

## 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 CARE FULLY.

This Notice takes effect on April 14, 2003

### OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

Benson Health Clinic is dedicated to maintaining the privacy of your medical information. We create a record of the care and services you receive to provide quality care and to comply with the legal requirements. This notice applies to all of the records of your care that we maintain, whether created by our staff or your personal provider.

These records are our property. However, we are required by law:

- To keep medical information about you private.
- To give you this notice of our legal duties and privacy practices concerning your medical information.
- To follow the term of the Notice of Privacy Practice that is current in effect.

### WHO WILL FOLLOW THIS NOTICE

- Any health care professional that treats you at our office.
- All employed associates and staff.

### CHANGES TO THIS NOTICE

The terms of this notice apply to all records containing your medical information that are created or retained by us. We reserve the right to revise, change, or amend our Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of the information that we may receive, create, or maintain in the future. Our office will post a copy of our current notice in a prominent location, and you may request a copy of our most current notice during any visit to our organization.

### HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe the different ways in which we may use and disclose your medical information. Please

note that not every particular use or disclosure is listed below but does fall within one of the categories.

- **Treatment**—For example, a provider or counselor may use the information in your medical record to determine which treatment option, such as a drug, best addresses your health needs.
- **Payment**—our office may use and disclose your medical information in order to bill and collect payment for the services and items you may receive from us. For example, we may
- Your counselor believes there is a threat of imminent harm to yourself or others.
- Your counselor has reasonable cause to believe that the welfare of a minor child or elderly person is in jeopardy.
- You are involved in a legal action in which your records are subject to subpoena. We will make every attempt to contact you and to protect your records.
- **For Health Care operations**- Benson Health Clinic may use and disclose your medical information to operate our business. These uses and disclosures are important to ensure that our organization is well run.

### THE FOLLOWING CATEGORIES DESCRIBE ADDITIONAL CONDITIONS IN WHICH WE MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION

- **Health-Related use and Disclosure**- Benson Health Clinic may use and disclose your medical information to remind you that you have an appointment, or to provide information about treatment alternatives or other health -related benefits and services that may be of interest to you.
- **Required by law**- We will use or disclose medical information about you when required by law.

- **Public Health Activities**- Benson Health Clinic may disclose your medical information for public health purposes. Examples include:
  - To prevent or control diseases, injury or disability;
  - to maintain vital records, such as births or deaths;
  - or report abuse or neglect as required by law;
  - to notify a person regarding potential communicable disease;
  - to report reactions to drugs or problems with medication;
  - to notify individuals if a product they may be using has been recalled;
  - to notify your employer under limited circumstances, related workplace injury or illness or medical surveillance.
- **Health Oversight Activities**- Benson Health Clinic may disclose your medical information to a health oversight agency or for activities authorized by law, such as investigations, inspections, audits, surveys, licensure and disciplinary actions.
- **Lawsuits and Similar Proceedings**- Benson Health Clinic may use and disclose your medical information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your medical information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- **Law Enforcement** – Benson Health Clinic may release medical information if asked to do so by law enforcement officials: regarding a crime victim in certain situations, if we are unable to obtain the person's agreement:

**BENSON HEALTH CLINIC**  
**66 Club Rd #160 Eugene, OR 97401**  
**T: 541-345-1722 f: 541-485-7049**

concerning a death we believe might have resulted from criminal conduct: regarding criminal conduct on our premises;

to identify/locate a suspect, material witness, fugitive or missing person; and in an emergency, to report a crime, (including the location or victims(s) of the crime, or the description, identify or location of the perpetrator)

- **Business Associates-** Benson Health Clinic may share your medical information with "business associates" that perform such services as chart audits for us through contracts that we have with them. These contracts identify terms that safeguard the privacy of your medical information.
- **Coroners, Medical Examiners, and Funeral Directors-** Benson Health Clinic may release information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.
- **Serious Threat to Health or Safety** Benson Health Clinic may use or disclose your medical information when necessary to reduce or prevent a serious threat to your health and safety of another individual or the public.
- **Specialized Government Functions** Benson Health Clinic may disclose your medical information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities. In addition, our organization may disclose your medical information to federal officials for intelligence and national security activities authorized by law. We also may disclose your medical information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations. Furthermore, Benson Health Clinic may disclose your medical information to correctional institutions or law enforcement officials' if you are an inmate or under

the custody of a law enforcement official.

- **Workers Compensation**  
Benson Health Clinic may release your medical information for Workers' Compensation and similar programs.

**YOU'RE RIGHTS REGARDING YOUR MEDICAL INFORMATION**

- **Requesting Restrictions-**  
You have the right to request a restriction in our use or disclosure of your medical information for treatment, payment or health care operations. We are not required to agree to your request. In order to request a restriction in our use or disclosure of your medical information, you must have your request in writing, and must describe in a clear and concise fashion: (1) the information you wish restricted; (2) whether you're requesting to limit our use, disclosure or both; and (3) to whom you want the limits to apply.
- **Confidential Communications**  
You have the right to request Benson Health Clinic communicate with you about your health and related issues in particular manner, or at a certain location. For instance you may ask we contact you by mail rather than telephone, or at work, rather than home. If you wish to receive confidential communications, please notify the person who registers you. Benson Health Clinic will accommodate reasonable requests. You do not need to give a reason for your request.
- **Inspection and Copies**  
You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about you, including patient medical and billing records. Request to inspect and/or copy records must be made in writing to the medical record department of Benson Health Clinic. We may charge a fee for the costs of copying, mailing labor and supplies associated with your request. We may deny your request to inspect and/or copy records in certain limited circumstances; however, when accessing your psychiatric records the

law requires that your mental health care provider review your record prior to granting your access. If the provider reasonably determines that disclosure of the record would be harmful to your physical or mental health, the provider may refuse to disclose the record. If this happens, you then have the right to tell us, in writing, to disclose your records to another provider of your choice.

- **Amendment-**  
You may ask us to amend your medical information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for Benson Health Clinic.
- **Paper Copy of this Notice**  
You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask to give you a copy of this notice at anytime.
- **Provide an Authorization for Other Uses and Disclosures-**  
Benson Health Clinic will obtain your written authorizations for uses and disclosures that are not identified by this notice or are not permitted by law.

**Complaints**

You have the right to file a complaint if you are concerned that your privacy rights have been violated, or if you disagree with a decision we made concerning all your rights listed above. All complaints must be submitted in writing either on paper or e-mail, within 180 days of the incident(s). Please address complaints to Amber Benson, 66 Club Rd, Suite 160, Eugene, OR 97401 P.O. Box 70779 Springfield, OR 97475 or by e-mail: Office@bensonhealthclinic.com

**You will not be penalized for filing a complaint.**