NOTICE OF PRIVACY PRACTICES

Columbia Community Mental Health

Effective Date: July 8, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Columbia Community Mental Health ("CCMH," "we," "our," or "us") is committed to protecting the privacy and confidentiality of your health information in accordance with applicable federal and Oregon law, including:

- The Health Insurance Portability and Accountability Act of 1996 ("HIPAA")
- The Health Information Technology for Economic and Clinical Health Act ("HITECH")
- 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2 governing Substance Use Disorder ("SUD") patient records
- Oregon confidentiality and behavioral health laws
- Applicable Oregon Administrative Rules ("OARs") and Oregon Revised Statutes ("ORS")

This Notice applies to all records maintained by CCMH relating to mental health, behavioral health, and substance use disorder services.

The 2024 federal Final Rule updated 42 C.F.R. Part 2 to align certain requirements more closely with HIPAA and HITECH while preserving heightened protections for SUD treatment records. Compliance with the updated rule became mandatory February 16, 2026.

OUR LEGAL DUTIES

CCMH is required by law to:

- Maintain the privacy and security of your protected health information ("PHI")
- Provide you with this Notice of Privacy Practices

- Notify you following a breach of unsecured PHI or Part 2 records when required by law
- Follow the terms of this Notice currently in effect
- Comply with federal and Oregon confidentiality laws protecting mental health and SUD treatment records

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SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER RECORDS

Federal law and regulations protect the confidentiality of substance use disorder patient records maintained by federally assisted programs.

Records related to:

- substance use disorder diagnosis,
- treatment,
- referral for treatment,
- counseling,
- medications for opioid use disorder,
- and related services

may be protected under 42 C.F.R. Part 2 ("Part 2 records").

CCMH will not use or disclose Part 2 records unless:

- you provide valid written consent;
- the disclosure is permitted by federal law;
- or the disclosure is otherwise authorized by law.

Part 2 records generally may not be used in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order meeting Part 2 requirements.

CCMH may use a single patient consent for future uses and disclosures for treatment, payment, and health care operations consistent with updated Part 2 regulations.

SUD counseling notes maintained separately from the medical record require separate authorization except where otherwise permitted by law.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

1. Treatment

We may use and disclose your information to provide, coordinate, or manage your care and treatment.

Examples include:

- communication among treating providers;
- referrals to specialists;
- care coordination;
- crisis response;
- medication management;
- integrated behavioral health services.

Where required, disclosures involving Part 2 records will occur only with appropriate patient consent or lawful authorization.

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2. Payment

We may use and disclose your information to:

- bill and collect payment;
- determine eligibility;
- obtain prior authorization;
- coordinate benefits;
- conduct utilization review.

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3. Health Care Operations

We may use and disclose information for:

- quality assessment;

- staff training;
- accreditation;
- auditing;
- compliance activities;
- licensing;
- legal review;
- business management;
- fraud prevention;
- risk management.

OTHER PERMITTED OR REQUIRED DISCLOSURES

CCMH may disclose information without your authorization only as permitted or required by applicable law.

Examples may include:

Public Health Activities

Disclosures required for reporting disease, abuse, neglect, or threats to health and safety as authorized by law.

Medical Emergencies

Disclosures necessary to address a bona fide medical emergency.

Abuse or Neglect Reporting

Reporting required by Oregon mandatory reporting laws.

Health Oversight Activities

Audits, investigations, inspections, licensure reviews, and oversight authorized by law.

Judicial and Administrative Proceedings

Disclosures pursuant to lawful court orders meeting applicable HIPAA and Part 2 requirements.

Law Enforcement

Limited disclosures permitted by law.

Research

Research disclosures only as permitted under HIPAA, Part 2, and applicable law.

Workers' Compensation

Disclosures authorized by workers' compensation laws.

Coroners, Medical Examiners, and Funeral Directors

As authorized by law.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Except as otherwise permitted by law, CCMH will obtain your written authorization before:

- disclosing psychotherapy notes;
- disclosing SUD counseling notes;
- marketing communications where authorization is required;
- disclosures for purposes not otherwise described in this Notice;
- disclosures involving civil, criminal, administrative, or legislative proceedings involving Part 2 records;
- most disclosures to family members or third parties not involved in your care.

You may revoke your authorization in writing at any time unless action has already been taken in reliance upon it.

YOUR RIGHTS

You have the following rights regarding your information:

Right to Access

You may inspect and obtain copies of your records as permitted by law.

Right to Request Amendment

You may request correction or amendment of inaccurate information.

Right to Request Restrictions

You may request restrictions on certain uses or disclosures.

Right to Confidential Communications

You may request communications by alternative means or at alternative locations.

Right to an Accounting of Disclosures

You may request a record of certain disclosures of your information.

The updated Part 2 regulations provide additional rights regarding accounting of disclosures.

Right to Receive a Paper Copy

You may request a paper copy of this Notice at any time.

Right to File a Complaint

You may file a complaint if you believe your privacy rights have been violated.

You may file complaints with:

- CCMH Privacy Officer;
- the U.S. Department of Health and Human Services Office for Civil Rights ("OCR").

Beginning February 16, 2026, OCR may investigate complaints regarding alleged violations of 42 C.F.R. Part 2.

CCMH will not retaliate against you for filing a complaint.

MINORS AND OREGON LAW

CCMH complies with Oregon laws governing confidentiality, consent, and disclosure involving minors receiving behavioral health or substance use disorder services.

Certain Oregon laws permit minors to consent to specific behavioral health services and may limit parental access to related records under certain circumstances.

CCMH evaluates requests involving minors in accordance with applicable Oregon statutes and professional standards.

FUNDRAISING COMMUNICATIONS

CCMH may contact you regarding fundraising activities permitted by law. You have the right to opt out of receiving fundraising communications.

The updated Part 2 regulations establish additional opt-out rights concerning fundraising communications involving Part 2 records.

ELECTRONIC COMMUNICATIONS AND TELEHEALTH

CCMH may communicate electronically using secure systems for:

- telehealth;
- appointment reminders;
- patient portals;
- care coordination.

While CCMH implements safeguards consistent with HIPAA Security Rule requirements, electronic communications may involve some level of risk.

Clients may request alternative communication methods where available.

BREACH NOTIFICATION

CCMH is required to notify affected individuals, the U.S. Department of Health and Human Services, and in some circumstances the media, following certain breaches of unsecured protected information.

The updated Part 2 Final Rule applies HIPAA breach notification standards to Part 2 records.

BUSINESS ASSOCIATES AND SERVICE PROVIDERS

CCMH may share information with contractors and service providers who perform services on our behalf.

Where required, CCMH enters into:

- HIPAA Business Associate Agreements (“BAAs”);

- Qualified Service Organization Agreements (“QSOAs”);
- or other legally required confidentiality agreements.

These entities must safeguard protected information consistent with applicable law.

SECURITY OF INFORMATION

CCMH maintains administrative, technical, and physical safeguards designed to protect your information from unauthorized access, use, or disclosure.

These safeguards include:

- workforce training;
- access controls;
- audit logging;
- encryption where appropriate;
- secure storage;
- incident response procedures.

CHANGES TO THIS NOTICE

CCMH reserves the right to revise this Notice at any time.

Revised notices will be:

- posted in CCMH facilities;
- posted on CCMH’s website;
- and made available upon request.

The revised Notice will apply to all information maintained by CCMH.

CONTACT INFORMATION

If you have questions about this Notice or wish to exercise your privacy rights, contact:

Privacy Officer
Columbia Community Mental Health
Email: compliance@ccmh1.com

You may also contact the U.S. Department of Health and Human Services Office for Civil Rights regarding privacy complaints at:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, DC 20201