



PO BOX 397 • Boardman, OR 97818 • Phone: (541) 481-7212 • Fax: (541) 481-2020

## NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. When it comes to your health information, you have certain rights. This explains your rights and some of our responsibilities to help you. Please review carefully. If you have any questions, please contact us.

Columbia River Health (CRH)

Phone: (541) 481-7212 Fax: (541) 481-2020

Mail: PO BOX 397, Boardman, Oregon 97818

In person: 450 Tatone St, Boardman, OR

Email: [info@crhclinic.net](mailto:info@crhclinic.net) Website: [www.crhclinic.net](http://www.crhclinic.net)

This notice applies to the information and records we have about your health, health status, and the health care and services you receive at this office. Your health information may include information created and received by this office, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related information.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and your obligations regarding use and disclosure of that information. We may use and disclose health information for the following purposes:

- **For Payment.** We may use and share your health information as needed to bill for the care and services you receive at this office and to collect payment from you, your insurance company, or another third party. For example, we may provide your health plan with details about services you received so they can pay us or reimburse you. We may also contact your health plan about upcoming treatment to request prior approval or confirm whether the service is covered
- **For Treatment:** We may use and disclose your health information to provide, coordinate, or manage your medical treatment and related services. This may include sharing information with doctors, nurses, technicians, office staff, consultants, pharmacies, laboratories, imaging providers, family members, and other health care providers involved in your care. We may also share information within our office and with outside providers as needed, such as to phone in prescriptions, schedule lab work, order x-rays, or arrange consultations. *For example: A doctor treating you for an injury asks another doctor about your overall health condition.*
- **For Health Care Operations:** We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. *For example: We may review health information from multiple patients to help determine which additional services may be needed, identify ways to improve our operations, or evaluate the effectiveness of new treatments.*
  - We may share your health information with the health plans that provide your insurance coverage, as well as with other health care providers involved in your care. This information may be shared to help those plans and providers deliver or improve care, lower costs, coordinate and manage health care services, train staff, and meet legal requirements.
- **Patient Centered Primary Care Home Attestation.** Columbia River Health is required by the Oregon Health Authority to notify patients that we are recognized as a Patient Centered Primary Care Home. As a patient of Columbia River Health, you may be included in our Patient Centered Primary Care Home attestation.



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- **Text messaging terms and patients' rights:** Columbia River Health may use text messaging to communicate with patients about appointment reminders, billing notifications, care coordination, and other important care-related updates. Participation is voluntary, and you are not required to opt in to text messaging as a condition of receiving care. We collect mobile phone numbers solely to send patient-related text messages. Your mobile number will not be sold or shared with third parties or affiliates for marketing or promotional purposes, and we will not use your number for unrelated marketing without your express written consent.
  - Message frequency may vary.
  - Message and data rates may apply.
  - Carriers are not liable for delayed or undelivered messages.
  - Messages may be sent by SMS and/or RCS, which are not fully secure and may not be HIPAA-compliant. Columbia River Health limits these messages to non-sensitive notifications. Messages containing detailed Protected Health Information, also known as PHI, will be sent through a separate, secure messaging channel.

You may opt out of text messages at any time by replying "STOP." You will receive a final confirmation text, and no further text messages will be sent unless you authorize Columbia River Health to restart them by texting "START." For help, reply "HELP," send a MyChart message, call Columbia River Health at (541) 481-7212, or come into the clinic for one-on-one assistance.

- **Appointment Reminders.** We may contact you to remind you about scheduled appointments for treatment or medical care. These reminders may be provided by phone, text message, in person, or through MyChart.
- **Fund Raising.** We may contact you for fundraising efforts, but you can tell us to not contact you again.
- **Treatment Alternatives.** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Products and Services.** We may tell you about health-related products or services that may be of interest to you.

Columbia River Health respects your communication preferences. Please let us know if you do not want to be contacted for appointment reminders, to receive information about treatment options, health-related products, or services. If you provide written notice to Columbia River Health at the address listed at the top of this Notice, we will honor your request and will not use or share your information for those purposes.

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

- CRH may use or share your health information when it is needed to help prevent a serious risk to your health or safety, or to protect the health and safety of another person or the public.
- CRH 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. We will disclose health information about you when required to do so by federal, state or local law. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.
- CRH 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 office.
- If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release



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health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

- We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- CRH may disclose health information about you 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.
- CRH may disclose 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.
- We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- We may share your health information with family members, friends, or others involved in your care if you verbally agree, if you are given the chance to object and do not, or if we reasonably believe, based on the circumstances and our professional judgment, that you would not object. For example, if you bring your spouse into the exam room during treatment or a discussion about your care, we may assume you agree to share relevant information with your spouse. If you are unable to give consent because you are not present, incapacitated, or experiencing a medical emergency, we may disclose information when we determine it is in your best interest. In those situations, we will share only the information relevant to the person's involvement in your care, such as updates about your condition, progress, or prognosis. We may also use our professional judgment to allow another person to act on your behalf when appropriate, such as picking up prescriptions, medical supplies, or X-rays for you.

#### OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

CRH will only use or share your health information for the purposes described in the previous sections, unless you provide specific written Authorization for another use or disclosure. If you authorize us to use or share your health information, you may cancel that Authorization in writing at any time. Once your Authorization is revoked, we will stop using or disclosing your information for the purposes covered by it. However, we cannot reverse any uses or disclosures that were already made with your permission.

Columbia River Health is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at [www.ochin.org](http://www.ochin.org). As a business associate of Columbia River Health OCHIN supplies information technology and related services to Columbia River Health 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 assess 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 Columbia River Health with other OCHIN participants or a health information exchange only when necessary for the medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operations 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

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

**YOUR RIGHTS REGARDING HEALTH INFORMATION WE MAINTAIN ABOUT YOU:**

- **Right to Inspect and Copy:** You have the right to inspect and copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written request to our office in order to inspect and/or copy records of your health information. If you request a copy of the information, we may charge a reasonable cost-based fee to cover cost of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy records in certain limited circumstances. If you are denied copies of or access to health information that we keep about you, 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 healthcare 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.
- **Right to Amend:** If you believe health information we have about you 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 is kept by this office. Please submit your request in writing to the address noted at the beginning of this notice. 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 the 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 kept
  - You would not be permitted to inspect the copy
  - Is accurate and complete
- **Right to an Accounting of Disclosure:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you 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 the list, you must submit your request in writing to our office. It must state a time period, which may not be longer than six years from the date of request. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost 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 you for treatment, payment or health care operations. You may have the right to request a limit on the health information we disclose about you to someone who is involved in your 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 a surgery you had. 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 provide you emergency treatment or we are required by law to use or disclose the information. Requests for restrictions must be submitted in writing to the address at the beginning of this notice.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical 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. Please contact us at via the information at the beginning of this notice to



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submit your request. You do not have to disclose the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Attestation for a Requested Use or Disclosure of Protected Health Information Potentially Related to Reproductive Health Care.** When a HIPAA covered entity or business associate receives a request for protected health information (PHI) potentially related to reproductive health care, it may request a signed attestation that clearly states the requested use or disclosure is not for the prohibited purposes described below, where the request is for PHI for any of the following purposes: • Health oversight activities • Judicial or administrative proceedings • Law enforcement • Regarding decedents, disclosures to coroners and medical examiners Prohibited Purposes. Covered entities and their business associates may not use or disclose PHI for the following purposes: (1) To conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care. (2) To impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.
  - (3) To identify any person for any purpose described in (1) or (2). The prohibition applies when the reproductive health care at issue (1) is lawful under the law of the state in which such health care is provided under the circumstances in which it is provided, (2) is protected, required, or authorized by Federal law, including the United States Constitution, under the circumstances in which such health care is provided, regardless of the state in which it is provided, or (3) is provided by another person and presumed lawful – the Model Attestation is attached to this policy.
- **Right to Paper Copy of This Notice.** You have the right to a paper copy of this notice. Even if you have requested to receive this electronically, you are still entitled to a paper copy at any time. Contact us via the information at the beginning of this notice to request a copy.

#### CHANGES TO NOTICE OF PRIVACY PRACTICES

We reserve the right to change this notice, and to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post the current notice in the office with its effective date in the bottom left corner. You are entitled to a copy of the current notice in effect.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact our Compliance Officer at (541) 481-7212. You will not be penalized for filing a complaint. We are committed to ensuring that all concerns are handled respectfully, confidentially, and without retaliation. We welcome every opportunity to address your concerns. Website for Secretary of the Department of Health and Human Services is [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)