

# 1 | Page Notice of Privacy Practices

Pacific Sage LLC, Pacific Sage Primary Care, and Pacific Sage Medical Services  
Mailing Address: 2660 NE Highway 20 Suite 610, #524  
Bend, OR 97701

website: [www.pacificsage.org](http://www.pacificsage.org)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this notice, please contact the  
Practice Manager at 541-762-2727.

This notice describes the information privacy practices followed by our employees, staff, and other office personnel. The practices described in this notice will also be followed by staff/nurses/providers with whom we have arranged to provide “call coverage” for our practice.

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, 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 your health information and describes your rights and our obligations regarding the use and disclosure of that information.

## HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

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

**For Treatment:** We may use your health information to provide you with medical treatment and coordination of care within or outside of our practice. We may need to disclose your health information to other providers, nurses, technicians, office staff, laboratories, imaging facilities, hospital facilities, or other personnel who are involved in your health care.

**For Payment:** We may disclose your health information to submit billing to your health plan or a designated third party for payment of services you receive at this office. We may also be required to disclose your health information in order to obtain prior authorizations when required, or to determine whether your plan will cover the needed treatment.

**For Health Care Operations:** We may use and disclose your health information to run the practice and to ensure that all of our patients receive quality care. This may include our practice’s inclusion in quality care initiative programs.

**Appointment Reminders:** We may contact you as a reminder that you have an appointment for treatment or medical care. We may leave a generic (non-specific as to medical information) appointment reminder messages on your voice-mail or with a person answering your phone.

## SPECIAL SITUATIONS:

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirement and limitations:

**To Avert a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Required By Law:** We will disclose health information about you when required to do so by federal, state, or local law.

**Research:** We may use and disclose health information about you for health research projects.

**Organ and Tissue Donations:** If you are an organ donor, we may release health information to organizations that handle organ procurement, or organ, eye or tissue transplantation, or to an organ donation bank as necessary to facilitate such donation and transplantation.

**Worker's Compensation:** We may release health information about you for workers' compensation claims.

**Public Health Risks:** We 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 medication, or problems with products.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for state and federal agencies to monitor the health care systems, government programs, and compliance with civil rights laws.

**Legal Requests:** We may disclose health information about you in response to a court order or administrative order, search warrant, or 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.

**National Security:** We may release health information for special government functions such as military, national security, and presidential protective services.

**Coroners, Medical Examiners, and Funeral Directors:** We may release health information to a coroner or medical examiner.

**Family and Friends:** We may disclose health information about you to your family members or friends if we obtain your written agreement to do so. We may disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgement, that you would not object and/or in the event you are not capable of giving consent due to your incapacity in a medical emergency.

#### **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION:**

We can use and share health information about you through electronic health information exchanges so that information is readily available to participating healthcare providers, regardless of where they are treating you. Health information exchanges are also used to improve treatment, billing, and operations.

You may choose to opt-out of healthcare providers accessing of your health information through the exchange. If you choose to do so, you must complete an opt-out form. This form can be obtained from our office.

#### **AUTHORIZATION:**

When you give us required Authorization to use or disclose health information about you, you may revoke that Authorization, **in writing**, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made.

If we have HIV, substance abuse information, or genetic information about you, we cannot release that information without your specific written authorization.

#### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:**

You have the following rights regarding health information we maintain about you:

**Right to Inspect and Copy:** You have the right to inspect and/or obtain a copy of your health information. You must submit a written request to our office. 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 in certain circumstances.

**Right to Amend:** If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must complete and submit an amendment request form which can be obtained from our office. We may deny your request if you ask us to amend information that: a.) We did not create, b.) Is not part of the health information that we keep, c.) in our professional opinion is accurate and complete.

**Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures”, if the disclosures are for purposes other than treatment, payment, and health care operations. To obtain a 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 and may not include dates before January 15, 2024.

**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 also have the right to request a limit on the health information we disclose about you to someone that is involved in your care. **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. To request restrictions, you may complete the appropriate form which can be obtained from our office.

**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. To request confidential communications, you may complete the required form which can be obtained from our office. 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 request a copy of this notice at any time and can also obtain a copy where we will have it posted on our website.

CHANGES TO THE TERMS OF THIS NOTICE:

We reserve the right to change this notice, and the changes will apply to all medical information we have about you as well as any information we receive in the future. A copy of the current notice will be available in our office and will be posted on our website.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office:

Pacific Sage LLC / Attention: Practice Manager

2660 NE Highway 20 Suite 610, #524

Bend, OR 97701

541-762-2727

OR

Contact the U.S. Department of Health and Human Services: Office for Civil Rights:

By Mail: Michael Leoz, Regional Manager (Pacific Region) Office for Civil Rights U.S. Department of Health and Human Services 90 7 <sup>th</sup> Street, Suite 4-100 San Francisco, CA 94103	OR By Calling: 800-368-1019; Hearing Impaired 800-537-7697 OR By visiting <a href="http://www.hhs.gov/hipaa/filing-a-complaint/index.html">www.hhs.gov/hipaa/filing-a-complaint/index.html</a> OR By emailing <a href="mailto:ocrmail@hhs.gov">ocrmail@hhs.gov</a>
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**There will be no penalty or retaliation for filing a complaint.**