



GREATER OREGON BEHAVIORAL HEALTH, INC. 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 gives you information about the privacy and security practices of Greater Oregon Behavioral Health, Inc. (GOBHI). GOBHI contracts with the Oregon Health Authority, Eastern Oregon Coordinated Care Organization and Columbia Pacific Coordinated Care Organization to provide behavioral health benefits to individuals receiving services under the Oregon Health Plan.

II. Our Privacy Obligations

We are required by law to maintain the privacy and security 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).

Protected health information may be spoken (oral), written (on paper) or electronic (stored in a computer). Only people who need your PHI for health care operations, coordinating your care and other reasons explained below are allowed to see your PHI. Because PHI may be spoken, written, or electronic, GOBHI has many ways to keep it safe. We use methods such as cabinet locks for paper records, passwords, encryption and firewalls for our computer systems. Paper that is no longer needed is shredded or destroyed in such a way that your PHI cannot be read or reconstructed. Electronic information that is no longer needed is cleared, purged or destroyed so that PHI cannot be retrieved.

III. Permissible Uses and Disclosures Without Your Written Authorization or Opportunity to Agree or Object

We may use and/or disclose your PHI without your written permission for the following purposes:

A. Treatment, Payment and Health Care Operations

- **Treatment.** We may disclose your PHI to health care providers and practitioners involved in your health care. For example, licensed clinical social workers may need PHI to provide or manage your care.
- **Payment.** We may use and disclose your PHI to make sure that services you get are paid for. For example, an acute care hospital may receive PHI about a behavioral health client in order for the hospital to be paid.
- **Health Care Operations.** We may use and disclose your PHI for our business operations. For example, we may use PHI to check the quality of care you got. We may also disclose PHI to our privacy officer in order to resolve any complaints you may have.

B. Public Health Activities

We may disclose your PHI: (1) to report health information to public health authorities to help prevent or control disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities. These authorities are allowed by law to receive such reports; (3) to report information about products and services for the U.S. Food and Drug Administration; (4) to alert a person who may catch or have a disease that can be spread; and (5) to report information to your employer as required under law. For example, the information may be about work-related illnesses and injuries or workplace medical surveillance.

C. Victims of Abuse, Neglect or Domestic Violence

If we believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to a governmental authority. For example, a social or protective services agency may be able by law to receive reports of such abuse or neglect.

D. Health Oversight Activities

We may disclose your PHI to a health oversight agency that oversees the health care system. These agencies help ensure that the rules of government health programs, such as Medicaid, are followed.

E. Judicial and Administrative Proceedings

We may disclose your PHI during a judicial or administrative proceeding. We may respond to a legal order or other lawful process.

F. Law Enforcement Officials

We may disclose your PHI to the police or other law enforcement officials. We may share information as required or permitted by law. We may need to comply with a court order or a grand jury subpoena.

G. Health or Safety

We may follow law and ethical conduct to use or disclose your PHI to prevent or lessen a

timely threat of serious physical violence. This threat might be against you or another known person.

H. Specialized Government Functions

We may use and disclose your PHI to units of the government with special functions, such as the U.S. military. We may share information for national security and intelligence activities. Or we may share information for the protection of the president of the United States.

I. Workers' Compensation

We may disclose your PHI in order to comply with state law relating to workers' compensation or other similar programs.

J. Inmates

This section applies if you are an inmate of a correctional institution or under the custody of a law enforcement official. We may release your PHI to that institution or official. This release would be needed (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

K. Coroners, Medical Examiners and Funeral Directors

We may disclose your protected health information to a coroner, medical examiner or funeral director to carry out their duties.

L. Business Associates

Some of our business associates perform functions on our behalf. They may provide us with services. If our associates need your protected health information for those functions or services, we may disclose it to them.

M. Disaster Relief

Disaster relief organizations may seek your PHI to coordinate your care. They may tell family and friends where or how you are in a disaster. We will ask you to agree or disagree to such a disclosure whenever we can do so within reason.

N. Disclosures to Family, Friends and Others

With your consent, we may disclose health care information to your family. We may share PHI with other persons who are involved in your care.

O. Incidental disclosures

We may disclose PHI that happens along with permitted or required uses or disclosures under HIPAA. However, we must try to avoid such incidental disclosures. Also, we must limit the PHI exposed through these incidental disclosures.

P. Notice to the Secretary of the Department of Health and Human Services

The Secretary of HHS oversees compliance and enforcement of HIPAA rules. We may disclose PHI to HHS for those purposes.

Q. Other Uses and Disclosures as Required by Law

We may use and disclose your PHI when required by any other law not already referred to above.

IV. Uses and Disclosures Requiring Your Written Authorization

A. Use or Disclosure With Your Authorization

Except for the reasons in Section III above we only may use or disclose your PHI when you grant us your written permission to do so.

B. Specially Protected Health Information

Genetic, HIV/AIDS and substance abuse treatment-related information is specially protected by law. Usually, you must give permission to release that information. Genetic information may not be used to decide whether a person can be covered or at what price.

C. Marketing and Sale of Protected Health Information

EOCCO will not disclose your protected health information for marketing purposes. We will not sell your protected health information without your written consent.

V. Your Rights Regarding Your Protected Health Information

A. Right to Request Restrictions

You may ask for limits in how we use and disclose 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 let such a person know your location and general condition. We will consider all requests carefully. However, we are not required to agree to a requested restriction. Our Privacy Office can give you a request form. Return the completed form to the Privacy Office. We will send you a written response. If we agree to the restrictions, we will comply with your request unless PHI is needed for emergency treatment.

B. Right to Receive Confidential Communications

You may ask to receive your PHI in a different way or at a different place. We will agree to any reasonable written request for you. Please contact our privacy officer in writing to make a request.

C. Right to Revoke Your Authorization

You may remove your permission by sending a written statement to the privacy officer. Please note: We may have used or disclosed some of your PHI before receiving your statement.

D. Right to Inspect and Copy Your Health Information

We maintain protected health information to make decisions about your health care. You may request access to any of your PHI. You may inspect and ask for copies of your records. Sometimes, we may deny you access to a portion of your records. If you want access to your records, please obtain a record request form from the privacy officer. Submit the completed form to the privacy officer. We may charge a reasonable cost-based fee for copies. If we deny access, you may request that the denial be reviewed. Please note: If you are a parent or legal guardian of a minor, you may not access certain parts of the minor's medical record. For example, you may not obtain records relating to pregnancy, abortion, sexually transmitted diseases, substance use or abuse, or contraception and/or family planning services.

E. Right to an Electronic Copy of PHI

You may request to receive your protected health information electronically.

F. Right to Receive Paper Copy of This Notice

You may request a paper copy of this Notice, even if you have agreed to receive such notice electronically.

G. Right to Request the Amendment of Your Records

You have the right to request that we amend your protected health information. It may be possible to correct or change PHI in your health records or billing records. If you want to amend your records, please obtain an amendment request form from the privacy officer. Submit the completed form to the privacy officer. We will try to comply with your request. We will not comply if we believe that correct or complete information would be changed. We will not comply if other special circumstances apply.

H. Right to Receive an Accounting of Disclosures

You may request a list of certain disclosures of your PHI made by us. You may ask for an accounting of any period of time before the date of your request. However, the accounting period may not be more than six years. The period may not include disclosures that occurred before April 14, 2003. The accounting will not include uses or disclosures for treatment, payment, or health care operations. The accounting will not include uses or disclosures you have already authorized. You may have one free request for an accounting of disclosures every 12 months. If you request an accounting more than once during a 12-month period, we will charge you a fee. We charge \$1.00 per page for the accounting disclosure statement. We will also charge you for our postage costs, if you request mailed copies.

I. Right to Restrict Disclosures to a Health Plan

You have the right to ask that some of your protected health information not be disclosed to a health plan. You may not want an item or service shared with your health plan for payment or health care operations. If you paid out of pocket (or, in other words, you have requested that we not bill your health plan) in full for a specific item or service, you may ask us not to share that information. We will honor that request except where EOCCO is required by law to make a disclosure. Your request to restrict must be made in writing. You should identify: (1) the information to be restricted; (2) the type of restriction being requested (i.e., the use of information, the disclosure of information, or both); and (3) to whom the limits should apply.

J. Right to Get Notice of a Breach

You have the right to be informed of any breach of any of your unsecured protected health information.

K. Right to Protect Reproductive Health Information

You have the right to have PHI related to reproductive health services, including contraception, abortion, fertility treatments, prenatal care, and gender-affirming care be withheld unless an attestation has been signed confirming that the PHI is not used for a prohibited activity. Before disclosing PHI under subpoena, court order, or regulatory request, an attestation form must be completed by the requestor.

VI. Effective Date and Duration of This Notice

A. Effective Date

This notice is effective on February 18th 2025

B. Right to Change Terms of This Notice.

In the future, GOBHI may change its Notice of Privacy Practices. Any changes will apply to information GOBHI already has, as well as any information GOBHI receives in the future. A copy of the new notice will be posted on GOBHI website and provided as required by law. You also may obtain any new notice by contacting the privacy officer.

VII. Complaints

Greater Oregon Behavioral Health Inc

Attn: Privacy Officer 3729 Klindt Dr, The Dalles, OR 97058

Phone: 541-298-2101

Email: HIPAA@gobhi.org

State of Oregon Department of Human Services – Governor’s Advocacy Office

500 Summer St. NE, E17

Salem, OR 97301-1097

Phone: 800-442-5238

Fax: 503-378-6532

TTY/TDD: 503-945-6214

Email: GAO.info@state.or.us

Office for Civil Rights - Medical Privacy, Complaint Division

U.S. Department of Health and Human Services

200 Independence Avenue, SW HHH Building, Room 509H Washington D.C. 20201

Phone: 866-627-7748 • TTY: 866-788-4989

Email: OCRComplaint@hhs.gov