Northwest Family Services will not discriminate against you in the delivery of services or in the making of referrals for treatment based on your ability to pay for services. We also will not make a practice of refusing to refer you to a different provider because of your ability to pay. If you have any questions about these policies, please speak with the Manager of your program.

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

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

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 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. 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.

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. 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.

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 Part2, Confidentiality of Alcohol and Drug Abuse Patient Records. While this rule 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

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 must 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 disclose 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.

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. 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.

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.

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 Part2, Confidentiality of Alcohol and Drug Abuse Patient Records. While this rule 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.

Northwest Family Services

OFFICE FOR CIVIL RIGHTS

at the address listed below:

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

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

Northwest Family Services

Northwest Family Services
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 information (this includes medical records such as notes, treatment plans, and psychotherapy notes). You must make your request in writing.

- **Right to Request a Correction or Update of Your Records.** If you believe that any of your health information is incorrect, you can request that it be corrected or updated. To make this request, you must state in writing what information you believe is incorrect and why you believe it is incorrect.

- **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, and you have the right to ask that we limit how your information is used or disclosed. You also have the right to request that we limit how your information is used or disclosed. If you make a request, we will either comply with your request or provide you with an explanation of our reasons for denying it.

- **Right to Request 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 information (this includes medical records such as notes, treatment plans, and psychotherapy notes). You must make your request in writing.

- **Right to Request 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 our office, in our patient care areas, and in 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 format you prefer (for example, by mail instead of by phone). If you make a request, we will either comply with your request or provide you with an explanation of our reasons for denying it.

- **Right to File a Complaint.** You have the right to file a complaint if you believe your privacy rights have been violated. If you file a complaint, we cannot retaliate against you for filing a complaint.

- **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 we learn of the breach.

- **Right to Opt out of Fundraising Communications.** You have the right to opt out of receiving fundraising communications from us. You must submit your 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 with Northwest Family Services or submit a Grievance Form which can be provided to you by a NWFS staff member. This document is available to individuals with disabilities. To request this form in another format, please contact the NWFS Quality Assurance Department (503) 546 6377.

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. Disclosure of your Protected Health Information to a person for whom you have given written authorization.

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. This means that you must give us written permission before we can make the disclosures. If you do not authorize us, we may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information for an unauthorized purpose.

If you want to 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 paper copy of your health information within 30 days of your request or notify you if we are unable to supply the list within that time period.

- **Right to Request to Get a List of Disclosures.** You have the right to request a list of disclosures of your Protected Health Information that we have made. You do not have to give a reason for your request. However, we must be paid in writing. We are not required to account for disclosures made before July 1, 2002. The list will not include information we were not required to disclose. We will charge a fee for the cost of providing additional lists. We will mail you a paper copy of your health information within 30 days of your request or notify you if we are unable to supply the list within that time period.

- **Right to Get a List of Disclosures.** You have the right to request a list of disclosures of your Protected Health Information that we have made. You do not have to give a reason for your request. However, we must be paid in writing. We are not required to account for disclosures made before July 1, 2002. The list will not include information we were not required to disclose. We will charge a fee for the cost of providing additional lists. We will mail you a paper copy of your health information within 30 days of your request or notify you if we are unable to supply the list within that time period.

- **Right to Access to Your Health Information.** You have the right to look at and/or get copies of your health information (this includes medical records such as notes, treatment plans, and psychotherapy notes). You must make your request in writing.