

COLUMBIA COMMUNITY MENTAL HEALTH NOTICE OF PRIVACY PRACTICES

Purpose of Notice

Columbia Community Mental Health (CCMH) is committed to the protection of information as required by law. CCMH is required to give this notice to you, our clients, describing how CCMH complies with the law. This Notice will describe how we protect your information, how we can and can't use your information, and where you can reach out with any questions or complaints.

You have a right to request this notice be provided in an alternative format as part of our language assistance services. Please reach out by phone 503-397-5211, [contact us](#) on our website, or email us at contactccmh@ccmh1.com with your request.

What you do with this notice is up to you. We encourage you to retain a copy of this notice for your records, and voice a complaint if you have any concerns about how we protect your information. Complaints can be filed by our online [complaint form](#) or a written complaint provided to our compliance department. If you file a complaint we will not retaliate against you.

Attn: CCMH Compliance
58646 McNulty Way
Saint Helens, OR, 97051

What is Protected Health Information (PHI)?

Protected Health Information, ongoing described as your information, is individually identifiable information about your past, present, or future healthcare services. Information can range from demographic information like your race/ethnicity to information around your physical or behavioral health services. Federal law driving protection of your information includes but is not limited to the Health Insurance Portability and Accountability Act (HIPAA) and 42 Code of Federal Regulations Part 2 (42 CFR Part 2).

Your information is protected whether it be in oral, written, or electronic form.

How we Protect Your Information?

First and foremost, our administrative safeguards must train and educate our workforce on applicable privacy law, reasonable safeguards, and breach prevention and reporting. Next, we must implement physical safeguards like locks where your information might be stored. We also maintain technical safeguards like data encryption.

How we May Use Your Information

We will generally use your information with the spirit of using or disclosing the minimum information necessary to support your experience. At times, disclosures may incidental related to the below disclosure types, such as calling your name out in a waiting room when we are ready to see you.

Treatment, Payment, and Healthcare Operations

We may use your information to provide quality services to you. This includes the potential of sharing information with CCMH team members collaborating on your services, other healthcare providers you see, or previous healthcare providers you have seen.

We may use your health information as needed to bill and seek payment from you, your insurance provider, or someone else responsible for payment of your health services. This includes times we may provide information about your projected services in order to see prior authorization for those services.

We may use your information related to necessary business functions such as quality and compliance reviews, trainings, and continued licensing, credentialing, or other facility registrations.

Consent



We may use your information by informal permission when we feel you have the opportunity to agree or object to the disclosure. For instance, we might disclose information if you bring another person with you to your appointment. If you are ever in an emergency event, such as being incapacitated or unable to be contacted, we may use your information when in our professional judgement the disclosure is in the best interest to your health and safety.

When you provide written authorization ([release of information](#)) that we may disclose your information, we may use or disclose that information related to your described wishes. You may revoke consent at any time. We use a reciprocal authorization form, meaning that you may elect for us to share information with another entity, and for them to share information with us within one written authorization.

Permitted Disclosures

There may be times where we decide to use your information related to the below permitted disclosures. Some of these uses will be subject to further restrictions under 42CFR Part 2 for substance use disorder program records.

- Disclosures Required by Law: responding to a court order or subpoena.
- Public Health Activities: health data related to employer obligations under Occupational Safety and Health Administration (OSHA)
- Victims of Abuse, Neglect, or Domestic Violence: making a good faith report to a government entity regarding the potential of an individual being a victim of abuse, neglect, or domestic violence.
- Health Oversight Activities: responding to audits or investigations.
- Judicial or Administrative Proceedings: a subpoena or court order for a judicial or administrative proceeding under a judicial or administrative tribunal.
- Law Enforcement Purposes: reporting a crime that has been committed on our premises or providing information about the location of a suspected crime, or providing information to a correctional facility you are held at.
- Decedents: sharing information with a funeral director to identify a person who has passed.
- Cadaveric Organ, Eye, or Tissue Donation: if sharing information is necessary to facilitate organ donation
- Research: sharing information with researchers conducting research when your written authorization is not required as approved by an Institutional Review Board or privacy board.
- Serious Threat to Health or Safety: disclosing information when we feel the disclosure is necessary to prevent or lessen a serious and imminent threat to you, another person, or the public.
- Essential Government Functions: sharing information related to government functions including military, intelligence, or national security activities.
- Workers Compensation: sharing information to comply with worker's compensation programs related to work-related injuries or illness.

Other Common Disclosures

- Marketing: We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other professional services, health care providers or settings of care that may be of interest to you. We will not be compensated for providing this information to you.
- Fundraising: CCMH will not use your protected health information to contact you for our fundraising activities.
- Business Associate(s): we may disclose your information to business associates within the scope of agreements to perform necessary business functions on our behalf for your care.
- Facility Directories: We do not keep a facility directory at this time.

Reproductive Information

CCMH does not consider itself to be a holder of reproductive health information under the privacy rule to support reproductive health care privacy, and does not require signed attestation for any related health records.



Your Rights

- You have a right to this notice as stated above.
- You have a right to request a copy of your record and further request an amendment to your record. We have no obligation to comply, but we will keep a written record of your disagreement to the record.
- You have a right to an accounting of disclosures. This may not include –
 - treatment, payment, and health care operations
 - disclosures to you or your personal representative
 - disaster relief notifications or facility directories
 - authorized disclosures
 - limited data set disclosures
 - national security disclosures
 - correctional or law enforcement disclosures
 - incidental disclosures
- You have a right to request a restriction when sharing your information under treatment payment or healthcare operations. We have no obligation to agree to this request, however, if we do, we must comply with the restriction.
- You have a right to be notified if there is a breach or compromise of your information.
- You have a right to provide specific authorization for the following record types:
 - Psychotherapy notes, generally not generated by our employees/
 - HIV/AIDS information
 - Genetic information
 - Substance use disorder program records

Substance Use Disorder Disclosure Opt-Out

You have a right to opt out of a consent to allow for disclosures related to treatment, payment, and healthcare operations without this impacting your current or future ability to access treatment services.

For substance use disorder records

Minor Rights

Individuals age 14 and older have a right to seek services without the authorization of their parent(s), who are generally still considered to be the minor's personal representatives. We may share your information with your parents if we feel, in professional judgement, that the disclosure is in your best interest.

OCHIN Participation

CCMH is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of CCMH, OCHIN supplies information technology and relates services to CCMH 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 assesses clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by CCMH with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purpose of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health 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.



Details About This Notice

We may change this notice at any time to be consistent with applicable law. When this notice is changed, the notice does apply to your information collected before and after the update. We will update you about this notice including providing a new copy where practicable and publishing updated information to our [website](#).