

## **COLUMBIA COMMUNITY MENTAL HEALTH NOTICE OF PRIVACY PRACTICES**

### **This Notice Describes:**

- How Health Information About You May Be Used and Disclosed
- Your Rights with Respect to Your Health Information
- How to File a Complaint Concerning a Violation of the Privacy or Security of Your Health Information, or of Your Rights Concerning Your Information

You have a right to a copy of this Notice in paper or electronic form and to discuss it with CCMH Compliance Department at 503-438-2166 or [compliance@ccmh1.com](mailto:compliance@ccmh1.com) if you have any questions.

Columbia Community Mental Health (CCMH) provides 42 CFR Part 2 covered services. CCMH maintains records that identify you as having sought or received diagnosis, treatment, or referral for a substance use disorder (SUD). These records are protected by federal law and other applicable state laws.

CCMH is committed to the protection of information as required by law. CCMH is required to give this notice to you, our client, describing how CCMH complies with the law.

You have the right to request this notice be provided in an alternative format as part of our language assistance services. Please reach out by phone at 503-397-5211 or contact us on our website at [www.ccmh1.com](http://www.ccmh1.com), select "Contact" and check the "Inquiry" box, then provide us with your request. Your request does not need to be written in English.

### **How Health Information About You May Be Used and Disclosed**

CCMH will use your information with the spirit of disclosing the minimum information necessary to support your experience. At times, disclosures may be incidental to the situation, such as calling your name out in a waiting room when we are ready to see you. However, for the purposes of this notice, these are the following allowable disclosures not requiring your consent:

- Medical Emergencies
  - CCMH may disclose your substance use disorder treatment information to medical personnel without your written consent when necessary to address a serious medical emergency. This includes situations such as an overdose, loss of consciousness, or other urgent conditions where your prior consent cannot be obtained.
- Research Under Applicable Protections
  - If the research entity is a HIPAA-covered entity and they provide CCMH with documentation that you have consented for us to send them your information.
- Management and Financial Audits and Program Evaluations
  - On-Site Reviews by Regulators or Funders (No Copying of Records)
    - CCMH may allow authorized auditors or evaluators to review your substance use disorder treatment records on our premises, without your written consent, when required for management, financial, or program evaluations by government agencies, funders, health plans, or quality improvement organizations. These reviewers must sign written agreements limiting how they may use and further disclose your information.

- When Records Must be Copied or Exported for the Audit
  - If an audit or evaluation requires copying or securely exporting records, CCMH may disclose the minimum necessary information to the auditors or evaluators. They must agree in writing to safeguard, retain, and destroy the information consistent with federal and state requirements, and may use it only for the audit or evaluation.
- Court Orders Compliant with 42 CFR Part 2
  - CCMH may disclose your substance use disorder treatment information if a court of competent jurisdiction issues a court order that complies with federal confidentiality requirements under 42 CFR Part 2. A subpoena alone is not enough. A valid 42 CFR Part 2 court order must meet strict legal standards.
- Mandatory Reporting of Child Abuse or Neglect
  - If CCMH has reasonable suspicion of child abuse or neglect, we are required under state law to report to Child Protective Services. In these cases, CCMH may share only the information necessary to make the report.
- Crimes on CCMH Premises or Against CCMH Personnel
  - CCMH may report crimes that occur on our premises or are committed against our staff to law enforcement. In these situations, CCMH may disclose limited information – such as a suspect's name, address, last known whereabouts, and a description of the incident – even if the information comes from substance use disorder treatment records.
- Disclosures for Public Health
  - CCMH may disclose certain information to the Oregon Health Authority Public Health Division or Columbia County Public Health without your written consent. These disclosures may be made only to public health authorities and only if the information has been de-identified so that there is no reasonable basis to identify you. Federal confidentiality rules (42 CFR Part 2) allow this type of disclosure solely for public health activities, such as disease surveillance, data analysis, reporting, or prevention programs.

## Uses and Disclosures That Require Consent

CCMH, with a valid release of information (ROI), may use and disclose your records, in accordance with the consent you provided, to communicate with any person or categories of person identified or generally designated in the ROI. Examples include treatment, payment, operations, family involvement, law enforcement, employers, and insurers.

### Single Consent Option

You may provide a single written consent for all future uses/disclosures for treatment, payment, and operations.

When a release of information you have provided is a single consent for all future uses and disclosures for treatment, payment, and healthcare operations, CCMH, another covered entity, or business associate of CCMH may use and disclose your records for treatment, payment, and healthcare operations as permitted by HIPAA regulations until such a time as you revoke such consent in writing.

Be aware that the information disclosed under a single consent for treatment, payment, and healthcare operations provided to another covered entity or business associate can then be further released by those recipients as stipulated under HIPAA regulations.

## Residential Central Registry

If CCMH, with a valid ROI, is permitted to provide your information to a central residential registry (such as to the Oregon Health Authority), the purpose is to ensure that you are not enrolled into multiple residential programs at one time. The information we provide to the central registry may not be used or redisclose for any purpose other than the prevention of multiple enrollments (which protects your information) or to ensure appropriate coordination of care with a treating provider that is not a substance use treatment program.

## Disclosures to the Criminal Justice System Referring Clients to CCMH

CCMH may disclose information from your record to the person(s) within the criminal justice system who has made participation in CCMH services a condition of any criminal proceedings against you, or for your parole or other release from custody. The release of information or disclosure can only be made for those persons(s) within the criminal justice system who have a need for your information in connection with their duty to monitor your progress and such other factors as CCMH, you, and the person within the criminal justice system consider pertinent. Any person in the criminal justice system who receives your information may use and redisclose your information only to carry out official duties regarding your conditional release or other action in connection with which the consent was given.

## No Other Uses Without Consent

CCMH will not make other uses or disclosures without your written consent

## Revocation of Consent

You may revoke consent as permitted under 42 CFR §§ 2.31. You may revoke consent in writing except to the extent that CCMH or other lawful holder of your identifying information has already acted on your valid ROI prior to the date of your revocation.

## Your Rights with Respect to Your Health Information

- Request Restrictions
  - You have the right to request restrictions on disclosures made with prior consent for purposes of treatment, payment, and healthcare operations, including when you have already signed a written consent for such disclosures. You have the right to restrict the disclosure of your record, however, CCMH must agree to the restrictions for the purposes of payment and releasing records to health plans that have paid for your care.
- Restrict Disclosures to Health Plans for Fully Paid Services
  - If you do not want CCMH to share any of your records with your health plan, you can choose to pay for your services in full.
- Obtain Accounting of Disclosures (3 Years)
  - You have the right to request an accounting for disclosures of your records for the past 3 years. CCMH must provide a list that includes:
    - Who CCMH disclosed your information to
    - What information was disclosed
    - When the disclosure was made
    - Whether the disclosure was permitted without consent or based on your written consent

- Obtain List of Intermediary Disclosures
  - You have the right to receive a list of any disclosures of your treatment information by any program that you authorized CCMH to send your records to.
  - These requests need to be made directly to those programs. CCMH does not retain that information or have the right to request those records on your behalf.
- Opt Out of Fundraising Communications
  - CCMH will never use the information you have provided us with for the purpose of fundraising.

## **How to File a Complaint Concerning a Violation of the Privacy or Security of Your Health Information, or of Your Rights Concerning Your Information**

### **Complaints**

If you believe your rights under this Notice of Privacy Practices have been violated, you have the right to file a complaint. You may file a complaint directly with CCMH using the contact information provided below. You also have the right to file a complaint with the U.S. Department of Health and Human Services (HHS). You will not be retaliated against for filing a complaint.

What you do with this notice is up to you. CCMH encourages you to retain a copy of this notice for your records so that you know how to voice a complaint if you have any concerns about how your information is protected. Complaints can be filed through our online complaint form, or a written complaint provided to our Compliance Department.

Send Written Complaints To:

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

Send Electronic Complaints To:

[www.ccmh1.com](http://www.ccmh1.com) and click on “Contacts” and send us a message marking the “Complaint” box.

U.S. Department of Health and Human Services (HHS)  
Office for Civil Rights  
Complaint Portal Intake  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

OCR Complaint Portal:

<https://ocrportal.hhs.gov>

[ocrcomplaint@hhs.gov](mailto:ocrcomplaint@hhs.gov)

800-368-1018 (Toll-Free)

800-537-7697 (TDD)



**Contact CCMH for Further Information**

CCMH Compliance Department

503-438-2166

[compliance@ccmh1.com](mailto:compliance@ccmh1.com)

58646 McNulty Way

Saint Helens, OR 97051

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