



# Triskelion

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## NOTICE: PATIENT PRIVACY

Effective Date: January 18, 2019

### **THIS NOTICE DESCRIBES HOW CLINICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

*If you have any questions about this notice, please contact Dr. R. Scott Babe, M.D. at 503-581-7700.*

**WHO WILL FOLLOW THIS NOTICE:** This notice describes the information privacy practices followed by our employees, staff and other office personnel.

**YOUR HEALTH INFORMATION:** This notice applies to the information and records we have about your health, health status, and the health care and service you receive at this office. Your health information may include information created and received by this office, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examination, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related information.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

We may use and disclose health information for the following purposes:

- ☞ **For Treatment:** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health. For example, our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy and scheduling lab work. Family member and other health care providers may be part of your medical care outside this office and may require information about you that we have.
- ☞ **For Payment:** We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about you so your health plan will pay us or reimburse you for the service. We may also tell your health plan about your treatment to obtain prior approval or to determine whether your plan will pay for the treatment.

If you choose to use an electronic form of payment, please be aware there are special considerations for this. Certain information may be sent to a third party to allow for this type of payment. This office will do all that we can to protect your information. Please see Electronic Payment disclosure if you so choose to use this service.

- ☞ **For Health Care Operations:** We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care.
- ☞ **Appointment Reminders:** We may contact you as a reminder that you have an appointment for treatment or clinical care at this office. PLEASE FILL OUT THE FORM FOR PREFERRED METHOD OF CONTACT. This office will only contact you via your preferred method unless there is an emergency.
- ☞ **Treatment Alternatives:** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- ☞ **Health-Related Products and Services:** We may tell you about health related products or services that may be of interest to you.
- ☞ **Protected Health Information (PHI):** We securely maintain your health information. We will notify you in the case of any breach of unsecured personal health information.

### **SPECIAL SITUATIONS:**

We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:

- ☞ **To Avert a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- ☞ **Required by Law:** We may disclose health information about you when required to do so by federal, state, or local law.
- ☞ **Research:** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask your permission if the researcher will have any access to identifying information such as your name, or address, or if they will be involved with your care in the office.

- ☞ **Military, Veterans, National Security, and Intelligence:** If you are a member of the armed forces, or part of the national security of intelligence communities, we may be required by military command or other government authorities to release health information about you.
- ☞ **Workers' Compensation:** We will not release health information about you for workers' compensation or similar programs without you or your authorized representative having signed our Consent Form.
- ☞ **Public Health Risks:** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
- ☞ **Health Oversight Activities:** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes.
- ☞ **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.
- ☞ **Law Enforcement:** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process, subject to all applicable legal requirements.
- ☞ **Information Not Personally Identifiable:** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- ☞ **Family and Friends:** We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection.

We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the room during your appointment time.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or a friend is in your best interest. In that situation, we will disclose only the health information relevant to the person's involvement in your care. For example, we may communicate with the person who accompanied you to the emergency room. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, prescriptions.

#### **OTHER USES AND DISCLOSURE OF HEALTH INFORMATION:**

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific written *Authorization*. If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization*, **in writing**, at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission. You have a right to restrict release of information to your health insurance plan only if you pay for services out of pocket and in full.

In some instances, we may need specific, written authorization from you in order to disclose certain types of specially-protected information such as HIV, substance abuse, mental health, and genetic testing information.

#### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:**

You have the following rights regarding health information we maintain about you.

- ☞ **Right to Inspect and Copy:** With certain exceptions, you have the right to inspect and copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a **written request** to Triskelion, in order to inspect and/or copy records of your health information. If you request a copy of the information, **we may charge a fee** for the costs of copying, mailing, or other associate supplies.

We may also deny your request to inspect and/or copy records in certain limited circumstances. If you are denied copies or access to, health information that we keep about you, you may ask that our denial be reviewed. The law gives you a right to have our denial reviewed; we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

- ☞ **Right to Amend:** If you believe health information we have about you is incorrect or incomplete, you may ask to amend the information. You have the right to request an amendment as long as this office keeps the information.

To request an amendment, complete and submit a MEDICAL RECORD AMENDMENT/CORRECTION FORM to Triskelion

We may deny your request for an amendment if your request is not **in writing** or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: we did not create, unless the person or entity that created the information is no longer available to make the amendment, is not part of the health information that we keep, is information that you would not be permitted to inspect and copy, or the information is accurate and complete.

- ☞ **Right to an Accounting of Disclosures:** You have the right to request an "account of disclosures." This is a list of the disclosures we made of clinical information about you for purposes other than treatment, payment, or healthcare operations and a limited number of special circumstances involving national security, correctional institutions, and law enforcement.

To obtain this list, you must submit a request in writing to Triskelion. It must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request must be submitted in written form, not electronically. The first list you request in a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list.

- ☞ **Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information that we disclose about you to someone who is involved in your care or the payment for it, like a family member or a friend. For example, you could ask that we do not use your home mailing address—however, you must supply an alternate address for this to be accepted.

We are not required to agree to your request. But if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or we are required by law to use or disclose the information.

To request restrictions, you must complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION form to Triskelion.

- ☞ **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

This office asks that you inform us of how you prefer to be contacted on a routine basis at the time of entering treatment. If you have changes in this request at any time, or if you have other requests for specific restrictions, you must submit a REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION AND/OR CONFIDENTIAL COMMUNICATION to Triskelion. We will not ask for the reason for your request. We will accommodate all reasonable requests. Your request must however specify how you wish to be contacted.

- ☞ **Right to a Paper Copy of This Notice:** You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact Triskelion.
- ☞ **Right to Pay Directly for Services Without Using Insurance:** You have the right to pay this office directly and NOT have us release information to your health insurance or third party payor if you like. The fee will be discussed with you, but will not be more than our typical rates. PLEASE REQUEST THIS IMMEDIATELY IN WRITING IF POSSIBLE.

#### **Changes to this Notice:**

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post the current notice in the office with the effective date. You are entitled to a copy of the notice currently in effect.

#### **Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Triskelion at 503-581-7700. **You will not be penalized for filing a complaint.**