

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. **Please review carefully**

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record:

- You can ask to see or get an electronic copy via secure portal (MyChart), secure e-mail, or a paper copy of your medical record and other health information we have about you. Ask us how to do this.
 - We provide a copy or a summary of your health information, usually within 10 business days of your request. We may charge a reasonable, cost-based fee.
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Ask us to correct your medical record:

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
 - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
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Request confidential communications:

- You can ask us to contact you in a specific way (for example, home or office phone, through MyChart) or to send mail to a different address.
 - We will say “yes” to all reasonable requests.
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Ask us to limit what we use or share:

- You can ask us not to use or share certain health information for treatment, payment, or our business operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
 - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.
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Get a list of those with whom we’ve shared information:

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one

accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice:

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
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Choose someone to act for you:

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - We will make sure the person has this authority and can act for you before we take any action.
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File a complaint if you feel your rights are violated:

- You can complain if you feel we have violated your rights by contacting the Privacy Officer at 541-766-6273.
 - You can file a written complaint to the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hss.gov/ocr/privacy/hipaa/complaints
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Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

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 exam room during treatment or while treatment is discussed. If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
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In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.
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Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you:

- We can use your health information and share it with other professionals who are treating you.
Example: a doctor treating you for an injury asks another doctor about your overall health condition.
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Run our organization:

- We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*
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Bill for your services:

- We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*
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42 CFR Part 2 SUD Treatment:

- With a signed single consent, we are able to use and share your information for Treatment, Payment, and Health Care Operations. Any records that are disclosed under this consent may be further disclosed by that entity without your written consent, to the extent the HIPAA regulations permit such disclosure. *Example: With a signed single consent, an SUD provider can discuss your treatment with your physician.*
 - We are also able to share your information without written consent for: within our programs and administration; crimes on our premises or against program personnel; reports of suspected abuse and neglect of a child or vulnerable adult; report to FDA with reason to believe the health of an individual may be threatened by a product under FDA jurisdiction; scientific research; management audits, financial audits, and program evaluation; disclosures for public health; or bona fide medical emergency. *Example: If you are experiencing a bona fide medical emergency, we can provide pertinent information regarding your treatment or medications to help with your care.*
 - Otherwise, if you are a client in a Part 2 substance use treatment program, we will not disclose your information without your authorization.
 - Records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against a patient unless based on specific written consent or a court order after notice and opportunity to be heard is provided to the client or holder of the record. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.
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Reproductive Health Privacy:

- There may be times we use or disclose PHI pertaining to your reproductive health care for purposes permitted under the Privacy rule where the request for the use or disclosure of the PHI is **not** made to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or

facilitating reproductive health care.

Example: You traveled from a different state to receive reproductive health care that is lawful in the state of Oregon.

What are other ways we can use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: <https://www.hhs.gov/hipaa/for-individuals/index.html>

Help with public health and safety issues:

- We can share health information about you for certain situations, such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety
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Do research:

- We can use or share your information for health research as long as all identifying information is removed. Otherwise, we have to get your informed consent to use your information for research.
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Comply with the law:

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
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Law enforcement:

- We may share health information with authorized officials for law enforcement purposes (e.g., to respond to a search warrant, report a crime on our premises or against our staff, or help identify or locate someone).
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Respond to organ and tissue donation requests:

- We can share health information about you with organ procurement organizations
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Work with a medical examiner or funeral director:

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
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Address workers’ compensation law enforcement and other government requests:

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law

- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions:

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

We are 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.

For more information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice:

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Effective Date of Notice: 1/1/2026

This notice of privacy practices applies to the following organizations:

Benton County Health Services (BCHS) is part of an organized health care arrangement, including participants in the OCHIN Network. A current list of OCHIN participants is available at www.ochin.org. As a business associate of BCHS, OCHIN supplies information technology and related services to BCHS 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 participates in collaborative work to improve management of internal and external patient referrals. Your health information may be shared by BCHS with other OCHIN participants when necessary for health care operations purposes of the organized health care arrangement. Health care operations can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal information may include past, present, and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent; however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

Benton Health Services
PO Box 579
Corvallis, OR 97339-0579

health.bentoncountyor.gov | clinics.bentoncountyor.gov

Privacy Official contact number: 541-766-6273