



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.

Effective Date: April 14, 2003

Mid-Valley Behavioral Care Network (MVBCN) is the mental health plan for eligible Oregon Health Plan (OHP) members in Linn, Marion, Polk, Tillamook, and Yamhill Counties. We understand that the health information necessary for us to manage and provide these mental health services is private. We are required by federal and state laws 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, and lets you know about your rights. 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 that we use or share your PHI.

You may receive separate Notices from the Oregon Department of Human Services, and from other health plans responsible for your healthcare services. You may also receive separate Notices from the direct service providers involved in your care. Their Notices cover their use and sharing of your PHI, and your rights related to the healthcare services that they manage and/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. This includes information about mental health and chemical dependency treatment, HIV/AIDS testing, child abuse and neglect, sexual assault, and genetic testing. We cannot share this information without your written authorization, except as required by law.

We may use your PHI for our own treatment, payment and healthcare operations without your authorization. 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. *Your provider may ask for your written authorization to share your PHI with us.*
- **Payment.** We may use your PHI to pay for your mental health services. For example, we may use your PHI to check your OHP eligibility and to process healthcare claims 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 and to plan how to meet the mental health needs of our members. We may also use your PHI for customer service, such as to refer you to a direct service provider or to answer your questions about OHP benefits.

Here are some situations where we may use or share your PHI without your authorization:

- **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.

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

Your Rights

You have certain rights regarding your PHI maintained by us.

- **Right to Inspection and Photocopy.** You have the right to inspect and receive photocopies of your PHI. This request must be made in writing. Your request may be denied if we determine that the information may be harmful to you or others. You may be charged a reasonable fee to cover the expenses associated with your request. *Certain kinds of PHI, such as your medical record and psychotherapy notes, are maintained by your provider. You have the right to inspect and receive copies of your PHI that is maintained by 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 healthcare services that they provide.*

- **Right to Request Restrictions.** You have the right to request restrictions on how we use or share your PHI. This includes sharing your PHI with family, friends and other representatives that you have agreed to be involved in your care. This request must be made in writing. We are not required to agree to the restrictions that 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 restrictions that you request.
- **Right to Request Amendment.** You have the right to request amendment of your PHI that you believe is incorrect or incomplete. This request must be made in writing, and you must also provide a reason for your request. We are not required to amend your PHI. We cannot amend information that 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 that including this information may be harmful to you or others.

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

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

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

If we deny any request that you make in exercise of these rights, we will send you a letter that explains 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 grievance.

Mid-Valley Behavioral Care Network
Attn: Privacy Officer
 1660 Oak Street SE, Suite 230
 Salem, Oregon 97301
 Phone: 503-361-2647 or
 1-888-315-6822 (ask to be forwarded to the MVBCN office)
 Fax: 503-585-4989 • TTY/VCO: 1-800-735-2900

How to Report a Problem or File a Grievance

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: Consumer Affairs Specialist

1660 Oak Street SE, Suite 230

Salem, Oregon 97301

Phone: 503-361-2647 (press Option 8) or

1-888-315-6822 (ask to be forwarded to the MVBCN office)

Fax: 503-585-4989 • TTY/VCO: 1-800-735-2900

We will not retaliate against you in any way if you choose to file a grievance. You can file a grievance verbally or in writing. You can use the grievance form included in your MVBCN Member Handbook or contact our Consumer Affairs Specialist at the address or phone number listed above. You can listen to information about our grievance process by calling us at 503-361-2647 and then selecting Option 6 for English or Option 7 for Spanish. Information about the grievance process is also included in your MVBCN Member Handbook.

If you believe your privacy rights have been violated, you may also file a grievance with the United States Department of Health and Human Services. You can contact us at the address or phone number at the top of this page for more information.

Mid-Valley Behavioral Care Network
Regional Service Center
1660 Oak Street SE, Suite 230
Salem, Oregon 97301