Docusign Envelope ID: 62E0F266-EAC5-43B7-A77A-EC1C0FC28866

	Policy Description	DEPARTMENT	POLICY NUMBER:
DESCHUTES RIM HEALTH CLINIC	**Notice of Privacy Practices**	**Operations**	**OP-04**
ORIGINAL DATE: 01/18/2012	RESPONSIBLE PARTY: Clinic Administrator		REVISED DATE: 05/29/2025
APPROVAL DATE: 06/12/2025	DATE REVIEWED: 06/12/2025		APPROVED BY: WRHD BOARD OF DIRECTORS
			Board Chair: David Farris
1605 George Jackson Road, Maupin OR 97037 541-395-2911 Fax 541-395-2912			

Purpose

The Notice of Privacy Practices explains how Deschutes Rim Health Clinic (DRHC) may use and disclose protected health information (PHI), and it also outlines an individual's rights related to their PHI. It informs individuals about how their health information is handled and their rights concerning that information.

Policy

Patient Rights

The following explains patient rights and the responsibilities of Deschutes Rim Health Clinic in assisting the patient with these rights.

- The patient can ask to see or get an electronic or paper copy of their medical record and other health information DRHC has about them. DRHC will assist the patient in obtaining their medical records and provide them within 30 days of the request. DRHC has the right to charge a reasonable, cost-based fee.
- The patient can ask DRHC to correct health information about them that they think is incorrect or incomplete using the attached form: Request for Amendment of Protected Health Information. DRHC will review the request for corrections and respond within 60 days in writing, either honoring or rejecting the request with an explanation.
- The patient can ask DRHC to contact them in a specific way (for example, home or office phone) or to send mail to a different address. DRHC will accommodate all reasonable requests.
- The patient can ask DRHC to not use or share certain health information for treatment, payment or clinic operations. DRHC is not required to agree to the request if it affects patient care or violates the law.
- The patient can ask for a list (accounting) of the times DRHC has shared their health information for 6 years prior to the date of request, who it was shared with, and why. DRHC will include all the disclosures for those about treatment, payment, and health care operations, and certain other disclosures (such as any the patient asked to make). DRHC will provide one accounting year for free within 60 days of the request, but will charge a reasonable, cost-based fee if another is requested within 12 months.
- DRHC will provide a paper copy of this Notice of Privacy Practices at any time, even if the patient has agreed to receive the notice electronically.
- If the patient has given someone medical power of attorney or if someone is their legal guardian, that person can exercise their rights and make choices about the patients' health information. DRHC will ensure the person has the authority and can act for the patient before taking any action.

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- The patient can file a complaint if they feel DRHC has violated their rights by contacting the clinic manager, district manager, or board chair at 541-395-2911 or by mail to PO Box 219, Maupin, OR 97037. DRHC will not retaliate against the patient for filing a complaint.
- The patient can file a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, SW, Washington D.C., 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Patient Choices

For certain health information, the patient can inform DRHC of their choices about what is shared. The patient must inform DRHC the action they wish to be taken and the clinic will follow the instructions for reasonable requests.

The patient has the right and choice to direct DRHC to share information with the patient's family, close friends, or others involved in their care, share information in a disaster relief situation, include their information in a hospital directory, or contact them for fundraising efforts. If the patient is not able to inform DRHC of their choices, the clinic may share patient information if it is believed to be in the patient's best interest or to lessen a serious and imminent threat to health or safety.

DRHC will never share patient information without written consent for marketing purposes.

Uses and Disclosures

DRHC is allowed, and sometimes required, to share patient information in ways that contribute to the public good, such as public health and research, and for operational purposes. The clinic will abide by and meet the conditions of the law before sharing your information for these purposes.

DRHC will typically use or share a patient's health information to:

- Coordinate care with other health professionals who are treating the patient.
- Perform clinic operations, improve patient care, and contact the patient when necessary.
- Bill and receive payment from health plans or other entities.

DRHC can also use or share a patient's health information to:

- Help with public health and safety issues such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, or preventing or reducing a serious threat to anyone's health or safety.
- Comply with state or federal law.
- Coordinate with a coroner, medical examiner, or funeral director when an individual dies.
- Address worker's compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions requiring a court or administrative order or subpoena.

We will never share any HIV/AIDS, Mental Health, or Genetic Information records without your written permission.

We abide by the Oregon Consumer Privacy Act (OCPA), which grants patients the right to know, access, correct or delete their personal data, request a list of third parties who have received their personal data, as well as the right to opt out of data sales and targeted advertising. We are obligated to limit data collection, provide clear privacy notices, and obtain consent for sensitive data (information that is particularly private, such as racial or ethnic background, health information, sexual orientation, etc.) processing.

Deschutes Rim Health Clinic's 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.

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- 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 inform 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.

Changes to the Terms of This Notice

We have the right to 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 web site.

Revision History
11/10/2020
05/29/2025

Passed by a majority of the Board of Directors of the White River Health District, with a quorum in attendance the 12th day of June 2025.

White River Health District dba Deschutes Rim Health Clinic

Wasco County, Oregon

By Signed by: Dr. David Farris 5197B56C44D9455... _____ 6/19/2025 _____

David Farris, Board Chair Date

Attest:

By Signed by: Allison Bechtol 0104E7B956BE4EC... _____ 6/19/2025 _____

Allison Bechtol, Board Secretary Date

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DESCHUTES RIM
HEALTH CLINIC

DESCHUTES RIM HEALTH CLINIC

REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION

Form Revised 06/2025

LAST NAME	FIRST NAME	MI	MEDICAL RECORD NUMBER
STREET ADDRESS			DATE OF BIRTH

CITY	STATE	ZIP CODE	HOME PHONE	WORK PHONE

I hereby request that Deschutes Rim Health Clinic (DRHC) amend [please check all boxes that apply]:

- ☐ My medical records
- ☐ My billing records
- ☐ My records used by or for DRHC to make decisions about me
- ☐ As specifically described below

I understand that DRHC may deny this request as permitted under Federal law and that I will be informed by DRHC concerning the basis for the denial along with instructions concerning my right to submit a statement disagreeing with such denial. I further understand that DRHC will notify me as of its decision to accept or deny my request within 60 days of receiving this request. If DRHC is unable to comply with my request within this timeframe, I understand that DRHC may extend the applicable deadline for up to an additional 30 days by notifying me in writing.

1. Describe the information you want amended (e.g., procedures, nursing/physician notes, test results). Attach additional explanation if needed.

_____

_____

_____

_____

_____

_____

_____

Date(s) of information to be amended (e.g. date of office visit, treatment, or other health care services).

_____

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2. What is your reason for making this request?

3. How is the entry incorrect or incomplete?

4. What should the entry say to be more accurate or complete? (Please be as specific as possible.)

5. Do you know of anyone who may have received or relied on the information in question (such as your doctor, pharmacist, health plan, or other health care provider)?

Yes ___No ____

If yes, please specify the name(s) and address(es) of such organization(s) or individual(s)

Signature of patient or legal representative / Date

After you have completed this form, please return it to the following address:

Deschutes Rim Health Clinic
Physical: 1605 George Jackson Rd
Mailing: PO Box 219
Maupin, OR 97037
(541) 395-2911 Phone
(541) 395-2912 Fax