

Willamette Vital Health

NOTICE OF PRIVACY PRACTICES (NPP) – Effective: February 16, 2026

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 CAREFULLY.

Willamette Vital Health (“WVH”) is required by law to maintain the privacy of your health information, to provide you this Notice, and to abide by its terms. We may change the terms of this Notice and make the new Notice effective for all health information we maintain. You may request a paper copy at any time or view it online at wvh.org.

Contact/Privacy Officer: 1015 3rd St NW, Salem, OR 97304 – 503-588-3600

Who is covered by this Notice

This Notice applies to WVH and its workforce (employees, contract employees, volunteers), and certain business associates that perform services on our behalf under written agreements protecting your information.

How we may use and disclose your health information without your written authorization

We may use and disclose your protected health information (“PHI”) for the following purposes:

1. **Treatment:** To coordinate and manage your care within WVH and with others involved in your care (e.g., your attending physician, interdisciplinary team members, pharmacies, DME suppliers, and other healthcare professionals).
2. **Payment:** To determine eligibility, obtain prior authorization, and seek reimbursement from your health plan or other payers.
3. **Health Care Operations:** For quality assessment and improvement, compliance activities, training, business management, and general administrative purposes. We may disclose limited information to other covered entities for certain healthcare operations when permitted by law.
4. **Incidental Uses/Disclosures:** As a by-product of otherwise permitted uses/disclosures, using reasonable safeguards (e.g., conversations in a semi-private room).
5. **Business Associates:** To vendors who need your information to perform services for us under contracts that require privacy and security protections. Some uses by business associates may require your authorization under HIPAA.
6. **Limited Data for Research/Public Health/Operations:** We may share limited data sets (e.g., dates of service, age, five-digit ZIP code) under data-use agreements for approved purposes. Certain research disclosures require Institutional Review Board/Privacy Board approval.

7. Unless you object:

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- **Fundraising:** We may use limited information (e.g., name, contact info, dates of service) to contact you. You may **opt out** of all fundraising communications.
- **Family/Friends involved in care:** Using professional judgment, we may share relevant information with persons you identify who are involved in your care or payment for care.
- **Disaster relief:** To coordinate with public or private entities assisting in disaster relief.
- **Appointment reminders & health-related benefits/services** communications.

8. Other uses/disclosures required or permitted by law:

These include: public health reporting; abuse, neglect, or domestic violence reports as authorized; health oversight activities; judicial and administrative proceedings; law enforcement; coroner/medical examiner and funeral director functions; organ, eye, or tissue donation; serious threats to health/safety; specialized government functions; and workers' compensation.

Disclosures will be narrowed tailored to legal requirements.

Special Protections for Substance Use Disorder (SUD) Records – 42 CFR Part 2

If WVH maintains any records related to your substance use disorder diagnosis, treatment, or referral for treatment by a federally assisted SUD program, those records are **protected by federal confidentiality rules (42 CFR Part 2)** in addition to HIPAA. The following provisions apply:

- **Consent for TPO:** You may authorize a broad consent allowing WVH and our business associates to use and disclose your Part 2 records for **treatment, payment, and healthcare operations (TPO)**. You may revoke your consent at any time in writing.
- **Prohibition on Redislosure Notice:** Any disclosure of Part 2 records we make will include the following statement or a substantially similar statement:

*“This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose.”*

- **Legal Proceedings:** Part 2 records **generally may not** be used or disclosed in civil, criminal, administrative, or legislative proceedings against you **without your written consent** or a **specific court order** issued under the Part 2 standards. Subpoenas or similar legal process alone or not sufficient.
- **Minimum Necessary:** Disclosures made with your consent will be limited to the minimum necessary to fulfill the purpose.
- **Patient Rights (Part 2):** In addition to HIPAA rights, patients with Part 2 records have the right to:
 - Request **restrictions** on disclosures for TPO;
 - Receive an **accounting of disclosures** of Part 2 records;

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- **Opt out of fundraising** communications.
- **Public Health:** De-identified information may be shared with public health authorities when permitted by Part 2.
- **Complaints & Non-Retaliation:** You may submit complaints about Part 2 practices to WVH and/or HHS. WVH **will not** require you to waive your right to file a complaint as a condition of treatment, and **will not** retaliate for complaints made in good faith.

NPP Update Requirement: Because WVH may receive or maintain Part 2 records, these Part 2 confidentiality provisions are included as required by the 2024-2026 Part 2/HIPAA alignment rule. (Compliance date: February 16, 2026)

Uses and disclosures that require your written authorization

We will obtain your **written authorization** before using or disclosing your information for purposes **not described in this Notice**. Your authorization is specifically required for:

- Most uses and disclosures of **psychotherapy notes** (if maintained separately);
- **Marketing** communications that involve financial remuneration to WVH from a third party;
- Any **sale of PHI**; and
- Certain other uses/disclosures as required by law.

If you sign an authorization, you may **revoke** it in writing at any time, except to the extent we have already relied on it. (Revocation is not effective for disclosures already made.)

HIV and SUD information: Where required by law, **special written authorization** is needed to release certain sensitive information (e.g., HIV-related information). SUD records are protected as described in the **Part 2** section above.

Your Rights Concerning Your Health Information

You have the following rights regarding PHI we maintain:

1. **Right to Request Restrictions:** You may ask us to limit disclosures to family or others involved in your care or payment. We will consider your request but are not required to agree, except that we must agree to your request **not to disclose** information about a service to your health plan **if you paid in full out-of-pocket** for that service.
2. **Right to Confidential Communications:** You may request that we contact you in a certain way (e.g., at a specific address or phone). We will accommodate reasonable requests and will not require you to explain the reason.
3. **Right to Inspect and Obtain Copies:** You may review and obtain copies of your medical, billing, or other records used to make decisions about your care, in paper or electronic form. We will inform you if a limited denial applies and how to request a review. Reasonable, cost-based fees may apply.

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4. **Right to Request an Amendment:** If you believe information is incorrect or incomplete, you may request a correction. If we deny your request, we will provide a written explanation and you may submit a statement of disagreement.
5. **Right to an Accounting of Disclosures:** You may request a list of certain disclosures we have made in the six years prior to your request, excluding disclosures for treatment, payment, healthcare operations, disclosures to you, those you authorized, certain national security/law enforcement disclosures, and disclosures to family/friends involved in care. The first request in a 12-month period is free.
6. **Right to Paper Copy of this Notice:** You may request a paper copy at any time or view at wvh.org.
7. **Right to Opt Out of Fundraising:** You may opt out of any fundraising communications.

Note on Access Timelines: If federal rules are updated to shorten access timelines (e.g., from 30 days to 15 days), WVH will follow the **most current** legally applicable timeframe and will update this Notice accordingly.

Our duties

- Maintain the privacy and security of your PHI;
- Provide this Notice and follow it;
- Notify you following a breach of unsecured PHI as required by law;
- Not retaliate against you for filing a complaint; and
- Not condition treatment, enrollment, or benefits on waiver of privacy rights.

Complaints and questions

If you have questions or believe your privacy rights have been violated, contact:

WVH Privacy Officer

1015 3rd St NW, Salem, OR 97304

Phone: 503-588-3600 – 800-555-2431

You may also contact the **U.S. Department of Health and Human Services**. You will not be retaliated against for making a complaint in good faith.