

Your Information. Your Rights. Our Responsibilities.

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.**

Your Rights

You have the right to:

- Get a copy of your medical record
- Correct your medical record, if needed
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act on your behalf
- File a complaint if you believe your privacy rights have been violated

See page 2 for more information on these rights and how to exercise them

Your Choices

You have choices in the way that we use and share information:

- You can decide who can be notified about your condition
- You can determine if you would like to participate in marketing purposes

See page 3 for more information on these choices and how to exercise them

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Bill for your services
- Conduct research
- Comply with local and state regulatory bodies and agencies
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- Practice and improve business operations
- Respond to public health and safety issues
- Respond to organ and tissue donation requests

See pages 3 and 4 for more information on these uses and disclosures



Your Rights

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get a copy of your medical record

- You can ask to see or get a copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. There may be a charge applied.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Please visit our website, contact our privacy officer or ask for our Request for Amendment of Protected Health Information form.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free, there may be a charge if you ask for additional accounting requests within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can file a complaint if you feel we have violated your rights by contacting our privacy officer, listed on page 5.
- You can file a complaint with the U.S. Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, or by fax, e-mail or the OCR Complaint Portal. Learn how by visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we *never* share your information unless you give us your written permission:

- Marketing purposes

For example, we would ask for your permission and obtain consent in taking your photo for marketing purposes.

- Sale of your information

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for cancer may discuss with another doctor who is also treating you.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services. We may have a BAA (Business Associate Agreement) with another organization in order to conduct business operations. Ex. appointment reminders are also used for business operations.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We can use or share your information for health research.

Health oversight activities

- We may disclose health information to a health oversight agency for audit, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state, federal agencies to monitor the health care system, government programs and compliance with civil rights laws.

Inmates

- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. The release would be necessary:
 1. For the institution to provide you with health care
 2. To protect your health and safety or the health and safety of others or
 3. For the safety and security of the correctional institution

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

I. Special Notes: We do not create or manage a hospital directory, nor do we create or maintain psychotherapy notes at Oregon Specialty Group practices.

II. OSG follows the requirement of federal and state privacy laws, including laws about drug and alcohol abuse and treatment and health conditions and treatment.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you give us authorization. You may change your mind or revoke an authorization at any time by submitting your request to us in writing.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Updated and Approved: Aug. 2024

This Notice of Privacy Practices applies to Oregon Specialty Group, Oregon Oncology Specialists, Oregon Rheumatology Specialists, Oregon Infectious Disease Specialists, and Oregon Specialty Infusion.

To request this notice in another language, large print, Braille or other format please call 503-561-6444 or fax us at 503-561-6440. It is available in English and translated into Spanish and Russian.

Questions or complaints: If you have any questions regarding this notice or wish to receive additional information about our privacy practices, please contact our Privacy Officer below. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Contact:

**Seleste Liyanage
Privacy Officer
875 Oak St SE, Suite 4030
Salem, OR 97301
Ph: 503-561-6444**