

# Notice of Privacy Practices

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*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.*

In this notice, the terms “we,” “us,” “our,” and “CCCHS” describe Central City Concern Health Services. For more details, please refer to section 4 of this notice.

## 1. What is “Protected Health Information?”

Protected health information (“PHI”) is health information that could identify you. This includes things such as your name, Social Security number or other information that reveals who you are. For example, your medical and dental records are PHI because they include your name and other identifiers. (If you are a CCCHS client or patient and also an employee of Central City Concern, PHI does not include the health information in your employment records.)

## 2. About Our Responsibility to Protect Your PHI

By law, we must:

- Protect the privacy of your PHI.
- Tell you about your rights with respect to your PHI.
- Tell you about our legal duties with respect to your PHI.
- Tell you about our privacy practices and follow our notice currently in effect.

We take these responsibilities seriously, and we’ll take appropriate steps to safeguard the privacy of your PHI.

## 3. Your Rights Regarding Your PHI

This section tells you about your rights regarding your PHI, and describes how you can exercise (use) these rights.

- **Your right to see and receive copies of your PHI:** Generally, you have a right to see and receive copies of your PHI in designated record sets (such as your medical records or billing records).
  - If you’d like to see or receive a copy of your *medical record*, you can request a copy of CCCHS Form #312GM (“Request to Inspect or Obtain a Copy of Medical Records”)
  - If you’d like to see or receive a copy of your *mental health record*, you can request a copy of CCCHS Form #312MH (“Request to Inspect or Obtain a Copy of Mental Health Records”).

Complete the form and submit it to medical records staff at your treatment location. Or you can submit it to the Compliance Officer (232 NW Sixth Ave, Portland 97209). After we receive a completed form, we will let you know when and how you can see or obtain a copy of your record.

We may give you a summary or explanation of your PHI instead of providing copies (but only if you agree to this option). Please note that we may also charge you a fee for the copies, summary, or explanation. In some situations, we may deny some—or all—of your request to see or receive copies of your records. If we deny your request, we will tell you why in writing and explain your right, if any, to have our denial reviewed. If we don't have the record you asked for, but we know who does, we will tell you who to contact to request it.

- **Your right to choose how we send PHI to you:** You have the right to request confidential communication and to ask that we communicate with you in a certain way or at a certain location. You may ask us to send your PHI to you at a different address (for example, your work address) or by different means (for example, by fax instead of by regular mail). We will accommodate all reasonable requests.
- **Your right to correct or update your PHI:** If you believe there is a mistake in your PHI or that important information is missing, you may request that we correct or add to the record. You may discuss your request with your provider or submit your request in writing. To make a written request, ask for a copy of CCCHS Form #308 (“Medical Records Amendment or Correction.”)

Complete the form, and submit it to medical records staff at your treatment location or to the Compliance Officer (232 NW Sixth Ave, Portland 97209). We will respond in writing after receiving your written request. If we approve your request, we will make the correction or addition to your PHI. If we deny your request, we will tell you why and explain your right to file a written statement of disagreement.

- **Your right to an accounting of disclosures of PHI:** You may ask us for a list of our disclosures. (This means a list of how your PHI has been shared, who it was shared with, and when it was shared.) Write to the Compliance Officer at 232 NW Sixth Ave, Portland 97209. The list we give you will include disclosures made in the last six years (unless you request a shorter time or if less than six years have passed since you began receiving services from CCCHS).

You are entitled to one accounting of disclosures in any 12-month period at no charge. If you request additional accountings less than 12 months later, we may charge a fee.

An accounting does not include certain disclosures. Disclosures not in the accounting may include—but are not necessarily limited to—the following:

- Disclosures to carry out treatment, payment, and health care operations.
- Disclosures that occurred prior to April 14, 2003.
- Disclosures for which CCCHS had a signed authorization.
- Disclosures made by CCC entities other than CCCHS.
- Disclosures of your PHI to you.
- Disclosures from a facility directory.
- Disclosures for notifications for disaster relief purposes.
- Disclosures to persons involved in your care and persons acting on your behalf.

- **Your right to request limits on uses and disclosures of your PHI:** You may request that we limit our uses and disclosures of your PHI for treatment, payment, and health care operations purposes. We will review and consider your request. We are not required to agree to your request, and we may say “no” if it would affect your care. You may write to the Compliance Officer at 232 NW Sixth Ave, Portland 97209, for consideration of your request.
- **Your right to receive a paper copy of this notice:** You also have a right to receive a paper copy of this notice upon request. If you have agreed to receive this notice electronically, you also have the right to receive a paper copy upon request.

#### 4. CCCHS Programs and Sites Subject to This Notice

This notice applies to Central City Concern Health Services:

- Benefits and Entitlements Specialist Team (BEST)
- Bud Clark Case Management
- Central City Concern Eastside Concern
- Central City Concern Recovery Center (CCCRC)
- Central City Concern Sobering Station
- Community Engagement Program (CEP)
- Hooper Detoxification Stabilization Center
- Imani Program
- Letty Owings Center (LOC)
- Old Town Clinic (OTC)
- Old Town Recovery Center (OTRC)
- Puentes / Esperanza Juvenil
- Recuperative Care Program (RCP)

CCCHS programs and sites listed above may share your PHI with each other. They would do this to provide you with quality health care, to pay for your care, and to conduct our operations. Personnel that may have access to your PHI include employees, professional staff members of CCCHS facilities, and others authorized to enter information in a CCCHS health record (for instance, volunteers or persons working with us in other capacities).

CCC is committed to providing a full range of integrated health, recovery, and support services. For this reason, we may use and disclose your information among its programs in order to make decisions about, and plan for, your care and treatment. We may also use it to refer to, consult with, coordinate among, and manage along with other healthcare providers for your care and treatment. If you do not want your information shared with one or more of the CCC programs listed above, please contact the Compliance Officer (232 NW Sixth Ave, Portland 97209, or 503-294-1681).

#### 5. How We May Use and Disclose Your PHI

Your confidentiality is important to us. Our providers and employees are required to maintain the confidentiality of the PHI of our clients and patients. We also have policies, procedures, and other safeguards to help protect your PHI from improper use and disclosure. However, sometimes we are allowed (by law) to use and disclose certain PHI without your written permission. We briefly describe these uses and disclosures below.

How much PHI is used or disclosed without your written permission will vary depending on the intended purpose of the use or disclosure. Sometimes we may only need to use or disclose a limited amount of PHI (such as to send you an appointment reminder). At other times, we may need to use or disclose more PHI such as when we are providing medical treatment.

- **Treatment:** This is the most important use and disclosure of your PHI. Our personnel will use and disclose your PHI in order to provide and coordinate the care and services you need. For example, our providers, nurses, and other health care personnel (including trainees) involved in your care use and disclose your PHI to diagnose your condition and evaluate your health care needs (such as prescriptions, X-rays, and lab work). If you need care from health care providers who are not part of CCCHS (such as hospitals or community resources to assist with your health care needs at home) we may disclose your PHI to them.

- **Treatment alternatives and health-related benefits and services:** In some instances, the law permits us to contact you. This includes contacting you:
  - To describe our services.
  - For your treatment.
  - For case management and care coordination.
  - To direct or recommend available treatment options, therapies, health care providers or care settings. (For example, we may tell you about a new drug or procedure or about educational or health management activities.)
- **Payment:** Your PHI may be needed to determine your responsibility to pay for, or to permit us to bill and collect payment for, treatment and health-related services that you receive. If you are insured but choose to pay in full for certain services out-of-pocket, you may ask us to not disclose information about those services to your health plan.
- **Health care operations:** We may use and disclose your PHI for certain health care operations. This would include things like quality assessment and improvement, compliance, training and evaluation of health care professionals, licensing, accreditation, and determining costs of providing health care.
- **Business associates:** We may contract with business associates to perform certain functions or activities on our behalf (such as payment and health care operations). These business associates must agree to safeguard PHI.
- **Appointment reminders:** Your PHI allows us to contact you about appointments for treatment or other health care you may need.
- **Specific types of PHI:** There are stricter requirements for use and disclosure of some types of PHI (such as Substance Use Disorder treatment information, mental health, and HIV or genetics testing information). However, there are still circumstances in which these types of information may be used or disclosed without your authorization. If you're a client or patient in our chemical dependency program, please see section 11 of this notice for more information.
- **Coordinated Care Organizations:** If you're insured by a member of a Coordinated Care Organization (CCO), there are times when we must share your general PHI within the CCO. This may include sharing general PHI with other health care providers and hospitals that are CCO members. General PHI includes most protected health information but excludes HIV/AIDS, genetic testing, and chemical dependency treatment information.
 

We're required to share general PHI for purposes such as service delivery, care coordination, service planning, transitional services, and reimbursement. We may share other types of PHI, including HIV/AIDS or genetic testing information, within the CCO for whole-person care, including diagnosis information. We will not release chemical dependency treatment or referral information without your authorization.
- **Communications with family and others when you are present:** If a family member or other person involved in your care will be present when we are discussing your PHI with you, that person will be asked to sign a Visitor Confidentiality Agreement before the discussion. If you object to that person being present, please tell us and we won't discuss your PHI or we will ask the person to leave.

- **Communications with family and others when you are not present:** There may be times when it is necessary to disclose your PHI to a family member or other person involved in your care. For instance, if there is an emergency, you are not present, or you lack the decision-making capacity to agree or object. In those instances, we will use our professional judgment to determine if it's in your best interest to disclose your PHI. If so, we will limit the disclosure to the PHI that is directly relevant to the person's involvement with your health care.
- **Disclosure in case of disaster relief:** We may disclose your name, city of residence, age, gender, and general condition to a public or private disaster relief organization to assist disaster relief efforts, unless you object at the time.
- **Disclosures to parents as personal representatives of minors:** In most cases, we may disclose a minor child's PHI to a parent or personal representative of a minor. In some situations, however, we are permitted (or even required by law) to deny you access to a minor child's PHI. An example of when we must deny such access is if a minor child (14 years or older in Oregon) receives treatment for Substance Use Disorder.
- **Research:** CCCHS engages in extensive and important health research. Some of our research may involve medical procedures and some is limited to collection and analysis of health data. Research of all kinds may involve the use or disclosure of your PHI. Your PHI can generally be used or disclosed for research without your permission if an Institutional Review Board (IRB) approves such use or disclosure. An IRB is a committee that is responsible, under federal law, for reviewing and approving human subjects research, to protect the safety of the participants and the confidentiality of PHI. Or CCC may ask for your authorization to share PHI for research purposes.
- **Organ donation:** We may use or disclose PHI to organ-procurement organizations to assist with organ, eye, or other tissue donations.
- **Public health activities:** Public health activities cover many functions performed or authorized by government agencies to promote and protect the public's health. These activities may require us to disclose your PHI. For example, we may disclose your PHI as part of our obligation to report to public health authorities certain diseases, injuries, conditions, and vital events such as births. Sometimes we may disclose your PHI if you may have exposed someone to certain communicable diseases.

Additionally, the Food and Drug Administration (FDA) is responsible for tracking and monitoring certain medical products (such as pacemakers and hip replacements) to identify product problems and failures and injuries they may have caused. If you have received one of these products, we may use and disclose your PHI to the FDA or other authorized persons or organizations, such as the maker of the product. We may also use and disclose your PHI as necessary to comply with federal and state laws that govern workplace safety.

- **Health oversight:** As health care providers we are subject to oversight conducted by federal and state agencies. These agencies may conduct audits or investigations of our operations and activities and—in that process—they may review your PHI.
- **Workers' compensation:** In order to comply with workers' compensation laws, we may use and disclose your PHI. For example, we may communicate your medical information regarding a work-related injury or illness to claims administrators, insurance carriers, and others responsible for evaluating your claim for workers' compensation benefits.

- **Military activity and national security:** We may use or disclose the PHI of armed forces personnel to the applicable military authorities when they believe it's necessary to properly carry out national security and intelligence activities. We may also disclose your PHI to authorized federal officials as necessary for national security and intelligence activities or for protection of the President and other government officials and dignitaries. If you're a member of the armed forces, we may release PHI about you as required by the military to command authorities.
- **Marketing and fundraising:** CCCHS may use and disclose your PHI to contact you about benefits, services or supplies that we can offer you (in addition to your current services). We may use or disclose PHI to contact you to raise funds for our organization. You have the choice to opt out of receiving this kind of communication, and doing so will not affect your treatment. If you choose to opt out, you may choose to opt in again at a future date. To opt in or out of fundraising communications, please contact the Compliance Officer at 232 NW Sixth Ave, Portland 97209, or 503-294-1681.
- **Required by law, lawsuits, and other legal disputes:** In some circumstances federal or state law requires that we disclose your PHI to others. We may use and disclose PHI in responding to a court or administrative order, a subpoena or a discovery request. We may also use and disclose PHI to the extent permitted by law without your authorization (for example, to defend a lawsuit or arbitration).
- **Law enforcement:** We may disclose PHI to authorized officials for law enforcement purposes (for example, to respond to a search warrant, report a crime on our premises or help identify or locate someone).
- **Serious threat to health or safety and abuse or neglect:** We may use and disclose your PHI if we believe it's necessary to avoid a serious threat to your health or safety or to someone else's health or safety. By law, we may disclose PHI to the appropriate authority to report suspected child abuse or neglect or to identify suspected victims of abuse, neglect or domestic violence.
- **Coroners and funeral directors:** We may disclose PHI to a coroner or medical examiner to permit identification of a body, determine cause of death or for other official duties. We may also disclose PHI to funeral directors.
- **Inmates:** Under the federal law that requires us to give you this notice, inmates do not have the same rights to control their PHI as other individuals. If you're an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or the law enforcement official for certain purposes (for example, to protect your health or safety or someone else's health or safety).

## **6. All Other Uses and Disclosures of Your PHI Require Your Prior Written Authorization**

Except for those uses and disclosures described above, we will not use or disclose your PHI without your written authorization. We will not disclose your PHI *without* your authorization related to:

- Uses and disclosures for marketing purposes.
- Uses and disclosures that constitute a sale of PHI.
- Most uses and disclosures of psychotherapy notes.
- Other uses and disclosures not described in this notice.

When your authorization is required and you authorize us to use or disclose your PHI for some purpose, you may revoke that authorization by notifying us in writing at any time.

## **7. Right to Revoke Permission**

If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared. Please note that the revocation will not apply to any authorized use or disclosure of your PHI that took place before we received your revocation.

## **8. Our Responsibilities**

- We're required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

## **9. How to Contact Us about This Notice or to Complain about Our Privacy Practices**

If you have any questions about this notice, or if you want to lodge a complaint about our privacy practices, contact the Compliance Officer (232 NW Sixth Ave, Portland 97209 or 503-294-1681). You also may notify the Secretary of the Department of Health and Human Services (HHS). We will not take retaliatory action against you if you file a complaint about our privacy practices.

## **10. Changes to this Notice**

We may change this notice and our privacy practices at any time, as long as the change is consistent with state and federal law. Any revised notice will apply both to the PHI we already have about you at the time of the change, and any PHI created or received after the change takes effect. If we make an important change to our privacy practices, we will promptly change this notice and provide a new notice. New notices will be posted in our treatment locations (medical, mental health, and substance abuse) as well as in program offices. It will also be posted on our website: [www.ccconcern.org](http://www.ccconcern.org). Except for changes required by law, we will not implement an important change to our privacy practices before we revise this notice.

## **11. Nondiscrimination and Accessibility**

Central City Concern complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Central City Concern does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Central City Concern provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, let your provider or program staff know. You can also request services by contacting Central City Concern's Civil Rights Coordinator through the Administration Office at 232 NW 6th Avenue, Portland, OR, 97209, 503-294-1681 (503-294-4321 fax), [cccadmin@ccconcern.org](mailto:cccadmin@ccconcern.org).

If you believe that Central City Concern has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Central City Concern's Civil Rights Coordinator, 232 NW 6th Avenue, Portland, OR, 97209, 503-294-1681 (503-294-4321 fax), [cccadmin@cccconcern.org](mailto:cccadmin@cccconcern.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Central City Concern's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobbs.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
(800)368-1019, (800)537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## **12. Confidentiality of Substance Use Disorder Records**

The confidentiality of Substance Use Disorder client and patient records maintained by CCCHS is protected by Federal law and regulations. Generally, the program may not disclose whether a client or patient attends the program, or disclose any information identifying a person as a Substance Use Disorder client or patient unless one of the below applies:

- The patient consents in writing.
- The disclosure is allowed by a court order.
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.
- The disclosure is made pursuant to mandatory child abuse and neglect notification obligations.

Violation of the federal law and regulations by a program is a crime and suspected violations may be reported to the following appropriate authorities in accordance with Federal regulations:

Office of the United States Attorney  
Portland District Office  
1000 SW Third Ave.  
Suite 600  
Portland, OR 97204  
(503)727-1000

Substance Abuse and Mental Health Services Admin  
5600 Fishers Lane  
Rockville, MD 20857  
(877)726-4727

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

(See 42 U.S.C. 290dd-3 and 290ee-3 for Federal laws and 42 C.F.R. Part 2 for Federal regulations.)

## **13. Effective Date of this Notice**

This notice is effective on September 12, 2019.

**Instruction to staff:** Remove this sheet and place in the client/patient file.

**Notice of Privacy Practices Acknowledgment of Receipt:** I understand the *Notice of Privacy Practices* and have received a copy for my records or I was offered and declined to receive a copy knowing I can obtain a copy at any time. I freely and voluntarily consent to participate in the services provided by CCC as they have been outlined to me, including privacy policies, CCC's obligations, my obligations, and my rights.

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Full name of individual (please print)

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Signature/mark of individual (or guardian/parent) Date

**For People Who Cannot Read:** I have read this form to the client/patient. He/she understands it and has signed it freely and voluntarily.

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Full name of staff (please print)

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Signature/mark of staff Date

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**If the individual refuses to sign but provides verbal acknowledgement of receipt of the *Notice of Privacy Practices*, this section must be completed.**

Client/patient (or guardian/parent) read/was read this form in my presence on \_\_\_/\_\_\_/\_\_\_ and verbally acknowledged receipt of the NPP, but declined to sign because:

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(Reason)

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Full name of staff (please print)

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Signature/mark of staff Date