

Notice of Privacy Practices

Oregon Medical Association

Grants Pass Surgical Associates

PC

1600 NW 6th St.

Grants Pass, OR 97526

(541) 474-5533 FAX 541 476-2380

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. If you have any questions about this notice, please contact our office at 541 474-5533.

YOUR HEALTH INFORMATION: This notice applies to the information and records we have about your health, health status, and the health-care and services you receive at this office. We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information. **How we may use and disclose health information about you:** For Treatment. We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health. For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays. Family members and other health-care providers may be part of your medical care outside this office and may require information about you that we have. For Payment. We may use and disclose your health information so that the treatment and services you receive at this office may be billed to and payment may be collected from you, and insurance company or a third party. For example, we may need to give your health plan information about a service you received here, so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will pay for the treatment. For Health Care Operations. We may use and disclose health information about you in order to run the office and make sure that you and other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective. Appointment Reminders. We may contact you as a reminder that you have an appointment for treatment or medical care at the office. Treatment Alternatives. We may tell you about or recommend possible treatment options or alternatives that may be of interest to you. Health-Related Products and Services. We may tell you about health-related products or services that may be of interest to you. Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health related products and services. If you advise us **in writing** that you do not wish to receive such communications, we will not disclose your information for these purposes. **Special situations:** we may use or disclose health information about you for the following purposes, subject to are all applicable legal requirements and limitations: To Avert a Serious Threat or Health or Safety. We may use

and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Required by Law. We will disclose health information about you when required to do so by federal, state or local law. Research. We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for permission if the researcher will have the access to your name, address or other information that reveals who you are, or will be involved in your care at the office. Organ and Tissue Donation. If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donor bank, as necessary to facilitate such donation and transplantation. Military, Veterans, National Security and Intelligence. If you are or were a member of the Armed Forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority. Workers' compensation. We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. Public health risks. We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products. Health oversight activities. We may disclose health information to a health oversight agency for products, investigations, inspections or licensing purposes. These disclosures may be necessary for certain states and federal agencies to monitor the health-care system, government programs and compliance with civil rights laws. Lawsuits and disputes. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena. Law enforcement. We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrants, summons for similar process, subject to all applicable legal requirements. Coroners, medical examiners and funeral directors. We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. Information not personally identifiable. We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU. You have the following rights regarding health information we obtain about you: Right to inspect and copy: you have the right to inspect and copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written request to inspect or copy records of your health information.

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. Right to Amend. If you believe the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, complete and submit a Medical Record Amendment/ Correction Form. We may deny your request for an amendment if your request is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: we did not create, unless the person or entity that created the information is no longer available to make the amendment; is not a part of the health information that we keep; that you would not be permitted to inspect and copy; or is accurate and complete. **RIGHT TO AN ACCOUNTING OF DISCLOSURES.** You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of medical information about you for purposes other than treatment, payments or health care operations. To obtain this list, you must submit your request in writing. It must state a time, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list, for example, on paper or electronically. The first list you

request within a 12-month period will be free. For additional list, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. To request restrictions, you may complete the REQUEST FOR RESTRICTION ON USE/ DISCLOSURE OF MEDICAL INFORMATION.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you may complete and submit the REQUEST FOR RESTRICTION ON USE/ DISCLOSURE OF MEDICAL INFORMATION and/OR CONFIDENTIAL COMMUNICATION. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact our office. **Changes To This Notice.** We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post the current notice or a summary of the current notice, in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect. **Complaints.** If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact our office manager (474-5533). You will not be penalized for filing a complaint.

Effective April 14, 2003