**River Valley Rheumatology &**

**Infusions, INC**

960 Liberty ST SE #200

Salem, OR 97302

503-399-0652

503-373-3852 fax

HIPAA

**NOTICE OF PRIVACY PRACTICES**

**River Valley Rheumatology &Infusions, INC**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION ( IIHI).

PLEASE REVIEW IT CAREFULLY!

The health and billing records we maintain are the physical property of this office. We are required by law to maintain the privacy of your protected health information and to provide you with this “Notice of Privacy Practices”. As Required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. Protected health information is the information we create and obtain in providing our services to you.

**OUR LEGAL DUTY**

Law Requires Us to:

* Make sure that the medical information that identifies you is kept private.
* Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
* Follow the terms of the notice that is now in effect.

**We Have the Right to:**

* Change our privacy practices and the terms of this notice at any time, provided that law permits the changes.
* Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

**Notice of Change to Privacy Practices:**

* Before we make an important change in our privacy practices; we will change this notice and make the new notice available upon request.

**USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION**

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below without your specific written authorization.

**Healthcare Treatment:**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or other people who are taking care of you. We may also share medical information about you to your other healthcare providers to assist them in treating you. Examples of uses of your health information for treatment purposes are:

* A nurse obtains treatment information about you and records it in a health record.
* During the course of your treatment, the physician determines he/she will need to consult with another specialist in the area.

He/she will share the information with such specialist and obtain his/her input.

We may disclose medical information about you to provide you with medical treatment or services. We may disclose information about you to the doctors, nurses, technicians, medical assistants, or office personnel who are involved in taking care of you here in our office.

**For Payment:**

We may use and disclose your medical information for payment purposes. An example of use of your health information for payment purposes is:

* We submit requests for payment to your health insurance company. The health insurance company or business associate helping us obtain payment, requests information from us regarding your medical care given. We will provide information to them about you and the care given.

We may use and disclose medical information about you so that treatment and services you receive at our office may be billed to and payment may be collected from you and an insurance company, or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Healthcare Operations**:

We may use and disclose your medical information for our healthcare operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the certificates, licenses, and credentials we need to serve you. An example of the use of your information for health care operations is:

* We may obtain services from business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such business associates as necessary to obtain these services.

**Additional Uses and Disclosures**

In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes:

**Patient Contact/ Appointment Reminders**

We may contact you to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you.

**Notification**

Unless you object, we may use or disclose your protected health information in order to notify, or assist in notifying, a family member, your personal representative, or other persons responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission, if possible, before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-rays, or medical information for you.

**Communication with Family**

Using our best judgment, we may disclose to a family member, other relative, close personal friend (as specified), or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care, if you do not object, or in the event of an emergency. This would include persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to any person/s that you have specifically identified in your record. You can object to these releases by telling us that you do not wish any or all individuals involved in your care to receive this information.

**Electronic Communication**

You have the right to request that we communicate with you through electronic mail (email).

Patients can send electronic communications to us via our Patient Portal. To sign up please request a token from our front desk. We are not held responsible for breaches in security via an electronic medium and if these methods of communication are used; it is done so at the patient’s own risk.

**Alternative Communication**

You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. We will attempt to contact you by all available means to include leaving a message on voice mail at home or cell or via email, with a request for you to contact our office.

**Controlling Disease**

As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Food and Drug Administration (FDA)**

We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

**Victims of Abuse, Neglect, or Domestic Violence**

We may disclose protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others.

**Health Oversight Activities**

We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or for similar reasons related to the administration of healthcare.

**Court Orders and Judicial and Administrative Proceedings**

We may disclose your medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim, or missing person.

**Law Enforcement**

Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds, or other physical injury), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement officials, reports regarding suspected victims of crimes at the request of law enforcement officials, reporting death, crimes on our premises, and crimes in emergencies.

**Research**

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information. The patient would also be contacted prior to discuss.

**Threat to Health and Safety**

To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

**National Security or For Specialized Government Functions**

We may disclose your protected health information for specialized government functions as authorized by law, such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

**Workers’ Compensation**

If you are seeking compensation through Workers’ Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers’ Compensation.

**Disaster Relief**

Your protected health information may be used or disclosed to a public or private organization or person who can legally assist in disaster relief efforts.

**Other Uses and Disclosures**

Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise authorized by law or with your written authorization, which you may revoke at any time by delivering your written authorization to our office using the form we provide to you upon request. Revocation of your authorization will only apply to the extent that we have not already taken action in reliance on the authorization.

**Health Promotion Activities**

With the exception of mental health and substance abuse PHI, we will use and disclose some of your PHI for certain health promotion activities. For Example, your name and address will be used to send you newsletters or general communications. We will also send you information based on your own health concerns. We may send you this information if we have determined that a product or service may help you. The communication will explain how the product or service relates to your well-being and can improve your health.

**Use or Disclosure Requiring Your Authorization**

**Medical Research**

With your prior authorization to participate in research, River Valley Rheumatology & Infusions may use or disclose your information as part of research. For Example, if you are part of a research study that includes treatment, you may be required to sign an authorization to allow the researchers to use or disclose your information for this research.

**Marketing**

We will not provide your information to any other person or company for marketing any products or services other than River Valley Rheumatology & Infusions products or services unless you have signed an authorization. We will not sell your information without your authorization. We will not send treatment communications to you concerning treatment alternatives (where River Valley Rheumatology & Infusions receives financial remunerations from a third party in exchange for making the communication) unless you have signed an authorization. You have a right to opt out of receiving such communications.

**Psychotherapy Notes**

River Valley Rheumatology & Infusions must obtain your authorization for any use or disclosure of psychotherapy notes, except as permitted by policy or law. **Other Uses**: Any uses or public policy purposes or by law, and other uses and disclosures not described in this notice will be made only with your written authorization.

**Revocation**

You have the right to revoke any authorization at any time, by putting your request in writing and submitting the request to the Medical Records department.

**Breach Notification**

We will notify you if a breach of your PHI occurs, or if the information is shown to have been compromised, by either email or US mail. We will follow all State and Federal laws.

**Business Associates**

River Valley Rheumatology & Infusions will use and disclose your PHI to business associates contracted to perform business functions on its behalf including Compex Two, INC who performs certain business functions for River Valley Rheumatology & Infusions. Whenever an arrangement between River Valley Rheumatology & Infusions and another company involves the use or disclosure of your PHI, that business associate is required by HIPAA law to keep your information confidential.

***YOUR INDIVIDUAL RIGHTS***

You Have a Right to:

* Request that we place additional restrictions on our use or disclosure of your medical information by delivering the request in writing to our office. You also have the right to request a limitation on the medical information we disclose about you to someone who is involved with your care or payment for your care, including family members or friend. ***Please understand, we are not required to agree to your request.*** However, our office will comply with any request granted (except in the case of an emergency). You have the right to access copies of your health care information, with limited exceptions. You may request that we provide copies in a format other than photocopies.

* Beginning on or before September 15, 2011, you may access your health records from our patient portal please contact our front desk if you have questions. If you do not have access to a computer we will be glad to provide you with a copy of your recent medical summary.

* Request that your medical information is not disclosed to your insurance carrier. However, by making this request you will be required to sign an acknowledgement that no insurance claim will ever be filed for those services, and you will be expected to pay for the services in full. If the contract between River Valley Rheumatology and Infusions and your insurance carrier prohibits RVRI from not filing the claim, the contract with your carrier will have precedence.

* All of our patients have the right to request a list of non-routine disclosures our practice has made of your IIHI for non-treatment, non-payment or non-operations purposes. You may deliver a written request to our office using the form we provide to you upon request. Please understand that this request may take a minimum of 3-6 weeks to process. You must include a specific time frame. To include the last 6 months -time frame and receive 1 copy is free. Additional copies are at a fee per page charge. Our office will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
* To receive confidential communications regarding your medical information at a specific location or number, you must make a written request to our office. You do not need to give a reason for this request. Your request in writing is addressed to: River Valley Rheumatology & Infusions 960 Liberty St SE #200 Salem Oregon 97302.
* Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provide to you upon request. The physician or other health care provider is not required to make such amendments. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information. If we deny your request, you may respond with a statement of disagreement and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.
* Copies: You have the right to obtain a copy of your IIHI that may be used to make decisions about you, including patient medical records, billing records, but not including psychotherapy notes. You must submit a request in writing to River Valley Rheumatology & Infusions Attn: Medical Records. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. You may request that you receive your medical information in paper copy or electronically. We may charge you for each page and for postage if you want the copies mailed to you.

* Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information (“Notice”) by making a request at our office.

Review of the Notice of Privacy Practice

The NPP was reviewed and updated in 2013, and is reviewed every 2 years. The most current version of the NPP is posted on our website: [www.rivervalleyri.com](http://www.rivervalleyri.com).

**QUESTIONS AND COMPLAINTS**

If you have any questions about this notice, would like additional information, or want to report a problem regarding the handling of your information, please contact the Privacy Contact/Practice Administrator at our office.

Additionally, if you believe your privacy rights have been violated, you may also submit a written complaint to any physician or member of management at River Valley Rheumatology & Infusions, and/or to the U.S. Department of Health and Human Services. The address, telephone numbers, and fax number to file your complaint involving our office should be mailed to:

Oregon Department of Health and Human Services

Office for Civil Rights

2201 Sixth Avenue

Mail Stop RX-11

Seattle, WA 98121

206-615-2290

TDD: 206-615-2296

Fax: 206-615-2297

We cannot and will not retaliate against you in any way if you choose to file a complaint. We cannot and will not require you to waive the right to file a complaint with the U.S. Department of Health and Human Services as a condition of receiving treatment.

Last updated 10-1-2013