



## **NOTICE OF PRIVACY PRACTICES for HEALTH DEPARTMENT PART 2 PROGRAMS**

This notice describes:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

**Please review it carefully.**

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE HEALTH DEPARTMENT PRIVACY MANAGER AT 619 NW 6TH AVE, PORTLAND, OREGON, 97209, 503-988-3674 OR EMAIL [PRIVACY@MULTCO.US](mailto:PRIVACY@MULTCO.US) IF YOU HAVE ANY QUESTIONS.

**This notice describes the privacy practices of the Multnomah County Health Department's Part 2 Programs.** We are required by law to maintain the privacy of your Part 2 records ("Records") and to give you this notice. Part 2 records are Records of the identity, diagnosis, prognosis, or treatment of you that are maintained in connection to the performance of any program or activity relating to substance use disorder ("SUD") education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States.

We are required to follow the terms of the notice currently in effect. This notice is effective on February 1, 2026. We reserve the right to change the terms of this notice. Any changes will apply to Records that we already have about you. We will post a current copy of this notice where services are provided and online at: <https://www.multco.us/hipaa>.

## YOUR RIGHTS

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### **Restrictions:**

You have the right to ask us to limit uses and disclosures made for the purpose of treatment, payment, and health care operations even when you have previously consented. If we agree to this request, we cannot use or disclose Records in violation of the restriction unless you require emergency treatment and the restricted Record is needed to provide that treatment. We are not required to accept your request for a restriction, with one exception. The one exception occurs if you ask to restrict disclosure of Records to a health plan if: (1) the disclosure is for the purpose of payment or health care operations and not otherwise required by law; and (2) the Record only deals with a health care item or service for which you, or someone other than the health plan, has paid in full.

You also have the right to ask us to limit disclosures of Records, including without prior consent, to your health plan for services that you or someone other than the health plan have paid in full.

### **Accounting:**

You have the right to ask for a list of certain electronic Records that were disclosed for the past three years. The list will not include disclosures made for treatment, payment, and health care operations if the disclosures were not made through an electronic health record. We may charge you a fee if you ask for an accounting more than once every 12 months, but will inform you of the fee in advance.

You also have a right to a list of disclosures made by an intermediary for the past three years. This request for accounting by an intermediary must be made in writing to the intermediary.

### **Notice:**

You have the right to receive a paper or electronic copy of this notice upon request. You also have the right to discuss the notice with the Health Department Privacy Manager.

**Breach Notice:**

You have the right to be notified if there is a breach of unsecured Records.

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**Complaints:**

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

## **HOW WE MAY USE AND DISCLOSE YOUR RECORDS WITHOUT YOUR CONSENT**

**Abuse Reporting:**

We may report incidents of suspected child abuse and neglect under State law to the appropriate State or local authorities.

**Civil, Administrative, Criminal, or Legislative Proceedings:**

Records, or testimony relaying the content of Records, will not be used or disclosed in civil, administrative, criminal, or legislative proceedings against you unless that use or disclosure is based on a court order or specific written consent. Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or the holder of the record, where required by 42 U.S.C. 290dd-2 and 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a legal mandate (such as a subpoena) compelling disclosure before the Record is used or disclosed.

**Treatment, Payment and Health Care Operations:**

If Records are disclosed to a Part 2 program, covered entity, or business associate based on your written consent for treatment, payment, and health care operations, that Part 2 program, covered entity, or business associate can further disclose those Records without your written consent, to the extent allowed by HIPAA regulations.

**Fundraising:**

We may only use or disclose Records for fundraising purposes if you are first given a clear and conspicuous opportunity to choose not to receive fundraising communications, and do not opt out of receiving fundraising communications.

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#### **Audits and Program Evaluation:**

We may use or disclose your Records to qualified personnel to conduct management audits, financial audits, or program evaluation. These personnel may not identify individuals in any reports of such audits or evaluations, or otherwise disclose any individual's identity.

#### **Persons within the Criminal Justice System:**

If you have been referred to treatment as a condition of any criminal proceedings, probation, parole, or release from custody, and you sign a consent authorizing disclosure of your records, we may disclose Records to persons within the criminal justice system who need that information for monitoring your progress, which includes the court, parole/probation teams, prosecutors, law enforcement and attorneys involved in the matter. Any such person who receives these Records may only use and redisclose them to carry out official duties regarding the reason the disclosure was permitted. Your right to revoke consent may be more limited and should be clearly explained on the consent you sign.

#### **Disaster Relief Efforts:**

We may disclose Records to another Part 2 program or other SUD treatment provider during State or federally-declared natural and major disasters if we are closed or unable to provide services or obtain your consent to the disclosure.

#### **Medical Emergency:**

We may disclose your Records to medical personnel in a "bona fide medical emergency," such as if you need urgent medical care for an immediate life threatening condition (e.g., heart attack, overdose) and it is not feasible to seek your consent before administering such emergency medical care.

## **DISCLOSURES REQUIRING YOUR WRITTEN CONSENT**

### **Treatment, Payment, and Health Care Operations:**

You can choose to provide a single consent for all future uses or disclosures of Records for the purpose of treatment (e.g., a referral to another healthcare

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provider), payment (e.g., billing), and health care operations (e.g., quality assessment and improvement). Records that are disclosed to a Part 2 program, covered entity, or business associate pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by that Part 2 program, covered entity, or business associate, without your written consent, to the extent the HIPAA regulations permit such disclosure.

### **SUD Counseling Notes:**

Notes of SUD counseling sessions by a Part 2 program professional cannot be disclosed based on a written consent for the purpose of treatment, payment, or health care operations. SUD counseling notes can only be disclosed with a separate written consent that is not combined with a consent to disclose any other type of health information. “SUD counseling notes” are notes by a Part 2 program provider who is a SUD or mental health professional, documenting or analyzing the contents of a conversation during private, group, joint, or family counseling session(s), and that are separate from the rest of a patient’s record. SUD counseling notes do not include prescription and monitoring of medication, times of counseling sessions, treatment modalities and how frequently treatments are used, results from clinical tests, or summaries of diagnosis, functional status, treatment plans, symptoms, prognosis, or progress to date.

### **Other Uses and Disclosures:**

Uses and disclosures of your Records other than those permitted and described in this notice will only be made if you provide written consent. You may revoke such consent, in writing, at any time. If you revoke your consent, we will no longer use or disclose your Records for the purposes given in the written revocation, though disclosures that were previously made in reliance on your

consent will not be affected.