



W A L L O W A V A L L E Y  
**CENTER for WELLNESS**

## Wallowa Valley Center for Wellness (WVCW) Notice of Privacy Practices

### What is protected?

**Protected Health Information (PHI)**, which consists of any medical information containing your name or containing other publicly available information from which your identity can be determined. Federal law driving protection of your information includes but is not limited to the Health Insurance Portability and Accountability Act (HIPAA) and 42 Code of Federal Regulations Part 2 (42 CFR Part 2) covering Substance Use Disorder treatment.

### Your PHI:

- Is kept in written charts, or stored electronically (e.g., in a computer system).
- Includes records of evaluations, treatments, tests, visits, counseling sessions, and any other health care services you have received.

### Protecting your privacy:

- By law, we must keep your PHI confidential, except in certain situations.
- We must give you a copy of this Notice.
- All **WVCW Employees and Volunteers** must follow applicable privacy rules.
- If there is a **privacy breach** that involves your PHI we will notify you.
- The PHI may include past, present and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time.
- You have the right to change your mind and **withdraw your consent**, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing.
- If requested, you will be provided a list of entities to which your information has been disclosed.

### PHI Sharing: When Authorization is Required and When it is Not

*IN MANY CASES, WE NEED YOUR WRITTEN AUTHORIZATION BEFORE WE CAN SHARE YOUR PHI WITH ANY PERSON. This includes sharing with non-treatment involved providers or other community entities.*

However, we can share PHI **without your written authorization** in certain circumstances, such as:

- Providing you with **medical treatment** or assisting / coordinating care with another healthcare provider who is treating you.
- Running our **organization**.
- **Billing or obtaining payment** for services.
- Helping with **public health and safety issues**.
- Conducting **research**.

- As part of an **organized healthcare arrangement** (see "OCHIN," on next column).
- As part of a **community health information exchange**
- Complying with the **law**.
- Responding to **lawsuits and legal actions**.
- For **law enforcement** purposes when imminent risk of harm to self or others is present.
- Working with a **medical examiner or funeral director**.
- **Worker's compensation** purposes.
- Scheduling an **interpreter** for you.
- In the event of a **disaster**.
- Preventing or controlling **outbreaks of disease**.
- Reporting **births or deaths**.
- In the event of a **healthcare emergency**.
- In the event of an **imminent threat to self or others**.
- Complying with **court or administrative orders**, or in response to a subpoena.
- Reporting suspected **abuse, neglect or domestic violence**.
- Responding to an investigation or audit conducted by a **health oversight agency**.
- To **correctional facilities** as necessary for your care.

## Your Privacy Rights

You can ask us to **limit how we use or share your information**. You must ask in writing. We can agree if law allows.

- You can ask us to **contact you in a certain way** or in a certain place. We will follow any realistic request.
- In most cases you can look at or get **copies of your records**. You must ask in writing. You may have to pay for the copies. Please contact us for the form.
- You can ask to **amend health information** in your medical or billing records. This must be in writing. We may not agree to those changes in certain situations.
- You can usually **revoke your written authorization** if you ask us in writing. However, we can't take back any PHI or other information we have already shared.
- You can ask for a **list of those with whom we have shared your PHI** in the past 6 years. You must ask in writing. This list will not include disclosures of PHI made for treatment, payment, or health care operations, or those that were made pursuant to your written authorization.
- Your PHI will not be sold.
- **Genetic information** cannot be disclosed to health plans to determine eligibility.
- We will not disclose information to your health plan if you pay for services out of pocket.
- You can ask for a **paper copy of this Notice** at any time.

- You can choose to **designate someone as your authorized representative** for purposes of deciding whether your PHI should be shared. Any such designation must be in writing and otherwise legally valid.
- You have a right to provide specific authorization for use and disclosure of your PHI for purposes beyond those covered by treatment, payment, and internal operations.

## Your Choices

You have some choices in the way we use and share your PHI in the following circumstances:

- To tell **family or friends** about your condition.
- To provide **disaster relief**.
- To **raise funds**.
- To **market our services or sell your information**.
- To include you in a **mental health or hospital directory**.
- When you provide written authorization (release of information) that we may disclose your information, we may use or disclose that information related to your described wishes to entities or persons not involved in providing you treatment. You may revoke consent at any time. We use a reciprocal authorization form, meaning that you may elect for us to share information with another entity, and for them to share information with us within one written authorization. If you have a preference as to how we share PHI in any of these circumstances, please tell us and we will follow your instructions to the extent we are legally able to do so.

## Organized Healthcare Arrangements and Exchanges

### OCHIN

WVCW is part of an **organized healthcare arrangement** including participants in OCHIN. As a business associate of WVCW, OCHIN supplies information technology and related services to WVCW and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. **OCHIN also helps participants work collaboratively** to improve the management of internal and external client referrals. Your personal health information may be shared by WVCW with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

**Health Information Exchanges (HIE)** are data clearing houses which business associates of WVCW. They provide secure, electronic exchange of health information among authorized members in the health care community—such as health care providers and public health agencies—to drive timely, efficient and client-centered care. WVCW may share your PHI with HIE for the purposes of facilitating the exchange of health information among authorized HIE members for treatment, payment or healthcare operations purposes.