

CODA, INC.
NOTICE OF INFORMATION PRACTICES

**This Notice Describes How Medical Information about You May Be Used And
Disclosed and How You Can Get Access to It**

Understanding Your Behavioral Healthcare Record Information

Each time you visit a hospital, physician, or other healthcare provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your medical record, serves as:

- A basis for planning your care and treatment
- A form of communication among the health professionals who contribute to your care
- A legal document describing the care you received
- A way in which you or a third-party payer can verify that you actually received services billed for
- A tool for medical education
- A source of information for public health officials charged with improving the health of the regions they serve
- A tool to assess the appropriateness and quality of care you received
- A tool to improve the quality of healthcare and achieve better patient outcomes

Understanding what is in your health records and how your health information is used will help you to:

- Ensure its accuracy and completeness
- Understand who, what, where, why and how others may access your health information
- Make an informed decision about authorizing disclosure to others
- Better understand the health information rights detailed below

Your Rights under the Federal Privacy Standard

Although your health records are the physical property of the healthcare provider who developed them, you have certain rights with regard to the information contained in your record.

You have the right to:

1. Request restriction on uses and disclosure of your health information for treatment, payment and health care operations.

“Health care operations” consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under §§164.502(a)(2)(i) (disclosures to you), §164.510(a) (for facility directories, but note that you have the right to object to such uses), or §164.512 (uses and disclosures not requiring a consent or an authorization). The latter uses and disclosure include, for example, those required by law, like mandatory communicable disease reporting. In those cases, you do not have a right to request restriction. The **Consent** to use and disclose your individually identifiable health information provides the ability to request restriction. We do not, however, have to agree to the restriction. If we do, however, we will adhere to it unless you request otherwise or we give you advance notice. You may also ask us to communicate with you by alternate means and, if the method of communication is reasonable, we must grant the alternate communication request. Please see our consent form.

2. Obtain a copy of this notice of information practices.

Although we have posted a copy in prominent locations throughout the facility, you have a right to a hard copy upon request.

3. **Inspect and copy your health information upon request.**

Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:

- Psychotherapy notes. Such notes comprise those that are recorded in any medium by a healthcare provider who is a mental health professional documenting or analyzing a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of your medical record.
- Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
- PHI that is subject to the Clinical Laboratory Improvement Amendments of 1988 (“CLIA”), 42 U.S.C. §263a, to the extent that law would prohibit the provision of access.
- Information was obtained from someone other than a healthcare provider
- Under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

In other situations, a provider may deny you access but, if it does, the provider must provide you with a review of the decision denying access. These grounds for denial include:

- Licensed healthcare professional has determined, in the exercise of
 - Judgment, that the access is reasonably likely to endanger the life or physical safety of the individual or another person.
- PHI makes reference to another person (other than a healthcare provider)
 - And a licensed healthcare provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
- The request is made by the individual’s personal representative and a
 - Licensed healthcare professional has determined, in the exercise of professional judgment, that the provider of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.
 - Another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review.
 - If we grant access, we will tell you what, if anything, you have to do to get access.

Note: We reserve the right to charge a reasonable, cost-based fee for making copies.

4. **Request amendment/correction of your health information.**

We do not have to grant the request if:

- We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If they amend or correct the record, we will put the corrected record in our records.
- The record is accurate and complete.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those you identify to us that you want to receive the corrected information.

5. **Obtain an accounting of “non-routine” uses and disclosure-those other than for treatment, payment, and health care operations.**

We do not need to provide an accounting for:

- The facility directory or to persons involved in the individual’s care or other notification purposes as provided in §164.510 (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal

representatives, or other persons responsible for the care of the individual, of the individual's location, general condition, or death).

- For national security or intelligence purposes under §164.512(k)(2) (disclosures not requiring consent, authorization, or an opportunity to object, see chapter 16).
- To correctional institutions or law enforcement officials under §164.512(k)(5) (disclosures not requiring consent, authorization, or an opportunity to object).
- That occurred before April 14, 2003.

We must provide the accounting within 60 days. The accounting must include:

- Date of each disclosure.
- Name and address of the organization or person who received the protected health information.
- Brief description of the information disclosed.
- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization or a copy of the written request for disclosure.

The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

6. Revoke your consent or authorization to use or disclose health information except to the extent that we have already taken action in reliance on the consent or authorization.

Our Responsibilities Under the Federal Privacy Standard

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to:

- maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative and technical safeguards to protect the information.
- provide you with this notice as to our legal duties and privacy practices with respect to individually identifiable health information we collect and maintain about you.
- abide by the terms of this notice.
- train our personnel concerning privacy and confidentiality.
- implement a sanction policy to discipline those who breach your privacy/confidentiality or our policies with regard thereto.
- mitigate (lessen the harm of) any breach of privacy/confidentiality.

We reserve the right to change our practices and to make the new provisions effective for all individually identifiable health information we maintain. Should we change our information practices, we will mail a revised notice to the address you have supplied us.

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law.

How to get more information or to report a problem

If you have questions and/or would like additional information, you may contact the Privacy Officer or the Health Information Services Manager through CODA, Inc. 1027 E Burnside, Portland, Oregon 97214, 503-239-8400.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

If you give us consent, we will use your health information for treatment.

Example: A physician, nurse, counselor, other member of your healthcare team will document information in your record to assess your need for treatment and determine the best course of treatment for you. The primary caregiver will give treatment orders and document what he or she expects other members of the healthcare team to do to treat you. Those other members will then document the actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment.

We will also provide your physician, other healthcare professionals or a subsequent healthcare provider with copies of your records to assist them in treating you once we are no longer treating you.

If you give us consent, we will use your health information for payment.

Example: We may send a bill to you or to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received and supplies used.

If you give us consent, we will use your health information for health operations.

Example: Members of the medical staff, the risk or quality improvement manager or members of the quality assurance team may use information in your health record to assess the care and outcomes in your cases and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

Business associates: We provide some services through contracts with business associates. Examples include possibly a dictation service, record shredding company, record storage and the like. When we use these services, we may disclose your health information to the business associate so that they can perform the function (s) we have contracted with them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: With written consent from you, we may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care, your location, general condition. We may contact you to provide appointment reminders or information about treatment alternatives.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse effects/events with respect to drugs.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Law enforcement: We may disclose health information in response to a court order.

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