

Behavioral Health Notice of Privacy Practices

ShelterCare complies with federal regulations as defined in the Health Insurance Portability and Accountability Act (HIPAA) and all State of Oregon rules and regulations regarding the use and disclosure of Protected Health Information (PHI) of the clients served by ShelterCare. This Notice of Privacy Practices will tell you how this ShelterCare program may use or disclose information about you.

Your Protected Health Information Privacy Rights

As a client of ShelterCare, you have the following rights in relation to privacy:

- **Right to See and Get Copies of Your Records.** In most cases, you have the right to look at or get copies of your records. The agency may require a written request. You may be charged a fee for the cost of copying your records.
- **Right to Request a Correction or Update of Your Records.** ShelterCare is not allowed to change documents that have become part of the record. If you disagree with information generated by this program and inserted into your record, then you may request to insert into your record information that you believe to be correct. You must make the request in writing, and provide a reason for your request.
- **Right to Get a List of Disclosures.** You have the right to ask ShelterCare for a list of disclosures made after April 14, 2003. You must make the request in writing. This list will not include the times that information was disclosed for coordinated services or payment. The list will not include information provided directly to you or information that was sent with your authorization.
- **Right to Request Limits on Uses or Disclosures of PHI.** You have the right to ask that ShelterCare limit how your information is used or disclosed. You must make the request in writing and tell ShelterCare what information you want to limit and to whom you want the limits to apply. ShelterCare is not required to agree to the restriction, in most cases. If requested and consistent with law, ShelterCare shall agree not to send health information to your health plan for payment of health care operating purposes if the information concerns a health care item or service for which you have paid ShelterCare out of pocket in full. You can request that the restrictions be terminated in writing or verbally.
- **Right to Be Notified of a Breach.** You have a right to be notified in the event that we (or a business associate) discover a breach of your unsecured health information. Notice of a breach will be made in accordance with federal requirements.

Behavioral Health Notice of Privacy Practices

- **Right to Choose How We Communicate with You.** You have the right to ask that ShelterCare share information with you in a certain way or in a certain place. For example, you may ask ShelterCare to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.
- **Right to File a Complaint.** You have the right to file a complaint if you do not agree with how ShelterCare has used or disclosed information about you.
- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.

Uses of PHI and Limits to Privacy

In general, your treatment with ShelterCare staff is private and confidential but there are situations in which we have to disclose some information about you in order to comply with legal requirements, statutes, and regulations or to complete necessary business practices.

How We May Use and Disclose Your Information: We may use and disclose your information for the following purposes:

- To provide or coordinate services on your behalf
- For functions related to payment or reimbursement for services
- To carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions
- To meet the requirements, statutes, laws and regulations that govern our agency and practices
- To train employees and to evaluate the services offered to you

Authorization to Use or Disclose Your PHI to a Third Party: In most cases, before using or disclosing your Information to a third party (another program or medical provider such as your doctor, or family and friends), we will ask for your written authorization. If you choose to agree to disclose your information, you can later revoke that authorization to stop any future uses and disclosures. However, you cannot revoke your authorization for past uses and disclosures that we have made. Also, there are exceptions where we are required to share your PHI even if you have not given your permission.

Limits to Privacy: We may use or disclose your Information for other reasons, even without your permission. Subject to applicable federal or state law, we are permitted to disclose your information without your permission for the following

Behavioral Health Notice of Privacy Practices

purposes:

- **Treatment:** Relevant information about you and your treatment services may be disclosed to other healthcare and social service providers when it is necessary for providing or arranging for the provision of your care. This encompasses the coordination and management of healthcare among healthcare providers or by a healthcare provider with a third party, consultations between health care providers, and referral for healthcare from one healthcare provider to another.
- **Payments:** We are required to share certain information about you and your services for the purposes of billing, claims management and collections, health plan member eligibility, coverage, medical necessity review and determinations, and utilization review.
- **Healthcare Operations:** PHI may be disclosed during healthcare operation tasks such as quality assessment and improvement activities (including outcomes evaluations, development of clinical guidelines, and case management), evaluating the competence of practitioners/providers, accreditation, certification, licensing or credentialing activities, business planning and administration activities, and other similar activities related to or supporting the practitioner's/provider's practice.
- **Auditing, Investigations, Inspections and Disciplinary Actions:** We may be required to disclose relevant PHI to a oversight agency, such as the Oregon Health Authority, Coordinated Care Organizations, financial auditors and clinical licensing boards, as needed for program audits, civil, administrative, and/or criminal investigations, proceedings or actions, inspections, licensure or disciplinary actions;
- **As Required in Court Proceedings:** We may use/disclose your PHI when such use/disclosure is required in court proceedings, subject to relevant laws. Disclosures may happen in response to a court order, court-ordered warrant, subpoena or summon, and/or in defense claims brought by you against a clinician or ShelterCare.
- **As Required By Law:** We are required to report to law enforcement or county entities for the purpose of:
 - Reporting suspected child or adult abuse
 - Reporting a death that is the result of criminal activity
 - Reporting criminal conduct on ShelterCare's property
 - Alerting law enforcement officials about a crime which was not committed on ShelterCare's property, when the information comes from the provision of emergency treatment

Behavioral Health Notice of Privacy Practices

- When a law enforcement officer requests information to identify or locate a suspect, fugitive, missing person, or material witness
 - The client's health information should contain documentation of law enforcement disclosures.
- **Serious Threat to Health or Safety:** We may use and disclose your PHI when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Public Health Activities and Disease Control:** As required by law for public health activities and the prevention or control of disease, injury or disability, including but not limited to communicable diseases.
- **Abuse, Neglect or Domestic Violence:** ShelterCare staff are Mandatory Reporters. We may disclose your Personally Identifying Information when the disclosure relates to victims of domestic violence, abuse or neglect, or the neglect or abuse of a child or an adult who physically or mentally incapacitated, where the disclosure is required by law, you agree to such disclosure, or the disclosure is authorized by law and we believe it is necessary to prevent serious harm to you or other potential victims.
- **Research:** ShelterCare may use information for studies and to develop reports. These reports do not identify specific people and help our agency in various ways such as securing grants and funding.
- **Agency Merger or Consolidation:** If ShelterCare were to consolidate, merge, transfer or sell all or part of its programming to or with another entity, your PHI may be disclosed to the business partners involved with due diligence, as necessary, for completion of associated business processes.
- **Business Associates:** Some business associates may have limited access to your PHI while completing the services that they have been contracted with ShelterCare to perform. For example, a professional cleaner may be given access to a records room in order to complete cleaning duties. Business Associates that are contracted with ShelterCare are required to protect any PHI they may inadvertently come across while completing their duties.
- **PointClickCare:** ShelterCare participates in the PointClickCare network to share electronic health information for the purpose of coordinating the provision of safe, convenient, integrated care. ShelterCare shares the names of program participants with the database and tracks visits and admissions to hospitals but does not provide/share any other information within the network. If you wish to opt out from allowing your information to be shared by PointClickCare, staff can assist you in completing the opt-out form.

Behavioral Health Notice of Privacy Practices

- **Staff Training and Supervision:** Information about you or your situation may be shared between ShelterCare employees and their supervisors for the purpose of staff training and to ensure quality services.

Other Privacy Information

Destruction and De-Identification of Your Personal Health Information: We will dispose of or remove identifiers from documents including your PHI when it is no longer in use unless a statutory, regulatory, contractual, or other requirement mandates we keep it longer.

Public Encounters. Given that Eugene and Springfield are relatively small communities, it is likely that staff and clients may inadvertently see each other in other public settings outside of the ShelterCare. Should this occur, we would like you to know that our intent is to always protect your privacy and confidentiality. Therefore staff will not initiate contact with you in public. However, should you choose to do so, we are happy to respond to you if you choose to initiate conversation.

How to contact ShelterCare to Review, Correct, or Limit Your Protected Health Information (PHI)

You may contact staff members at your ShelterCare program by phone or writing to:

- Ask to look at or copy your records
- Ask to correct or change your records
- Ask to limit how information about you is used or disclosed
- Ask for a list of the times ShelterCare disclosed information about you
- Ask to cancel an authorization

How to File a Complaint or Report a Problem

You may contact a staff member at your program or the ShelterCare Privacy Officer if you want to file a complaint or to report a problem with how ShelterCare has used or disclosed information about you. ShelterCare cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

ShelterCare Privacy Officer Contact Information:
ShelterCare Administration 541-686-1262