



ST. MARY'S HOME 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 CAREFULLY.

I. WHO WE ARE

This Notice describes the privacy practices of St. Mary's Home, its Clinical, Administrative and Professional Staff. It applies to all treatment and services provided to you by St. Mary's Home and its contractors, located at 16535 S.W. Tualatin Valley Highway in Beaverton, Oregon.

II. OUR PRIVACY OBLIGATIONS

We are required by law to maintain the privacy of your health information ("Protected Health Information" or "PHI") and to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information. When we use or disclose your Protected Health Information, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

St. Mary's Home uses all possible measures to safeguard the identities and personal information of our clients and their families. As a rule we do not disclose information about our clients for purposes outside of; whereas Required by Law; to ensure Client and Community Safety/Health and for Treatment, Payment and Health Care Operations.

III. PERMISSIBLE USES AND DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

In certain situations, which we will describe in Section IV below, we must obtain your written (consent or) Authorization ("Your Authorization") in order to use and/or disclose your PHI. However, unless the PHI is Highly Confidential Information (as defined in Section IV. below) and the applicable law regulating such information imposes special restrictions on us, we may use and disclose your PHI without your authorization for the following purposes.

REQUIRED BY LAW. Information that is required by law (i.e., A mandate that is contained in law that compels St. Mary's Home to use or disclose Protected Health Information and that is enforceable in a court of law, e.g., court orders, court-

orientated subpoenas, civil or authorized investigative demands, Medicare conditions or participation).

CLIENT AND COMMUNITY HEALTH/SAFETY. Information obtained in the course of diagnosis, evaluation or treatment of a client, which, in the professional judgment of the provider indicates a clear and immediate danger to others or to society, may be reported to the appropriate authority. ORS 179.505(12)

TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS. We may use and disclose PHI, in order to treat you, obtain payment for services provided to you and conduct our health care operations as detailed below.

- **TREATMENT.** We use and disclose your PHI to provide treatment and other services to you—for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment.
- **PAYMENT.** We may use and disclose your PHI to obtain payment for services that we provide to you from the Oregon Medicaid Program or another governmental program that arranges or pays the cost of some or all of your care. We will obtain Your Authorization to disclose PHI to your private health insurer, HMO or other private payer.
- **HEALTH CARE OPERATIONS.** We may use and disclose your PHI for our health care operations, which include internal administration, planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competency of our Clinical Staff, including: accreditation, certification, licensing or credentialing activities. We may disclose PHI in order to resolve any complaints you may have and ensure that you have a comfortable visit with us.

IV. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

For any purpose other than the ones described above in Section III, we will only use or disclose your PHI when you give us your authorization on our authorization form.

USES AND DISCLOSURES OF YOUR HIGHLY CONFIDENTIAL INFORMATION. In addition, Federal and Oregon law imposes special privacy protections for “Highly Confidential Information”, which is Psychotherapy Notes and the subset of Protected Health Information that is related to: (1) treatment of a mental illness; (2) alcohol and drug abuse treatment program services; (3) HIV/AIDS testing; (4) child abuse and neglect; (5) sexual assault; and (6) genetic testing.

In order for St. Mary's Home to use or disclose your "Highly Confidential Information" for a purpose other than those listed in Section III, we will obtain your authorization.

V. CLIENT RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

FOR FURTHER INFORMATION; GRIEVANCES. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we have made about access to your PHI, you may contact our Privacy Office. You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or with the Director.

RIGHT TO REQUEST ADDITIONAL RESTRICTIONS. You may request restrictions on our use and disclosure of your PHI: (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from our Privacy Office or your Case Manager and submit the completed form to the Privacy Office. We will send you a written response.

RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS. You may request, and we will accommodate, any reasonable (written) request for you to receive your PHI by an alternative means of communication or at an alternative location.

RIGHT TO REVOKE YOUR AUTHORIZATION. You may revoke Your Authorization except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Office identified below. (A Form of Written Revocation is available upon request from the Privacy Office.)

RIGHT TO INSPECT AND COPY YOUR HEALTH INFORMATION. You may request access to your medical/mental health records and billing records maintained by us. In order to inspect and request copies of your records, please obtain an "Access Request Form" from the Privacy Office or your Case Manager and submit the completed form to the Privacy Office. We will comply with your request unless we believe that the information that would be viewed is detrimental to your treatment.

RIGHT TO AMEND YOUR RECORDS. You have the right to request that we amend Protected Health Information maintained in your medical/mental health records or billing records. If you desire to amend your records, please obtain an “Amendment Request Form” from the Privacy Office and submit the completed form to the Privacy Office. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

RIGHT TO RECEIVE AN ACCOUNTING OF DISCLOSURES. Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, we may charge you \$1.00 for each page of the accounting statement.

RIGHT TO RECEIVE A COPY OF THIS NOTICE. Upon request, you may obtain a copy of this Notice, even if you have already agreed to receive such notice electronically.

VI. EFFECTIVE DATE AND DURATION OF THIS NOTICE

EFFECTIVE DATE. This Notice is effective on May 24, 2004.

RIGHT TO CHANGE TERMS OF THIS NOTICE. We may change the terms of this Notice at any time. If we change this Notice, we may make the new Notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new Notice. If we change this Notice, we will post the new Notice in common areas around St. Mary’s Homes’ campus and on our Internet site at www.stmaryshomeforboys.org. You also may obtain any new notice by contacting the Privacy Office.

VII. Privacy Office

YOU MAY CONTACT THE PRIVACY OFFICE AT:

PRIVACY OFFICE
ST. MARY’S HOME
16535 S.W. TUALATIN VALLEY HIGH WAY
BEAVERTON, OREGON 97006
503-649-5651
SMILLER@STMARYSHOMEFORBOYS.ORG