

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.**

This information is called Protected Health Information (PHI). This "Notice of Privacy Practices" will tell you how HIV Alliance may use or disclose information about you. Not all situations will be described. HIV Alliance is required to protect your health information by federal and state law. HIV Alliance is required to follow the terms of the notice currently in effect. Information may be shared between HIV Alliance and Oregon Health Authority (OHA) to determine eligibility, coordinate your care, and for treatment, payment and health care options.

Your Choices

➤ See pages 2 & 3 for information on your rights and how to exercise them.

Our Uses and Disclosures

➤ See pages 4 & 5 for information on the uses and disclosure of your information.

Your Rights

➤ See page 6 for information on your choices and how to exercise them.

**Your Information.
Your Rights.
Our Responsibilities.**

THIS PUBLICATION WILL BE FURNISHED IN A FORMAT FOR INDIVIDUALS WITH DISABILITIES UPON REQUEST BY TELEPHONING (541) 342-5088.

Your Choices

For certain health information, you can tell us your choices about what we share

This section explains your rights and some of our responsibilities to help you.

Ask us to correct your medical record

- You may ask us to change or add missing information to the health records HIV Alliance has created about you if you believe there is a mistake.
- The request must be in writing and you must provide a reason for your request.
- HIV Alliance may deny your request in certain circumstances, but will let you know why in writing within 60 days.

Request a list of disclosures

- You have the right to ask HIV Alliance for a list of your PHI disclosures made after April 14, 2013.
- You may make the request in writing.
- This list may not include the times that information was disclosed for treatment, payment, or healthcare operations.
- This list will not include information disclosed:
 - directly to you or your family or information that was sent with your consent
 - in connection with an authorized or permitted use or disclosure
 - for treatment, payment, or healthcare operations
- If you request a list more than once during a 12 month period, you may be charged a small fee.

Ask us to limit what we use or disclose

- You may ask HIV Alliance to limit how your health information is being used or disclosed.
- You must make the request in writing and tell HIV Alliance what information you want to limit and to whom you want the limits to apply.
- We may not be required to agree to the restriction.
- You can request in writing or verbally that the restrictions be ended.

Your Choices

For certain health information, you can tell us your choices about what we share

This section explains your rights and some of our responsibilities to help you.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action

Choose how we communicate with you

- You have the right to ask that HIV Alliance share PHI with you in a certain way or in a certain place.
- For example, you may ask HIV Alliance to send information to your work address instead of your home address.
- You must make the request in writing but you do not need to provide a reason for the request.

How to be notified of a breach in your confidentiality

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

File a complaint if you feel your rights are violated

- You have the right to file a complaint if you do not agree with how HIV alliance has disclosed health information about you.
- If you would like to file a complaint, you may do so by requesting a grievance form from any staff person and completing and submitting the form to any agency director.
- You may also contact the Office of Civil rights, US Department of Health and Human Services.
- HIV Alliance will not take any action against you for filing a complaint.

Additional PHI privacy rights

- If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment with your health insurer.
- We will say yes unless a law requires us to share that information.

Get a copy of this privacy notice

- You may ask for a copy of this notice at any time

Our Uses and Disclosures

How do we typically use or share your health information?

HIV Alliance may use or disclose health information without your authorization for the following purposes under limited circumstances:

For treatment

- HIV Alliance may use or disclose PHI with healthcare providers who are involved in your healthcare.
- For example, information may be shared to create and carry out a plan for your treatment.

For payment

- HIV Alliance may use or disclose PHI to get payment or to pay for the services you receive.
- For example, HIV Alliance may communicate with your insurance programs to help pay your medical bills.

For healthcare operations

- HIV Alliance may use or disclose PHI in order to manage its programs and activities.
- For example, HIV Alliance may use PHI to review the quality of services you receive.

For abuse reports and investigations

- HIV Alliance is required by law to receive reports of abuse.

Worker's compensation

- When required by worker compensation laws.

To avoid harm

- HIV Alliance may disclose PHI in order to avoid a serious threat to your health and safety, or to avoid a serious threat to the health and safety of another person or the public.

If we need to disclose your information for any other reason we will first obtain your permission

- You may revoke this permission at any time, however the revocation will not apply to previous permitted releases of information.
- If we disclose your information based upon your written permission, it may be re-disclosed by the receiving party.
- Federal and State law may restrict the re-disclosure of certain information such as HIV/AIDS information, drug and alcohol information, genetic information, and mental health information.

Our Uses and Disclosures

How do we typically use or share your health information?

HIV Alliance may use or disclose health information without your authorization for the following purposes under limited circumstances:

For public health activities

- If there is a serious health or safety threat.

For health oversight

- HIV Alliance may use or disclose PHI for government health care oversight activities.
- HIV Alliance may disclose information to the state and federal agencies that regulate us, such as the US Department of Health and Human Services for reasons such as audits, investigations, inspections and licenses.

For law enforcement and as required by law

- HIV Alliance will disclose PHI for law enforcement as required or allowed by federal or state law.

For disputes and lawsuits

- HIV Alliance will disclose PHI in response to a court order.
- If you are involved in a lawsuit or dispute, HIV Alliance may share your information in response to legal requirements.

Other use and disclosures require your written authorization

- For other purposes, HIV Alliance will ask for your written permission before using or disclosing PHI.
- You may cancel this permission at any time in writing, however, cancelling permission will not apply to any previously made permitted disclosures.

Other laws protect PHI

- Many HIV Alliance programs have other laws for the use and disclosure of health information about you.
- Usually, you must give your written permission for HIV Alliance to use and disclose your HIV/AIDS, mental health and chemical dependency treatment records.

Your rights

When it comes to your health information, you have certain rights.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

Rights related to your PHI

- You may make a request for your records, may request a correction to your record or request a list of disclosures in writing.
- You may be asked to cover the cost of providing records.
- In most cases your request will be met within 30 days.

Right to see and get copies of your medical records

- In most cases, you can ask to see and request to get copies of your health records.
- You must make the request in writing. We may charge a reasonable, cost based fee.
- You may not be permitted to review
 - Psychotherapy notes. The Behavioral Health Services supervising clinician will make a prompt determination on all such requests.
 - Information compiled in anticipation of a civil, criminal, or administrative action.
 - Other information restricted or prohibited under the law.

Right to revoke permission

- If you are asked to sign an authorization to use or disclose PHI, 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.

How to contact HIV Alliance to use your privacy rights:

If you have questions related to our privacy practices you may contact our Privacy Officer at 541.342.5088

In the future, HIV Alliance may change its "Notice of Privacy Practices". Any changes will apply to information HIV Alliance already has and will also apply to information HIV Alliance receives in the future. A copy of the new notice will be posted at each HIV Alliance site and facility. A copy of the new notice will be provided as required by law. You may ask for a copy of the current notice anytime you visit an HIV Alliance Facility.