



## Notice of Privacy Practices (September 23, 2013)

**GreenField Health** is committed to preserving the privacy of your personal health information. In addition we are required by law to protect certain aspects of your health care information (also referred to as protected health information or PHI). This Notice of Privacy Practices will tell you how we may use and disclose your health information. It also describes your rights for accessing your health information as well as certain obligations we have about how we may use and disclose it.

We are required by law to:

- Make sure that your health information remains private.
- Give you this notice of our legal duties and practices with respect to your health information.
- Follow the terms of the notice currently in place.

### HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION:

The following categories describe the various ways that we use and disclose health information. Each one includes an explanation and some examples. Not every use or disclosure will be noted; however all of the ways we are permitted to use and disclose information will fall into one of the categories.

**Treatment.** We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. We may release your information to physicians, nurses, technicians, office staff and other personnel who have any involvement in taking care of you and your health. For example, we may provide your protected health information to a referring physician to ensure that they have adequate information to diagnose or treat you. We may also disclose your information to any healthcare provider (including but not limited to: laboratory and imaging services, hospitals, specialists, home health nurses, long-term care organizations, etc.) who, at the request of your clinician, becomes involved in providing assistance with your care.

**Payment.** We will use and disclose your health information so that we may bill and collect payment from you, an insurance company, or another healthcare provider with whom GreenField Health has a contractual relationship. We may also tell your health plan about a pending treatment in order to obtain prior approval or determine whether your plan will pay for the treatment.

**Healthcare Operations.** We may use and disclose your health information, as needed, in order to operate our practice and ensure that our patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about patients to help us decide what additional services we should offer, how we can improve efficiency, or whether certain treatments are effective.

**Business Associates.** We may disclose health information to our business associates who perform functions on our behalf or provide services that require your information. For example, we may contract with a company that performs billing services for us. All of our business associates are required to keep your information protected and private. They are not allowed to use or disclose any patient information in any way that is beyond the scope of our contractual relationship.

**Appointment Reminders.** We may disclose your information, as necessary, to contact you about your upcoming appointment.

**Health-Related Benefits and Services.** We may use and disclose your health information in order to allow someone to contact you about possible treatment options or alternatives, or health related products/services that may be of interest to you.

**Others Involved in Health Care.** Unless you notify us that you object, we may provide your health information to individuals, such as family and friends, who are involved in your care or who help pay for your care. We may do this if you tell us we can do so, or if you know we are sharing your health information with these people and you don't stop us from doing so. There may also be circumstances when we can assume, based on our professional judgment, that you would not object. For example, we may assume you agree to our disclosure of your information to your spouse if your spouse comes with you into the exam room during treatment.

**Emergencies.** We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practical after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and has attempted to obtain your consent but is unable to obtain your consent, he/she may still use or disclose your protected health information to treat you.

**Communication Barriers.** We may use/disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable due to substantial communication barriers and the physician determines, using professional judgment that you intend to consent to disclosure under the circumstances.

### OTHER PERMITTED USES AND DISCLOSURES

We may use or disclose your health information without your permission in the following circumstances, subject to all applicable legal requirements and limitations:

**Required By Law:** As required by federal, state, or local law.

**Public Health Risks:** For public health reasons to prevent or control disease, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

**Health Oversight Activities:** To a health oversight agency for audits, investigations, licensing purposes, or as necessary for certain government agencies to monitor the health care system, government programs, and compliance with civil rights laws.

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

**Coroners, Medical Examiners and Funeral Directors:** To a coroner or medical examiner, (as necessary, for example, to identify a deceased person or determine the cause of death) or to a funeral director, as necessary.

**Law Enforcement:** We may release your health information if asked by a law enforcement official, as required by law, including (but not limited to): (1) report certain injuries, such as gunshot wounds, burns, injuries to perpetrators of crime; (2) identify or locate a suspect, fugitive, material witness, or missing person; (3) as it relates to 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; (4) as it relates to a death we believe may be the result of criminal conduct; (5) as it relates to criminal conduct at our offices; and (6) report, in an emergency, a crime, the location of the crime or victims, or the location of the person suspected of committing the crime.

**Organ and Tissue Donation:** If you are an organ donor, we may release appropriate medical information about you to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, in order to facilitate organ or tissue donation.

**Research:** Under certain, limited circumstances we may use and disclose your health information for research projects. However we closely and rigorously review all research project proposals before we agree to share our patients' health information, in order to protect patient safety, welfare and confidentiality.

**Serious Threat to Health or Safety; Disaster Relief:** We may share your information when necessary to prevent a serious threat to your health and safety or that of the public or another person, or to notify your family members or persons responsible for you in a disaster relief effort.

**Military and Veterans:** If you are a member of the armed forces or separated/discharged from military service, we may release your health information as required by military command authorities or the Department of Veterans Affairs, as may be applicable. We may also release health information about foreign military personnel the appropriate foreign military authorities.

**National Security and Intelligence Activities, Protective Service:** We may release your information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, including activities related to the protection of the President, other authorized persons or foreign heads of state, or related to the conduct of special investigations.

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

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

**Abuse or Neglect.** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect.

**Food and Drug Administration.** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects, biologic product deviations, track products to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance as required.

## WRITTEN AUTHORIZATION

Other than for those purposes identified previously, we will not use or disclose your health information for any purpose unless you give us your specific written authorization to do so. You can withdraw your written authorization at any time. To do so, deliver, mail or fax a written revocation to:

**GreenField Health System, LLC, Attn: Privacy Officer**  
9450 SW Barnes Road, Suite 100, Portland, OR 97225  
Fax: 503-292-9560

If you revoke your authorization, we will no longer use or disclose your health information.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information (note that in some cases we may charge a fee for the costs of copying, mailing or other supplies and services associated with your request):

**1) Right to Inspect and Copy.** With some exceptions, you have the right to inspect and get a copy of the health information that we use to make decisions about your care. For the portion of your health record maintained in our electronic health record, you may request we provide that information to or for you in an electronic format. If you make such a request, we must provide that information for you electronically (unless we deny your request for other reasons). We may deny your request to inspect and/or copy in certain limited circumstances, and if we do this, you may ask that the denial be reviewed.

**2) Right to Amend.** You have the right to amend your health information maintained by or for GreenField Health, or used by us to make decisions about you. We will require that you provide a reason for the request, and we may deny your request for an amendment if the request is not properly submitted, or if it asks us to amend information that (1) we did not create, (2) is not part of the health information that we keep; (3) is of a type that you would not be permitted to inspect and copy; or (4) is already accurate and complete.

**3) Right to an Accounting of Disclosures.** You have the right to request a list and description of certain disclosures by us of your health information.

**4) Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you (1) for treatment, payment, or health care operations, (2) to someone who is involved in your care or the payment for it or (3) to a health plan for payment or health care operations purposes when you have paid for the item or service for which the health care provider involved has been paid out of pocket in full. (NOTE: Except for item 3, we are not required to agree to your request.) Any time we agree to such a restriction, we will do in writing as required by law, with the document signed by a GreenField staff member who is authorized to do so.

**5) Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain place. For example, you can ask that we only contact you at work or by mail.

**6) Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice.

## QUESTIONS OR COMPLAINTS

If you have any questions about this Notice, please contact us at 503-292-9560. If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

## CHANGES TO THIS NOTICE

We reserve the right to change this notice and make the revised or changed notice effective for your health information both what has been and what will be received. New patients will receive a copy of this notice, and current patients will receive a copy if the notice has been revised since their last visit. In either case, we will ask you to sign a form acknowledging you have received a copy, which will be included in your health record.