

Jasper Mountain  
NOTICE OF PRIVACY PRACTICES



**! To the Clients of Jasper Mountain:**

**THIS NOTICE DESCRIBES HOW CLINICAL INFORMATION ABOUT YOUR CHILD, OR YOU (TO THE EXTENT NEEDED TO TREAT YOUR CHILD), MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

*We are committed to protecting our clients' confidentiality, and have developed the following policies and procedures to help address privacy issues. If you have questions about this notice, please feel free to contact Jasper Mountain's designated privacy officer, at our office at Jasper Mountain: 37875 Jasper-Lowell Road, Jasper, OR 97438. Phone: (541) 747-1235.*

 **WHO WILL FOLLOW THIS NOTICE**

This notice describes the information privacy practices followed by our staff and service providers for Jasper Mountain.

 **YOUR CHILD'S HEALTH INFORMATION**

This notice applies to the information and records we have about your child's health, health status, and the care and services he/she may receive from Jasper Mountain. Your child's health information may include information created and received by this agency, may be in the form of written or electronic records or spoken words, and may include information about family history, health history, health status, symptoms, examinations, test results, diagnoses, treatments procedures, prescriptions, and similar types of health-related information.

We are required by law to give you (the child's parent/guardian) this notice. It will tell you about the ways in which we may use and disclose your child's health information and describes your rights and our obligations regarding the use and disclosure of that information.

## HOW WE MAY USE AND DISCLOSE YOUR CHILD'S HEALTH INFORMATION.

We may use and disclose health information for the following purposes:

- **For Treatment.** We will use your child's health information to provide him/her with clinical treatment or services. In this context, we may disclose your child's health information to treatment team staff, teachers, therapists, office staff or other personnel involved in taking care of the various aspects of your child's care.

For example, your child's therapist may share information about your child's situation with the team of people who work with him/her on a daily basis, so that staff members can best understand your child's needs and how to provide the appropriate level of support and guidance in daily activities. Or your child's therapist may consult with other therapists on staff, disclosing information about your child's situation, so that together the team of therapists can help determine the most appropriate care for your child.

A friend or family member of another child in residence may come for a visit and may observe that your child is also in our program. Different personnel in our office may share your child's health information to people who do not work in our office in order to coordinate your child's care, such as phoning in prescriptions to the pharmacy, or scheduling lab work or making appointments at the doctor or dentist.

In these cases, and all others, our communication about your child's information is guided by the goal of having your child receive the best treatment and care possible.

- **For Payment.** We may use and disclose your child's health information so that the treatment and services your child receives through the agency may be billed to and payment may be collected from an insurance company or a third party. For example, we may need to give an insurance company or the mental health system information about a service your child received here so the plan will pay for the service. We may also tell your health plan about a treatment your child is going to receive to obtain prior approval, or to determine whether the plan will pay for treatment.
- **For Health Care Operations.** We may use and disclose aspects of your child's health information in order to run the office and make sure that your child and our other clients receive quality care. For example, we may use your child's health information to evaluate the performance of our staff in caring for your child. We may also use health information about all or many of our clients to help us decide what additional services we should offer, how we can become more effective, or whether certain aspects of our services are helpful.

We may also disclose aspects of your child's health information to reviewers who evaluate our services, and help us to meet all the requirements that are developed over

time in providing clients the best care, and following the best practices of social service providers.

- **Appointment Reminders.** We may contact you, as well as all the members of your child's treatment team, as a reminder for team meetings or counseling sessions.
- **Treatment Alternatives.** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives. If you advise us **in writing** (at the address listed at the top of this notice) that you do not wish to receive such communications, we will refrain from doing so.

## SPECIAL SITUATIONS

We may use or disclose your child's health information for the following purposes, subject to all applicable legal requirements and limitations:

- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about your child when necessary to prevent a serious threat to health and safety of your child, or to another person.
- **Required By Law.** We will disclose health information about you or your child when required to do so by federal, state or local law. This could include a requirement by a military command if you are a member of the armed forces, or part of the national security or intelligence community.
- **Research.** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the agency.
- **Public Health Risks.** We may disclose your child's health information for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
- **Health Oversight Activities.** We may disclose client health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your child's health information in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information in response to a subpoena.

- **Law Enforcement.** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
- **Information Not Personally Identifiable.** We may use or disclose health information about your child in a way that does not personally identify you or reveal who you or your child are.
- **Family and Friends.** We may disclose aspects of your child's health information to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your child's family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your child's personal health information to a family member if the family member comes to a counseling appointment with you. In situations where you are not capable of giving consent on behalf of your child (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to a family member or friend is in your child's best interest. In that situation, we will disclose only health information relevant to the person's involvement in your child's care.

## OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your child's health information for any purpose other than those identified in the previous sections without your specific, written Authorization. If you give us Authorization to use or disclose your child's health information you may revoke that Authorization, **in writing**, at any time. If you revoke your Authorization, we will no longer use or disclose information about your child for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

In some instances, we may need specific, written authorization from you in order to disclose certain types of specially-protected information such as HIV, or substance abuse, information.

## CLIENT RIGHTS REGARDING HEALTH INFORMATION

- **Right to Confidentiality.** Clients of Jasper Mountain have the right to confidentiality in accordance with the agency's *Policies & Procedures Manual*, and further explained in the *Handbook on Confidentiality* of the Oregon Mental Health and Developmental Disability Services Division (currently, Oregon Mental Health and Addictive Services); Oregon Revised Statutes 179.505 - 179.507, 107.154 & 418.312 (as well as all other applicable sections of the ORS & OAR and federal statutes); and the Health Insurance

Portability and Accountability Act of 1996. The agency is also guided in these matters by the American Psychological Association Code of Ethics, and by legal counsel, as needed. This notice describes these policies and procedures. If you wish to obtain a copy of the policies as they are detailed in the agency's *Policies & Procedures Manual*, you may request a copy from the agency's Privacy Officer (listed at the top of this notice).

- **Right to Inspect and Copy.** You have the right to inspect and copy your child's health information, such as clinical and billing records, that we keep and use to make decisions about your child's care. You may submit a written request to the agency's Privacy Officer (listed at the top of this notice) in order to inspect and/or copy records of your child's health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies.

We may deny your request to inspect and/or copy this information in certain limited circumstances. If you are denied copies of or access to your child's health information you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Special Note: Because of the age of the children treated by the agency, children are not routinely shown their file unless there is a therapeutic reason for doing so. When a child is denied access to any portion of their treatment file, this decision is carefully made by the child's therapist and the agency's clinical team, with special attention to potential harm to the child.

- **Right to Amend.** If you believe health information we have about your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information has been created by this agency. To request an amendment, submit a written request to the agency's privacy officer (listed at the top of this notice). The agency has an amendment form which you may be asked to use in addition to your written request.

We may deny your request for an amendment if your request is not **in writing** or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- we did not create, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the health information that we keep;
- is information which you would not be permitted to inspect or copy;
- is accurate and complete.

If the amendment involves the correction of an error in the record, the following procedures will apply: Errors in the clinical record may only be corrected by lining

out the incorrect data with a single line in ink, and then adding the correct information, the date corrected and the initials of the person making the correction. Errors may not be corrected by removing information, or obliterating it.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your child’s health information, for purposes other than treatment, payment, health care operations, and a limited number of special circumstances involving national security, correctional institutions and law enforcement. The list will also exclude any disclosures we have made based on your written authorization.

To obtain this list, you must submit your request **in writing** to the agency’s Privacy Officer (listed at the top of this notice). It must state a time period, which may not be longer than six years after your child has left our programs, and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For more than one list per year, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about your child for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about your child to someone who is involved in his/her care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about an incident which occurred to your child. *We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to assist in an emergency situation.

To request restrictions, you may fill out a request form obtained at the agency’s business offices. The form should be submitted to the agency’s Privacy Officer, listed at the top of this notice.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you or your child about clinical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you may complete and submit the written request to the agency’s Privacy Officer (listed at the top of this notice). We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact the agency’s Privacy Officer, (listed at the top of this notice), or request a copy at any of the agency’s administrative offices.

## CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for your child's current health information as well as any such information we receive in the future. We will post a current notice in our offices with its effective date on the bottom right hand corner. You are entitled to a copy of the notice currently in effect.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint. To file a complaint with our office, contact Jasper Mountain's Privacy Officer at 37875 Jasper-Lowell Road Jasper, OR 97438. The Privacy Officer will work with directors in the agency to help resolve the concern. If the issue is not resolved to your satisfaction, you can choose to submit a formal grievance in accordance with the agency's Grievance Procedures, as follows:

**Formal Grievance Process:** There are several steps available to you that can be pursued in the order listed, until the issue is satisfactorily resolved:

- Discuss the situation with the assigned therapist. If the situation is not resolved, you can then...
- Bring the matter to the attention of a program director either verbally or in writing. If there continues to be no resolution, you can then...
- Submit a written grievance (complaint) to the executive director. If the situation is still not resolved, you can then...
- Submit a written grievance to the Jasper Mountain Board of Directors: 37875 Jasper-Lowell Road Jasper, OR 97438.

You may also file a complaint with the Secretary of the Department of Health and Human Services. Note: If you are a LaneCare recipient, you have a right to the LaneCare grievance procedure. *You will not be penalized for filing a complaint.*