

**Limited Data Set:**

We may disclose limited Information to third parties for purposes of research, public health or health care operations. This disclosure will not include any Information which can be used to directly identify you.

**Incidental Disclosures:**

Incidental disclosures of your Information may occur as a by product of permissible uses and disclosures. For example, a visitor to a service area may overhear your name called in a waiting area.

**Required or Permitted by Law:**

We may use or disclose your Information when permitted or required by federal, state or local law.

**Marketing:**

We may communicate with you face-to-face about products or services that may interest you or give you a promotional gift of nominal value. Otherwise, we do not use or disclose your Information for marketing without your authorization.

## DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

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**Other Laws Protecting Health Information:**

Other laws may require your written authorization to disclose your Information about certain mental health, alcohol and drug abuse treatment, HIV/AIDS testing or treatment, and genetic testing. We must obtain authorization for the use and disclosure of psychotherapy notes and the sale of your Information.

Uses and disclosures other than those permitted will only be made with your written authorization. If you authorize us to use or disclose your Information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your Information for the purposes given in the written revocation. The revocation will not affect disclosures previously made in reliance on your authorization.

## FOR MORE INFORMATION

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If you have any questions about this notice or need more information, please contact Multnomah County Privacy Officer, 426 SW Stark St., 7th Floor, Portland, OR 97204 or call 503-988-3674.



*The Multnomah County Health Department offers equal opportunity  
in services and employment.*



## NOTICE OF PRIVACY PRACTICES

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.**

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*This notice describes the privacy practices of Multnomah County Health Department. We are required by law to maintain the privacy of your protected health information (“Information”) and to give you this notice. We are required to follow the terms of the notice currently in effect. This notice is effective on September 23, 2013. 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 where services are provided and online at: [www.multco.us/hipaa](http://www.multco.us/hipaa)*

## YOUR RIGHTS

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**Inspect and Copy:**

You have the right to inspect or copy your Information held in a “designated record set”. A “designated record set” is a group of records that is used to make decisions about you. We may limit the Information that you can inspect or copy in limited circumstances. If we limit your right to inspect or copy, you can ask in writing for a review of that decision. Copies of records may be provided to you or a third party that you identify in an electronic or paper format depending on your request and the technology in which the records are maintained. Your request must be in writing. We can help you make a written request. We may charge you a fee for copies.

**Amendment:**

You have the right to ask us to change some of the Information in your designated record set that you believe is incorrect or incomplete. Your request must be in writing and provide a reason. We can help you make a written request. We will tell you in writing if we deny your request and you have the right to respond to our denial. You also have the right to have your request, the denial and a statement of disagreement, if any, included in future releases of your record.

**Accounting:**

You have the right to ask for a list of certain disclosures of your Information in your designated record set. The list will not include disclosures made for treatment, payment, or health care operations, disclosures made to you or individuals involved in your care or payment for care. It also will not include disclosures made prior to 6 years before the date of the request, pursuant to an authorization, as part of a limited data set, to a correctional facility, incidental disclosures, disclosures made for national security or intelligence, or disclosures made prior to April 14, 2003. Your request must be in writing. We can help you make a written request. We may charge you a fee if you ask for a list more than once every 12 months.

**Restrictions:**

You have the right to ask us to limit how your Information is used or disclosed. We are not required to accept your request and we may be unable to do so with one exception. You may request that your Information not be shared with a health plan when you or someone on your behalf pays for your service in full and the use or disclosure is for payment or health care operations and not otherwise required by law. Your request must be in writing. We can help you make a written request.

**Confidential Communications:**

You have the right to ask us to communicate with you at a certain place in a certain way. You must specify how or where you wish to be contacted. For example, you can ask that we only contact you at work. We will accommodate any reasonable request.

**Notice:**

You have the right to receive a paper copy of this notice upon request. This notice can be made available in other languages and alternative formats.

**Breach Notice:**

You have the right to be notified in the event that we discover a breach of unsecured Information.

**Complaints:**

You have the right to file a complaint if you believe we have violated your privacy rights. You may file a complaint with our Privacy Officer or with the Secretary of the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint.

## **HOW WE MAY USE AND DISCLOSE YOUR INFORMATION WITHOUT YOUR AUTHORIZATION**

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**Treatment:**

We may use or disclose your Information as necessary to provide you with medical treatment and services. For example, we may disclose your Information to other health care providers involved in your treatment.

**Payment:**

We may use or disclose your Information to bill or receive payment for the services you receive. For example, to submit claims.

**Health Care Operations:**

We may use or disclose your Information for business operations. For example, we may use your Information in connection with conducting quality assessment and improvement activities and for case management services.

**Organized Health Care Arrangements:**

We participate in organized health care arrangements (OHCA) and may use or disclose your Information to members of those arrangements as allowed by the Health Insurance Portability and Accountability Act (HIPAA). In some circumstances, we use systems and services of OHCA members for electronic health records and treatment referral coordination. We may share your information with OHCA members for the joint health care operations of the OHCA.

**Individuals Involved in Your Care or Payment for Your Care:**

We may disclose Information to your family, personal representative or others involved in your care or payment for care if you give verbal permission or otherwise do not object. If you are unable to make a health care decision yourself, we may disclose your Information as necessary if we believe that it is in your best interest.

**Public Health Activities:**

We may use or disclose Information about you for public health activities. For example, disclosures made for the purpose of preventing or controlling disease, injury, disability, abuse or neglect. These activities include activities performed by organ or tissue donation and transplantation services, activities performed by coroners, medical directors, and funeral directors, and activities necessary to avoid a serious threat to the imminent health and safety of you or others.

**Health Oversight Activities:**

We may disclose Information to a health oversight agency. Activities include audits and inspections for the government to monitor the health care system.

**Legal Proceedings:**

We may disclose Information about you in response to a court order, subpoena, discovery request, activities related to workers' compensation benefits, or other lawful purpose.

**Law Enforcement:**

We may disclose Information about you to the police or other people who enforce the law when this disclosure is permitted or required by law. We may disclose Information to report a crime on our premises.

**Research:**

Under certain circumstances, we may use and disclose your Information for research approved by an Institutional Review or Privacy Board or through an authorization signed by you.

**Inmates:**

If you are an inmate of a jail or prison or under the custody of law enforcement, we may disclose Information as required or permitted by law.

**Business Associates:**

In certain situations, we may need to disclose your Information with a business associate, such as a translator or quality assurance reviewer, so it can perform a service on our behalf. We will have a written agreement with the business associate requiring it to protect the privacy of your Information under the same privacy protections that we provide.

**Military and National Security:**

We may disclose your Information as required by armed forces personnel or to federal officials authorized for national security and intelligence activities.

**Disaster Relief Efforts:**

Unless you object, we may disclose your Information to other health care providers or to an entity assisting in a disaster relief effort to coordinate care. We may disclose your Information as necessary to identify, locate and notify family members, guardians or others responsible for your care, location, condition or death.

Client Name \_\_\_\_\_ Client I.D.# \_\_\_\_\_

I have received a copy of Multnomah County Health Department's Notice of Privacy Practices.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALTERNATIVE DOCUMENTATION OF DELIVERY OF NOTICE OF PRIVACY PRACTICES**

I provided a copy of Multnomah County Health Department's Notice of Privacy Practices to the client indicated above. I was unable to obtain the client's acknowledgment of receipt because:

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MCHD Employee Name (Print) \_\_\_\_\_

MCHD Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT**