

**Notice of Privacy Practices**  
**Effective Date: 05/01/2022**

**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 Shine Bright Pediatrics at 20110 SW Alexander St, Beaverton, OR 97003. Phone number 503-649-5257.**

WHO WILL FOLLOW THIS NOTICE?

This notice describes the information privacy practices followed by our employees, staff, and other personnel.

YOUR HEALTH INFORMATION

This notice applies to the Protected health information (PHI) and records we have about you, your health status, and the health care and services you receive from providers at Phoenix Rising Family Medicine, 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 describe your rights and our obligations regarding the use and disclosure of that information.

HOW MAY WE USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU?

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

- **For Treatment:** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, staff, or other personnel who are involved in taking care of you and your health

**For example**, your provider may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The provider may use your medical history to decide what treatment is best for you. The provider may also tell another provider about your condition so that provider can help determine the most appropriate care for you

Different personnel in our organization may share information about you and disclose information to people who do not work for Phoenix Rising Family Medicine to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have. We will request your permission before sharing health information with your family or friends unless you are unable to give permission to such disclosures due to your health condition.

- **For Payment:** We may use and disclose health information about you so that the treatment and services you receive at Phoenix Rising Family Medicine, LLC, may be billed to and payment may be collected from you, an insurance company, or a third party.  
**example:** We may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will pay for the treatment.
  
- **For Health Care Operations:** We may use and disclose health information about you in order to run Phoenix Rising Family Medicine, LLC, and make sure that you and our other patients receive quality care  
**example:** We may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.  
We may also disclose your health information to health plans that provide you insurance coverage and other health care providers that care for you. Our disclosures of your health information to plans and other providers may be for the purpose of helping these plans and providers provide or improve care, reduce cost, coordinate, and manage health care and services, train staff, and comply with the law.
  
- **SPECIAL SITUATIONS:** We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:
  - o **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
  - o **Required By Law.** We will disclose health information about you when required to do so by federal, state, or local law.
  - o **Organ and Tissue Donation.** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye, or tissue transplantation.
  - o **Military, Veterans, National Security and Intelligence.** 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 health information about you. We may also release

information about foreign military personnel to the appropriate foreign military authority.

- o **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- o **Public Health Risks.** We may disclose health information about you for public health reasons 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.
- o **Health Oversight Activities.** We may disclose health information to a health oversight agency for adults' 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.
- o **Lawsuits and Disputes.** 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 court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.
- o **Coroners, Medical Examiners and Funeral Directors.** 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.
- o **Information Not Personally Identifiable.** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are
- o **Family and Friends.** We may disclose health information about you 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 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 personal health information to your spouse when you bring your spouse with you into the exam room or the hospital during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care.

For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make

reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or X-rays.

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

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. Examples of disclosures requiring your authorization include disclosures to your partner, your spouse, your children, and your legal counsel.

We will also not use or disclose your health information for the following purposes without your specific, written Authorization:

- **For our marketing purposes.** This does not include face-to-face communication about products or services that may be of benefit to you and about prescriptions you have already been prescribed

If you give us 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 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, substance abuse, mental health, and genetic testing information for purposes such as treatment, payment and healthcare operations.

### **USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT**

Unless you object. We may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment

We may disclose your Protected Health Information (PHI) to disaster relief organizations that seek your PHI to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

### **YOUR RIGHTS REGARDING HEALTH INFORMATION 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 Phoenix Rising Family Medicine, LLC, to inspect and/or copy records of your 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 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. A modified request may include requesting a summary of your medical record.

If you request to view a copy of your health information, we will not charge you for inspecting your PHI. If you wish to inspect your PHI, please submit your request in writing to Phoenix Rising Family Medicine, LLC. You have the right to request a copy of your PHI in electronic form.

We may deny your request to inspect and/or copy your record or parts of your record in certain limited circumstances. If you are denied copies of or access to, PHI 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 health 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 the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment if the information is kept by Phoenix Rising Family Medicine, LLC.

To request an amendment, please state in writing the date of service the record was recorded on, and what the actual text says and what you would like them changed to.

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 or partially 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
- It is not part of the PHI that we keep
- You would not be permitted to inspect and copy
- Is accurate and complete

If we deny or partially deny your request for amendment, you have the right to submit a rebuttal and request the rebuttal be made a part of your medical record. You also have the right to request that all documents associated with the amendment request (including rebuttal) be transmitted to any other party any time that portion of the medical record is disclosed.

**Rights 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 medical information about you for purposes other than treatment, payment, health care operations, when specially authorized by you and a limited number of special circumstances involving national security, correctional

institutions and law enforcement.

To obtain this list, you must submit your request in writing to Phoenix Rising Family Medicine, LLC. It must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list. The first list you request within a 12-month period will be free. For additional lists, 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 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 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.

**We are required to agree to your request** if you pay for treatment, services, supplies and prescriptions “out of pocket” and you request the information not be communicated to your health plan for payment or health care operations purposes. There may be instances where we are required to release this information if required by law. To request restrictions please submit your request in writing to Phoenix Rising Family Medicine, LLC.

**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. We will accommodate all reasonable requests. Your requests 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 Phoenix Rising Family Medicine, LLC.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and to make this revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post the current notice at our location with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

We will inform you of any significant changes to this Notice. This may be through a newsletter, a

sign prominently posted at our location, a notice posted on our website or other means of communication

**BREACH OF HEALTH INFORMATION**

We will inform you if there is a breach of your unsecured health information.

**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 at:

Office for Civil Rights, Region X  
U.S Department of Health and Human Services  
Regional Manager  
2201 Sixth Avenue-m/s:RX11  
Seattle, WA 98121  
Phone: 800-368-1019

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I have been given a copy of Phoenix Rising Family Medicine’s Notice of Privacy Practices, which describes how my PHI information is used and shared. I understand that Phoenix Rising Family Medicine has the right to change this Notice at any time. I may obtain a current copy by contacting Phoenix Rising Family Medicine.

**My signature below acknowledges that I have been provided with a copy of this Notice of Privacy Practices:**

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**Signature of individual or personal representative**

**Date**

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**Printed Name**

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**Personal Representatives’ Title (e.g., Guardian, Executor of Estate, Health care Power of Attorney)**

