

ACCOUNTABLE BEHAVIORAL HEALTH ALLIANCE

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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.

This letter is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA). Contact ABHA at: Phone 541-753-8997, TTY 888-221-2832 or fax 541-752-4877.

Accountable Behavioral Health Alliance (ABHA) provides many types of services, such as health and social services. ABHA staff must collect information about you to provide these services. ABHA knows that information we collect about you and your health is private. ABHA is required to protect this information by Federal and State law. We call this information “protected health information (PHI).”

This Notice of Privacy Practices will tell you how ABHA may use or disclose information about you. Not all situations will be described. We are required to give you a notice of privacy practices for the information we collect and keep about you. ABHA is required to follow the terms of the notice currently in effect.

ABHA May Use and Disclose Information Without Your Authorization

- **For Treatment:** ABHA may use or disclose information with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment:** ABHA may use or disclose information to get payment or to pay for the health care services you receive.
- **For Health Care Operations:** ABHA may use or disclose information in order to manage its programs and activities. For example, ABHA may use your PHI to review the quality of services you receive.
- **Appointments and Other Health Information:** ABHA may send you information about health services that may be of interest to you. We generally provide this information through our quarterly member newsletter.
- **For Public Health Activities:** ABHA may use or disclose your PHI for public health activities as required or permitted by law.
- **For Health Oversight Activities:** ABHA may use or disclose your PHI to a health oversight agency that monitors health care providers.
- **As Required by Law and For Law Enforcement:** ABHA will use and disclose your PHI when required or permitted by federal or state law or by a court order.

- **For Abuse Reports and Investigations:** ABHA is required by law to disclose your PHI for an investigation of reported abuse.
- **For Government Programs:** ABHA may use and disclose information for public benefits under other government programs.
- **To Avoid Harm:** ABHA may disclose PHI to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.
- **For Research:** ABHA may use and disclose your PHI for studies and to develop reports. These reports do not identify specific people.
- **Disclosures to Family, Friends, and Others:** ABHA may disclose your PHI to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information.

Other Uses and Disclosures Require Your Written Authorization

For other situations, ABHA will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. ABHA cannot take back any uses or disclosures already made with your authorization.

Other Laws Protect PHI

Other laws may require your written authorization to use or disclose your PHI. For example, you must give your written authorization for ABHA to use and disclose your mental health and chemical dependency treatment records.

Your PHI Privacy Rights

- **Right to See and Get Copies of Your Records:** In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.
- **Right to Request an Amendment of Your Records:** You may ask ABHA to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request.
- **Right to a List of Disclosures:** You have the right to ask ABHA for a list of disclosures made after April 14, 2003. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.
- **Right to Request Restrictions on Uses or Disclosures of PHI:** You have the right to ask that ABHA limit how your information is used or disclosed. You must make the request in writing and tell ABHA what information you want to limit or restrict and to whom you want the limitations or restrictions to apply. ABHA is not required to agree to the limitation or correction. You can request that the restrictions be terminated in writing or verbally.
- **Right to Revoke Permission:** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.

- **Right to Choose How We Communicate with you:** You have the right to ask that ABHA share information with you in a certain way or in a certain place. For example, you may ask ABHA to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.
- **Right to File a Complaint:** You have the right to file a complaint if you do not agree with how ABHA has used or disclosed your PHI.
- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.

How to contact ABHA to Review, Correct, or Limit Your Protected Health Information (PHI)

You may contact the ABHA office or the ABHA Privacy Officer at the address listed at the end of this notice to:

- Ask to look at or copy your records
- Ask to correct or change your records
- Ask how to limit or restrict your information
- Ask for a list of the times ABHA used or disclosed information about you
- Ask to cancel your authorization

ABHA may deny your request to look at, copy or change your records. If ABHA denies your request, ABHA will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with ABHA or with the U.S. Department of Health and Human Services, Office for Civil Rights.

How to File a Complaint or Report a Problem

You may contact any of the people listed below if you want to file a complaint or to report a problem with how ABHA has used or disclosed information about you. Your benefits will not be affected by any complaints you make. ABHA cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

State of Oregon Department of Human Services

Governor's Advocacy Office

500 Summer St. NE, E17

Salem, Oregon 97301-1097

Phone: 1-800-442-5238 Fax: 503-378-6532 Email: GAO.info@state.or.us

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ABHA Privacy Officer

310 NW 5th Street, Suite 206

Corvallis, Oregon 97330

(541) 753-8997, ext. 109 Fax: 541-7542520 Email: privacyofficer@abhabho.org

Office for Civil Rights

Accountable Behavioral Health Alliance
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Medical Privacy, Complaint Division
U.S. Department of Health and Human Services
200 Independence Avenue, SW, HHH Building, Room 509H
Washington, D.C. 20201
Phone: 866-627-7748 TTY: 886-788-4989 Email: www.hhs.gov/ocr

For More Information

If you have any questions about this notice or need more information, please contact the ABHA Privacy Officer.

For More Information

In the future, ABHA may change its Notice of Privacy Practices. Any changes will apply to information ABHA already has, as well as any information ABHA receives in the future. A copy of the new notice will be posted at ABHA's administrative office and provided as required by law. You may ask for a copy of the current notice anytime you visit the ABHA administrative office, or get it on-line at www.abhabho.org