

NOTICE OF PRIVACY PRACTICES
Multnomah County Department of Human Services
Mental Health and Addiction Services Division

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 notice describes the privacy practices of Multnomah County Department of County Human Services and that of the Mental Health and Addiction Services Division (MHASD).

This notice is available in other languages. If you require this notice in another language or form, please tell one of our staff or call the number at the end of this notice.

OUR PRIVACY OBLIGATIONS

Multnomah County MHASD is required by law to maintain the privacy of your health information. This notice will tell you about how we may use or disclose your health information. We are required by law to give you this notice. We are required to follow the terms of the notice currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

- **Treatment:** Except as specified in “Disclosures Requiring Your Written Authorization” we may use and disclose your health information to provide treatment to you, for example, to evaluate your health, diagnose and treat your condition. We may also share health information with Mental Health Providers outside of our Division or the Department of County Human Services who are involved in your treatment or for treatment coordination.
- **Payment:** We may use and disclose your health information to obtain payment for services we provide to you from the Oregon Medicaid program or other governmental program that arranges or pays the cost of some or all of your health care. If you have a private insurer, we will need to obtain your Authorization to disclose health information to them for payment purposes.
- **Health Care Operations:** We may use and disclose your health information for our health care operations, which include internal administration, planning, and quality improvement activities. For example, we may use your health information to evaluate the quality of our services and the competence of our staff. We may also disclose your health information to our Quality Management Coordinator (or his or her designee or supervisor) in order to resolve any complaints you might have.

- **Appointment Reminders:** Unless you have instructed us not to, we, or our treatment providers, we may use health information without your authorization, and specifically contact information, that we have on file, in order to contact you prior to an appointment.
- **Treatment Alternatives:** We may contact you to provide you with information about treatment alternatives or other health – related benefits and services that may interest you. We may also disclose your health information to providers involved with your treatment.
- **Public Health Activities:**
We may use or disclose health information about you for public health activities required or permitted by law.
- **Victims of Abuse, Neglect or Domestic Violence:**
If we suspect abuse, neglect or domestic violence, we may disclose health information about you as required or permitted by law.
- **Health Oversight Activities:**
We may give health information to a health oversight agency that monitors the health care system for your eligibility category. These agencies might include, among others, the State Office of Mental Health and Addiction Services or the Federal Centers for Medicaid and Medicare Services.
- **Judicial and Administrative Proceedings:**
We may disclose health information about you in response to a court order.
- **Law Enforcement:**
We may disclose health information about you when required or permitted by federal or state law.
- **Required by Law:**
We may use or disclose health information about you when required by federal or state law.
- **Coroners:**
We may disclose your health information to a coroner, medical examiner or funeral director as authorized by law.
- **Organ and Tissue Procurement:**
We may disclose your health information to organizations for organ, eye or tissue procurement, banking or transplantation.
- **Research:**
We may use and disclose your health information for research purposes under certain circumstances. We will obtain your authorization or we will obtain a waiver of authorization from an Institutional Review Board or Privacy Board.

- **Health or Safety:**
We may disclose your health information to law enforcement in order to avoid a serious threat to the health and safety of a person or the public
- **Worker's Compensation:**
We may disclose your health information as authorized by law to worker's compensation or similar programs.
- **Specialized Government Functions:**
We may disclose your health information to government agencies with special functions as required or permitted by law, such as Social Security, military or veterans' agencies.
- **Inmates:**
If you are an inmate of a jail or prison or under the custody of a law enforcement official, we may give health information about you to that person or jail as required or permitted by law.

DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

- **Your Family or Friends Involved with Your Care**
Your family or friends involved with your health care may request your health care information, however, unless they are your representative or a legal guardian, or you sign an authorization permitting us to do so, we will not give out that information.
- **Information Required for Private Insurance Payment**
We will not disclose health information to your private insurer unless you sign an authorization permitting us to do so. However, if we are unable to obtain payment due to a lack of information, you will be financially responsible for that payment.
- **Marketing:**
We may communicate with you about products or services relating to your treatment, case management or care coordination. However, we must obtain your authorization prior to using your health information to send you any marketing materials.
- **Other Laws Protecting Health Information:**
Other laws may require your written authorization to disclose certain mental health, alcohol and drug abuse treatment, HIV/AIDS testing or treatment, and genetic testing information.

YOUR PROTECTED HEALTH INFORMATION PRIVACY RIGHTS

- **Right to Inspect and Copy:**
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 copying of your records.

- **Right to Request Amendment:**

You have the right to request that we amend health information maintained in your medical or billing record. Your request must be in writing. We may deny your request in certain circumstances.

- **Right to a List of Disclosures:**

You have the right to ask for a list of certain disclosures made after April 14, 2003. You must make the request in writing. This list will not include disclosures made for treatment, payment, or health care operations. The list will not include information provided directly to you or your family. The list will not include information that was sent with your authorization. If you request a list more than once during a year, we may charge you a fee.

- **Right to Request Restrictions:**

You have the right to request restrictions on how your information is used or disclosed. We are not required to grant your request. Your request must be in writing.

- **Right to Request Confidential Communications:**

You have the right to request to receive communications from us in a certain way or in a certain place. We will accommodate any reasonable request.

- **Right to Revoke Your Authorization:**

If you have authorized a disclosure of your health information, you generally have the right to revoke the authorization. If you revoke an authorization, it will stop future uses and disclosures except to the extent that we have already undertaken an action in reliance on your authorization. In some cases, individuals in the criminal justice system may not be able to cancel an authorization until the end of their correctional supervision or a similar event.

- **Right to Receive a Paper Copy of this Notice:**

You have the right to receive a paper copy of this notice at any time.

- **Complaints:**

You have the right to file a complaint with Multnomah County's Privacy Official or the Quality Management Coordinator or any staff member of MHASD if you do not agree with how we have used or disclosed information about you. If you are a Medicaid or Oregon Health Plan Member, you may also file an Administrative Hearing with the Office of Medical Assistance Programs. You may also file written complaints with the Secretary of the Department of Health and Human Services in Washington, D.C. We will not retaliate against you if you file a complaint with the Secretary or us.

EFFECTIVE DATE OF THIS NOTICE

This notice is effective on July 28, 2004. We reserve the right to change this notice. Any changes will apply to information that we already have about you. We will post a current copy of this notice.

FOR MORE INFORMATION

If you have any questions about this notice or need more information, please contact Multnomah County Mental Health and Addiction Services Quality Management Coordinator or Privacy Official.

Quality Management Coordinator
Or
Privacy Official
Multnomah County Mental Health
and Addiction Services Division
421 SW Oak Street, 520
Portland, OR 97204
503-988-4876