

Northwest Family Services will not intimidate, threaten, coerce, discriminate against, or take any other form of retaliatory action against any person filing a complaint or inquiring about how to file a complaint.

To file a complaint, complete a COMPLAINT/ GRIEVANCE FORM and mail or hand-carry this form to NWFS attention to Privacy Officer.

#### **NORTHWEST FAMILY SERVICES**

Attn: Privacy Officer  
6200 SE King Rd.  
Portland, OR 97222  
(Phone) 503-546-6377  
(Fax) 503- 546- 9397

You may also file a complaint with the US Department of Health and Human Services, Office for Civil Rights, at the address listed below:

#### **OFFICE FOR CIVIL RIGHTS**

Medical Privacy, Complaint Division  
US Dept. of Health & Human Services  
200 Independence Avenue,  
SW, HHH Building, Room 509H  
Washington, DC 20201

#### **Other Uses of Health Information.**

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us with authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made pursuant to your authorization, and that we are required to retain our records of the care that we provided to you.



## **NOTICE OF PRIVACY PRACTICES**

### **THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

#### **PLEASE REVIEW CAREFULLY**

If you have questions about this Notice, please contact the Northwest Family Services office at 503-546-6377 or speak with the Manager of your program.

**Designated Privacy Officer:  
Ana Maria – 503-546-6377**

**Designated Security Officer:  
Sean Fuller – 503-546-6377**

*Live . Grow . Succeed*

Northwest Family Services provides many types of services; including alcohol and drug services to the individuals we assist. We must collect information about you to provide these services. We also create a record of the care and services you receive from us. We need this information to provide you with quality care and to comply with certain legal requirements. Northwest Family Services knows that the information we collect about you and your health is private. We are required by Federal and State law to protect this information, and we are committed to protecting your privacy.

This Notice of Privacy Practices will tell you how Northwest Family Services may use or disclose information about you. This Notice also describes your rights to the information we keep about you and certain obligations we have regarding the use and disclosure of your information.

**Acknowledgement of Receipt of this Notice:** We are required by law to give you this Notice of Privacy Practices for the information we collect and keep about you and to follow the terms of the Notice. If you choose, or are not able to sign, a staff member will sign their name and date to the form. This acknowledgement will be filed with your records, and you will be provided with a copy of the form.

**Changes to this Notice:** Northwest Family Services reserves the right to change this Notice. Any changes will apply to health information we already have about you, as well as any information we receive in the future. A current copy of this Notice will be posted at each of our program sites and provided to you as required by law. You may also ask for a copy of the current Notice any time you visit one of our facilities.

**Other Uses of Health Information:** Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization, if you provide us with authorization to use or disclose health information about you for the reasons covered in your written authorization. You understand that we are unable to take back any disclosures we have already made pursuant to your authorization, and that we are required to retain our records of the care we provided to you.

#### **FOR INDIVIDUALS ENROLLED IN SUBSTANCE ABUSE SERVICES**

Please note that since you are receiving substance abuse services from our outpatient program, you are further protected from disclosure by another Federal regulation, 42 CFR Part 2, *Confidentiality of Alcohol and Drug Abuse Patient Records*. While HIPAA may permit certain types of disclosure without your prior written consent, many of those disclosures are not permitted under 42 CFR Part 2. For additional information, please speak with a staff member in your program or contact the Privacy Officer at the address listed in this material.

#### **HOW WE MAY USE & DISCLOSE INFORMATION ABOUT YOU**

The following categories describe different ways that we may use and disclose your Protected Health Information (PHI).

■ **Treatment.** We may use your PHI to provide referral for you with health care treatment or services. We may disclose your PHI to health care providers involved in your care. They may work at the office of another health care provider to whom we may refer you for other treatment purposes.

■ **Health Care Operations.** We may use and disclose your PHI in order to manage operations of our programs and activities. For example, we may use health information to review the quality of the services you receive.

■ **Health-Related Service & Treatment Alternatives.** We may use and disclose your PHI to tell you about health related services or recommend possible treatment alternatives. Please let us know if you do not wish to receive this information, or if you wish to receive this information at a different address.

■ **For Payment.** We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

■ **Appointment Reminders.** We may use and disclose Health Information to contact you to remind you that you have an appointment with us.

■ **Research.** Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

■ **Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

■ **Business Associates.** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

■ **Fundraising.** Northwest Family Services is a non-profit organization, and we may use limited information for the purpose of raising funds to support or expand our programs. If you would prefer that you are not contacted, you can “opt-out” by speaking with a staff member in your program.

■ **Military & Veterans.** If you are a member of the armed forces or separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs.

■ **Workers’ Compensation.** We may release health information about you for workers’ compensation or similar programs that provide benefits for work-related injuries or illness.

■ **Public Health Risks.** We may disclose health information about you for public health activities, such as: (1) to prevent or control disease, injury or disability; (2) to report births and deaths; (3) to report child abuse or neglect; (4) to report reactions to medications or problems with products; (5) to notify people of recalls for products they may be using; (6) to notify a person or organization required to receive information on FDA-regulated products; (7) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (8) to notify the appropriate government authority when we believe a client has been the victim of abuse, neglect or domestic violence, including elder abuse or neglect. We will only make this disclosure if you agree, or if we are required or authorized by law.

■ **To Avoid Harm.** We may use and disclose health information about you to law enforcement when necessary to prevent a serious threat to your health or safety or the health or safety of others.

■ **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

■ **Coroners, Health Examiners, Funeral Directors.** We may release health information to a coroner or health examiner, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors, as necessary, so that they can carry out their duties.

■ **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or an administrative order. We may also disclose health information about you in response to a subpoena or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

■ **As Required by Law and for Law Enforcement.**

We will disclose health information about you when required or permitted by federal, state, or local law. We may also release health information if asked to do so by a law enforcement official: (1) in reporting certain injuries, as required by law, such as gunshot wounds, burns, or injuries to perpetrators of crime; (2) in response to a court order, subpoena, warrant, summons or similar process; (3) to identify or locate a suspect, fugitive, material witness, or missing person; (4) about the victim of a crime if the victim agrees to disclosure or, under certain limited circumstances, we are unable to obtain the person’s agreement; (5) about a death we believe may be the result of criminal conduct; (6) about criminal conduct at our facility or programs; and (7) in emergency circumstances to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime.

■ **National Security and Intelligence Activities.**

We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

■ **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

■ **Disclosures to Family, Friends and Others.**

We may disclose information to your family or other persons involved in your medical care. You have the right to object to the sharing of this information.

**YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

**YOUR PRIVACY RIGHTS**

You have the following rights regarding the health information we maintain about you:

■ **Right to See and Receive Copies of Your Records.** In most cases, you have the right to look at and/or get copies of your health and billing records (this does not include psychotherapy notes). You must make your request in writing. We will respond to your request within 30 days from the time we receive your letter. If there is a delay in this time frame, we will notify you in writing of the reason and give you the date when your request can be completed. If you request a copy of your information, we may charge a fee for the costs of copying, mailing or other supplies and services associated with your request. In limited circumstances, we may deny your request to see or get copies of your records. If you are denied access to your health information, you may request that the denial be reviewed. Another licensed health care professional (chosen by Northwest Family Services) will review your request and the denial.

■ **Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic format or a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

■ **Right to Request a Correction or Update of Your Records.** If you think there is a mistake in your records, you may ask us to change or add missing information. All requests must be limited to one page of paper and legibly handwritten or typed in at least a 10-point font size. We may deny your request if it is not in writing or does not include a reason for the request. We may also deny your request if you ask us to change information that: (1) is accurate and complete; (2) is not part of the information you are permitted to inspect and copy; (3) was not created by us, unless the person or organization that created the information is no longer able to make the change; or (4) is not part of the health information kept by or for our programs. Any changes we make to your health information will be disclosed to those with whom we disclose information, as described above.

■ **Right to Get a List of Disclosures.** You have the right to ask for a list of certain disclosures of your health information that we have made. Your request must be made in writing. We are not required to account for disclosures made before July 1, 2012, or for any period longer than 6 years. The first list you request within a 12-month period will be free. Fees will be charged for the cost of providing additional lists. We will mail you a list of disclosures in paper form within 30 days of your request or notify you if we are unable to supply the list within that time period.

■ **Right to Request Limits on Uses or Disclosures of Health Information.** You have the right to ask that we limit how your information is used or disclosed. You also have the right to ask that we limit the health information we disclose about you to someone who is involved in your care, such as a family member or friend. For example, you may ask us not to disclose information to your spouse about treatment you receive in our care. You must make the request in writing. You must tell us what information you want to limit and to whom you want the limits to apply. We are not required to agree to the restriction. You can also request that any restrictions you put in place be terminated in writing or verbally.

■ **Right to Receive a Paper Copy of This Notice.**

You have the right to ask for a paper copy of this Notice at any time. Current copies of the Notice will also be available at all times in the client common areas where brochures and other items are made available.

■ **Right to Choose How We Communicate with You.** You have the right to ask that we share information with you in a certain way or at a certain place. For example, you may ask us to send information to your work address instead of your home address. You must make this request in writing. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request, and we will accommodate all reasonable requests.

■ **Right to File a Complaint.** You have the right to file a complaint if you do not agree with how we have used or disclosed information about you or if you believe your Privacy Rights have been violated.

■ **Right to Restrict Disclosures to Health Plans for Self-Paid Health Services.** You have the right to request that we not disclose information to your health plan if you are self-paying for your services.

■ **Right to Receive Notice of Privacy Breaches.** You have the right to receive notice of any breach of your PHI. If such a breach should occur, we will notify you as soon as possible, no longer than 60 days from the time of the breach.

■ **Right to Opt out of Fundraising Communications.** You have the right to opt out of receiving fundraising communications from us. To opt out, you must submit a request in writing to us, and your name will be taken off any fundraising lists.

**If you do not agree with how we have used or disclosed information about you, you may file a complaint or report a problem using the COMPLAINT/ GRIEVANCE FORM which can be provided to you by a NWFS staff member. This document is available to you in English, Spanish and Russian and can be provided upon request in alternate formats for individuals with disabilities. To request this form in another format please contact the NWFS Quality Assurance Department (503) 546 6377.**