



# NOTICE OF PRIVACY PRACTICES

**THIS NOTICE SAYS HOW WE MAY USE AND SHARE YOUR HEALTH INFORMATION. IT ALSO LETS YOU KNOW ABOUT YOUR RIGHTS. PLEASE READ THIS NOTICE CAREFULLY.**

*Original Effective Date: April 14, 2003*

*Revised Date: October 27, 2009*

Mid-Valley Behavioral Care Network (MVBCN) is a managed care plan for mental health services. We manage these services for most people with Oregon Health Plan (OHP) insurance who live in five Oregon counties. These are Linn, Marion, Polk, Tillamook, and Yamhill Counties. We understand the health information we use to manage these services is private. Federal and state laws require us to protect this information. In this Notice, this health information is referred to as “protected health information” or PHI.

This Notice says how we may use and share your PHI. It also lets you know about your rights related to your PHI. It does not cover all of the situations when we may use or share your PHI. We will send you a new Notice if there are major changes in how we handle your PHI. We will follow the Notice in effect at the time we use or share your PHI.

You may receive a Notice of Privacy Practices from the Oregon Department of Human Services. You may receive Notices from managed care plans involved in your health care. You may also receive Notices from providers involved in your care. Their Notices cover their use and sharing of your PHI for the services they manage or provide. Their Notices also tell you about your rights related to your PHI for the services they manage or provide.

## HOW WE MAY USE OR SHARE YOUR PROTECTED HEALTH INFORMATION

Certain kinds of PHI are given special privacy protection by federal and state laws. These are: information about mental health treatment, alcohol and drug treatment, HIV/AIDS testing, child abuse and neglect, sexual assault, and genetic testing. We cannot share this information without your written permission, except as required by law.

We may use your PHI for our own treatment, payment and healthcare operations *without your permission*. Here are some examples of how we may use your PHI for these activities:

- **Treatment.** We may use your PHI to help your provider in your diagnosis and treatment. For example, we may use your PHI to help your provider find alternative treatments or programs to help you.
- **Payment.** We may use your PHI to pay for your services. For example, we may use your PHI to check your OHP insurance coverage and to pay the bills from your provider.
- **Healthcare Operations.** We may use your PHI to carry out our management responsibilities. For example, we may use your PHI to study the quality of our services. We may also use your PHI for customer service. For example, we may use your PHI to refer you to a provider or to answer your questions about your OHP insurance.

Here are other situations where we may use or share your PHI *without your permission*:

- **As Required by Law.** We must use or share your PHI when required by law.

- **Family, Friends and Other Representatives.** We may share your PHI with your family members, friends, and/or legal or personal representative that you have agreed to be involved in your care.
- **Public Health Activities.** We may use or share your PHI with public health agencies for reasons such as preventing or controlling disease, injury or disability.
- **Abuse Reports and Investigations.** We must share your PHI with government agencies in cases of suspected or known abuse, neglect or domestic violence.
- **Health Oversight Activities.** We may share your PHI with government oversight agencies for activities authorized by law.
- **Legal Proceedings.** We must share your PHI when required by a court order or for other legal proceedings.
- **Law Enforcement.** We may share your PHI in limited situations to law enforcement in response to a warrant, to identify or locate a suspect, or to provide information about the victim of a crime.
- **Research.** We may share information about our members for research purposes, but this information does not identify specific individuals.
- **To Avoid Harm.** We may use or share your PHI, with some limits, when it is necessary to prevent a serious threat to you, another person or the public.

We may be required to ask for your written permission before using or sharing your PHI for other situations not listed in this Notice. You may cancel your permission at any time. We cannot take back any information we have already used or shared with your permission.

## YOUR RIGHTS

You have certain rights related to your PHI maintained by us:

- **Right to Inspection and Photocopy.** You have the right to review and get copies of your PHI. You must make this request in writing. Your request may be denied if we determine the information may be harmful to you or others. You may be charged a reasonable fee to cover the costs related to your request. *Your medical record is maintained by your provider, not by us. You have the right to review and get copies of your PHI maintained by your provider. You must make this request to your provider. Your provider's Notice of Privacy Practices covers their use and sharing of your PHI. Their Notice also covers your rights related to the services they provide.*
- **Right to Request Restrictions.** You have the right to request limits on how we use or share your PHI. This includes sharing your PHI with family, friends and other people you have agreed to be involved in your care. This request must be made in writing. We are not required to agree to the limits you request.
- **Right to Request Confidential Communications.** You have the right to receive your PHI through a reasonable alternative means or at an alternative location. This request must be made in writing. We are not required to agree to the limits you request.
- **Right to Request Amendment.** You have the right to request amendment of your PHI you believe is incorrect or incomplete. This request must be made in writing. You must provide a reason for your request. We are not required to amend your PHI. We cannot amend information we did not create.
- **Right to Accounting of Disclosures.** You have the right to receive a list of when we have used or shared your PHI. This list will not include:
  - PHI shared before April 14, 2003;
  - PHI used for our own treatment, payment and healthcare operations;

- PHI shared with you, or with your legal or personal representative;
- PHI shared with your written authorization; and
- PHI used or shared as required by law if we determine it could be harmful to you or others to include this information in the list.

This request must be made in writing. You must specify a time period of up to 6 years. We will provide one list per 12-month period free of charge. We may charge you a reasonable fee for additional lists during that same 12-month period.

- **Right to Paper Copy.** You have the right to get a paper copy of this Notice at any time. To get a paper copy, contact our office at the address or phone number below.

You can contact us at the address or phone number below to exercise any of these rights.

If we deny any request you make in exercise of these rights, we will send you a letter to explain why your request was denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint.

Mid-Valley Behavioral Care Network

**Attn: Privacy Officer**

1660 Oak Street SE, Suite 230

Salem, Oregon 97301

Phone: ● In Salem, call 503-361-2647

● Outside Salem, call 1-888-315-6822

(ask to be forwarded to the MVBCN office)

Fax: 503-585-4989

TTY or Voice: 711 ● VCO: 1-800-735-3260

#### HOW TO REPORT A PROBLEM OR FILE A COMPLAINT

If you have a concern about this Notice or about how we handle your PHI, you can contact us at the address or phone number below:

Mid-Valley Behavioral Care Network

**Attn: Complaints**

1660 Oak Street SE, Suite 230

Salem, Oregon 97301

Phone: ● In Salem, call 503-361-2647

● Outside Salem, call 1-888-315-6822

(ask to be forwarded to the MVBCN office)

Fax: 503-585-4989

TTY or Voice: 711 ● VCO: 1-800-735-3260

You will not be treated badly or disrespectfully if you choose to file a complaint. You can file a complaint verbally or in writing. You can use the OHP Complaint Form included in your MVBCN Member Handbook. Or contact the MVBCN office at the address or phone number above.

You may also file a complaint with the US Department of Health and Human Services if you feel your privacy rights have been violated. You can contact us at the address or phone number above for more information.