

NOTICE OF PATIENTS' PRIVACY RIGHTS

Morlen Health is committed to maintaining the privacy and security of your protected health information (PHI). This notice outlines our practices concerning the use and disclosure of your PHI, as required by the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

OUR COMMITMENT TO YOUR PRIVACY

Our Practice is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our Practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Patient's Privacy Rights ("Notice") currently in use by the Practice.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this Notice apply to all records containing your PHI that are created or retained by our Practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this Notice will apply to all of your records that our Practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our Practice will post a copy of our current Notice on our website, and you may request a copy of our most current Notice at any time. Our Practice will always follow the Notice that is in effect at the time any action related to PHI is taken.

HOW MORLEN HEALTH MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

When you become a patient of Morlen Health, we will use your health information within Morlen Health and disclose your health information outside of Morlen Health for the reasons described in this Notice. The following categories describe some of the ways that we will use and disclose your health information.

Treatment. Our Practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our Practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI to treat you or to assist others in your treatment. Additionally, with your authorization, we may

disclose your PHI to others who may assist in your care, such as your spouse, children, or parents, collectively called your “Friends and Family List” as documented by you on your Patient Authorization for Use and Disclosure of Protected Health Information” form. To let us know with whom you want your information shared, please be sure to complete this notice. Anytime you would like to update your Friends and Family List, please call the office. Finally, we may also disclose your PHI to other healthcare providers for purposes related to your treatment.

Payment. Our Practice may use and disclose your PHI to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such service costs, such as family members. Also, we may use your PHI to bill you directly for service and items. We may disclose your PHI to other healthcare providers and entities to assist in their billing and collection efforts. You have the right to request that our Practice not submit a claim to your insurance company for payment due to privacy concerns. However, you agree to pay for all services in full under the time frame specified by our Practice. Failure to do so constitutes a waiver of this right (see ‘Requesting Restrictions’ below).

Healthcare Operations. Our Practice may use and disclose your PHI to operate our business. As examples of the way in which we may use and disclose your information for operations, our Practice may use your PHI to evaluate the quality of care you receive from us, or to conduct cost-management and business planning activities for our Practice. We may disclose your PHI to other healthcare providers and entities to assist in their healthcare operations.

Contacting You. We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone or email. For example, we may leave voice messages at the telephone number you provide us with, and we may respond to your email address.

Health-Related Benefits and Services. Our Practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

Release of Information to Family and Friends. With your authorization, our Practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatricians’ office for treatment of a cold. In this example, the babysitter may have access to this child’s medical information since they brought the child to the appointment and were present during the examination. Generally, we require written authorization to share your PHI with friends and family members.

Disclosures Required by Law. Our Practice will use and disclose your PHI when we are required to do so by federal, state, or local law.

Public Health and Safety. Our Practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths.
- Reporting child abuse or neglect.
- Notifying a person regarding potential exposure to a communicable disease.
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition.
- Reporting reactions to drugs or problems with products or devices.
- Notifying individuals if a medication, product, or device they may be using has been recalled.
- Notifying appropriate governmental agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees, or we are required or authorized by law to disclose this information.
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

Health Oversight Activities. Our Practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the healthcare system in general.

Lawsuits and Similar Proceedings. Our Practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Organ and Tissue Donation. Our Practice may release your PHI to organizations that handle organ, eye, or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

Research. Our Practice may use and disclose your PHI for research purposes in certain limited circumstances, most often when your information is de-identified in such a way that it cannot be attributed to you. We will obtain written authorization to use your PHI for research purposes except when the Practice's Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following:

- 1) The use or disclosure involves no more than a minimal risk to your privacy based on the following:
 - a) An adequate plan to protect the identifiers from improper use and disclosure
 - b) An adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law)
 - c) Adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted
- 2) The research could not practicably be conducted without the waiver
- 3) The research could not practicably be conducted without access to and use of the PHI

Serious Threats to Health or Safety. Our Practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Military. Our Practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

National Security. Our Practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials to protect the President, other officials, or foreign heads of state, or to conduct investigations.

Inmates. Our Practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (1) for the institution to provide healthcare services to you; (2) for the safety and security of the institution; and/or (3) to protect your health and safety or the health and safety of other individuals.

YOUR RIGHTS REGARDING HEALTH INFORMATION

Confidential Communication. You have the right to request that our Practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work.

Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when

otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing. Your request must describe in a clear and concise fashion:

- The information you wish restricted
- Whether you are requesting to limit our Practice's use, disclosure, or both
- To whom you want the limits to apply

Inspection and Copies. You have the right to view, download and/or transmit to a third party online the PHI that may be used to make decisions about you, including your medical records and billing records, but not including psychotherapy notes. You must register with the Practice's patient portal or submit your request in writing in order to inspect and/or obtain a copy of your PHI. If applicable, our Practice may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request.

Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our Practice. To request an amendment, your request must be made in writing. You must provide us with a reason that supports your request for amendment. Our Practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion (1) accurate and correct; (2) not part of the PHI kept by or for the Practice; (3) not part of the PHI that you would be permitted to inspect; or (4) not created by our Practice, unless the individual or entity that created the information is not available to amend the information.

Accounting of Disclosures. All our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our Practice has made of your PHI. To obtain an accounting of disclosures, you must submit your request in writing. All requests for an "accounting of disclosures" must state a period of time, which may not be longer than six years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our Practice may charge you for additional lists within the same 12-month period. Our Practice will notify you of other costs involved with additional requests, and you may withdraw your request before you incur any costs.

Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy of this Notice by calling Morlen Health at 503-917-0685.

Right to Provide an Authorization for Other Uses and Disclosures. Our Practice will obtain your written authorization for uses and disclosures that are not identified by this Notice or permitted

by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note we are required to retain records of your care.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our Practice, you must submit your complaint in writing to the Compliance Office, Morlen Health, 401 NE 19th Ave., Suite 200, Portland, OR 97232. You will not be penalized for filing a complaint.

CHANGES TO THIS NOTICE

Morlen Health may change this Notice at any time. Any change in the Notice could apply to health information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice on our website, <https://morlenhealth.com>

QUESTIONS

If you have questions about this Notice, you may call Morlen Health at 503-917-0685.

Last updated: 1/25/2024