

### **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.**

**If you have any questions about this notice, please contact:**

**Compliance Officer  
600 SW Columbia Street, Suite 6210  
Bend, OR. 97702  
541-383-3005 (phone)  
541-647-2921 (fax)**

#### **Purpose**

This Notice of Privacy Practices describes established privacy practices followed by our staff in relation to your protected health information (PHI). This notice will explain how and when we may use and disclose your PHI, but may not include every possible situation. Please address any questions to the Compliance Officer as noted above.

#### **Your Protected Health Information (PHI)**

This notice addresses information and records we maintain regarding your health, health status, and the healthcare services provided at our office. This information may include information collected and recorded in this office, as well as information received from other healthcare providers. The information may be in written, electronic or spoken form. It may include information about your health history, health status, symptoms, examinations, 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 explain how we may use and disclose PHI about you and explains your rights regarding the use of that information.

#### **How We May Disclose Your PHI Without Your Written Consent**

- **For Treatment** – Mosaic Medical may use or disclose information with healthcare providers who provide healthcare services to you. This may include, but is not limited to, doctors, nurses, technicians, office staff, or other personnel who are involved in your care. Personnel in our office may share information in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work, and ordering x-rays. Family members and other healthcare providers may be part of your medical care outside of this office and may require information about you in order to improve your treatment.
- **For Payment** – Mosaic Medical may use or disclose PHI in order to bill for services provided and receive payment from an insurance company or other third party. Insurance companies may need information regarding a specific visit or procedure or require information in order to pre-approve future services. Mosaic Medical may use or disclose this information for these purposes.
- **For Healthcare Operations** – Mosaic Medical may use or disclose PHI in order to operate and/or improve the office, its programs, and services. Mosaic Medical may, for example, use PHI to review the quality of services you have received.
- **Health Information Exchange (HIE)**  
Mosaic Medical participates in the Central Oregon Health Information Exchange (COHIE).

- HIE is a computer-based, secure method of exchanging or disclosing patient health information with other organizations, for the purposes of healthcare treatment, payment, and operations (TPO).

Benefits of HIE:

- Helps coordinate your care among all your health care providers.
- Reduces duplicative tests and associated costs.
- Improves the quality and safety of your treatment by providing more complete information to your health care providers.
- Increases the privacy of your health care information through encryption, authentication, access controls, and other security mechanisms.

Certain information, in certain cases, can be specially protected by law and require additional authorization. Mosaic Medical may ask you to provide authorization or “opt-in” to disclose the following:

- Mental health treatment information
- Substance abuse treatment information  
(NOTE: Mental health and substance abuse treatment information is only specially protected information for certain federally funded substance abuse and mental health providers within Mosaic. These providers will be designated and will be the only ones that need to obtain the additional authorization.)

Mosaic Medical also participates in and is part of an HIE that includes participants in OCHIN Inc.

- A current list of OCHIN participants is available at <http://www.ochin.org/our-members/ochin-members/>. As a business associate of Mosaic Medical, OCHIN supplies information technology and related services to Mosaic Medical 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 patient referrals. Your health information may be shared by Mosaic Medical with other OCHIN participants when necessary for health care operation purposes of the organized health care arrangement.

- **Business Associates** – Mosaic Medical may contract with Business Associates who may perform certain functions and activities on our behalf. Our Business Associates are required to safeguard your PHI.
- **Appointment Reminders** – Mosaic Medical may contact you directly or leave messages as a reminder of your appointment for services.
- **Insurance Verification** – Mosaic Medical may contact your insurance company via telephone or their website to verify your insurance enrollment status.
- **Treatment Alternatives** – Mosaic Medical may contact you regarding possible treatment alternatives.
- **Health-Related Products and Services** – Mosaic Medical may contact you regarding health-related products or services that may be of interest to you.

**Other Situations in Which Mosaic Medical May Release PHI Without Consent**

- **As Required by Law** – Mosaic Medical will use and disclose PHI when required by federal, state, or local law or by a court order. Mosaic Medical may disclose PHI in response to a subpoena, warrant, summons, or similar process subject to all applicable legal requirements.
- **For Abuse Reports or To Avert a Serious Threat to Health or Safety** – Mosaic Medical may use or disclose PHI in order to meet its legal mandatory reporting requirements, or to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Research** – Mosaic Medical may use and disclose PHI for research projects, if you have consented to participate in the study. If you have voluntarily consented to participation in a research study, researchers will be subject to the same PHI restrictions as Mosaic Medical.

- **Organ and Tissue Donation** – If you are an organ donor, Mosaic Medical may use or disclose PHI to organizations that handle organ procurement to facilitate organ donation, transport, and transplantation.
- **Military, Veterans, National Security, and Intelligence** – If you are or were a member of the armed forces, or part of the national security or intelligence communities, Mosaic Medical may use or disclose PHI to military command or other government authorities as required. Mosaic Medical may also release PHI about foreign military personnel to the appropriate foreign military authority.
- **Workers Compensation** – Mosaic Medical may use or disclose PHI for workers compensation or similar programs. Such programs provide benefits for work-related injuries or illness.
- **Public Health Risks** – Mosaic Medical may use or disclose PHI 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** – Mosaic Medical may use or disclose PHI to a health oversight agency for audits, investigations, inspections, or licensing purposes.
- **Lawsuits and Disputes** – Mosaic Medical may use or disclose PHI in response to a court administrative order due to your involvement in a lawsuit or dispute. Mosaic Medical may release PHI in response to a subpoena subject to all applicable legal requirements.
- **Coroners, Medical Examiners, and Funeral Directors** – Mosaic Medical may use or disclose PHI to a coroner or medical examiner when requested.
- **De-Identified Information** – Mosaic Medical may use or disclose PHI in a way that does not identify who you are.
- **Family and Friends** – Mosaic Medical may use or disclose PHI to your family members or friends if verbal agreement is obtained from you, or if you have been given an opportunity to object to such a disclosure and you do not raise an objection. Mosaic Medical may also use or disclose PHI to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object.
- **Marketing-** Mosaic Medical will not use your information for marketing purposes without your written authorization. Mosaic Medical will not sell your PHI to another organization for marketing or any other purposes.

In situations where you are not capable of giving consent due to incapacitation or a medical emergency, Mosaic Medical may, using our professional judgment, use or disclose PHI to a family member or friend if it is in your best interest.

### **Your PHI Privacy Rights**

You have the following rights regarding your PHI:

- **Right to Inspect and Copy** – With certain exceptions, you have the right to inspect and copy your health information. You may request an electronic copy of your records. You must make the request in writing. Mosaic Medical reserves the right to charge a fee to cover the costs of labor, supplies, and mailing. Mosaic Medical may deny your request to inspect and/or copy your records in certain circumstances. If you are denied access to your PHI, you may request that the denial be reviewed. The second reviewer will be a licensed healthcare provider not involved in the first decision to deny access.
- **Right to Amend** – You have the right to request that an amendment to your record be made if you think the information is incorrect or there is information missing. Your request must be in writing and must include a reason for the request. Mosaic Medical may deny your request for an amendment if the information to be corrected was not originally created by Mosaic Medical, is not part of PHI that we

maintain, was not permitted to be inspected and/or copied, or is already accurate and complete. A copy of your amendment request will be put in your record even if we do not agree to amend the record itself.

- **Right to a List of Disclosures** – You have the right to an “accounting of disclosures” of your PHI. This is a list of disclosures of PHI about you for purposes other than treatment, payment, healthcare operations, and a limited number of special circumstances involving national security, correctional institutions, and law enforcement. The list will exclude any disclosures we have made based on your written authorization. To obtain this list, you must submit your request in writing to the Compliance Officer. It must state a time period which may not be longer than six years and may not include requests for information prior to April 14, 2003. The request must indicate how you would like the information (paper or electronically). For list requests after the first one, Mosaic Medical reserves the right to charge a fee for the costs of providing the lists.
- **Right to Request Restrictions** – You have the right to request a restriction or limitation on the use of your PHI. The request must be in writing and describe what information you wish to be restricted and to whom Mosaic Medical may deny a request. If the request is approved, the restrictions may be terminated either in writing or verbally at any time in the future.
- **Right to Request Restrictions to Health Plan**- You have the right to request a restriction of disclosure to your health plan for treatments you pay cash for. The request must be in writing and describe what information you wish to be restricted and the name of your health plan. This restriction does not extend to follow-up care or disclosures authorized to another provider, unless the restriction request specifies. Mosaic Medical does have the right to bill your health plan if Mosaic Medical is unable to obtain payment from you.
- **Right to Request Confidential Communications** – You have the right that we communicate with you about your PHI in a certain way or at a certain location. For example, you may request that we contact you only at work, or only by mail. The request must be in writing. No reason is necessary. We will accommodate all reasonable requests.
- **Right to Receive Notification of a Breach**- If there is a breach involving your PHI, Mosaic Medical will contact you in writing with a description of the breach, the type of information involved, the steps you should take to protect yourself, a brief summary of what is being done and the person you can contact for further information.
- **Right to File a Complaint** – You have the right to file a complaint if you feel your privacy rights have been violated. You will not be penalized for filing a complaint. You may contact the Compliance Officer listed at the top of this notice, or the Office for Civil Rights at:

Medical Privacy, Complaint Division  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW, HHH Building, Room 509H  
Washington, D.C. 20201  
Toll free phone: 877-696-6775  
866-627-7748 (phone)  
886-788-4989 (TTY)  
[www.hhs.gov/ocr](http://www.hhs.gov/ocr) (e-mail)

**Right to a Paper Copy of This Notice** – You have the right to a paper copy of this notice at any time. This notice is also available online at [www.mosaicmedical.org](http://www.mosaicmedical.org)