a 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 exchange allows 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 agencies 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. Also, 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. For us to disclose such highly sensitive 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 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 Chief 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 **March 1, 2017**.
- B. Changes to this Notice or questions:** We may change the terms of this Notice at any time. If we change terms in 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).