

Lighting the Way to  
Good Health



Lincoln Community Health Center

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## New Patient Information

Lincoln Community Health Center  
and  
Lincoln County Public Health



Divisions of  
Lincoln County Health and Human Services

## **PRIVACY PRACTICES OF LINCOLN COUNTY HEALTH and HUMAN SERVICES**

### **Lincoln Community Health Center**

*Effective Date: April 14, 2003*

**THIS NOTICE DESCRIBES HOW “PROTECTED HEALTH INFORMATION” MAY BE USED AND DISCLOSED AND HOW YOU CAN REQUEST TO SEE THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**The terms “health information” and “health” used throughout this document may include information about your physical, medical, mental health and addictions treatment services.**

If you have any questions about this notice, please contact the Privacy Officer at Lincoln County Health and Human Services, 36 SW Nye Street, Newport, OR 97365 Phone (541)265-4190.

### **WHO WILL FOLLOW THIS NOTICE**

- This notice describes the information privacy practices followed by employees, staff and other office personnel of Lincoln County Health and Human Services (“LCHHS”).
- In all the information following, when it indicates **your** health, it also applies to any **child’s** or **legal ward’s** health information under your care.

### **YOUR HEALTH INFORMATION**

This notice applies to the information and records we have about your health, including medical, mental health and addictions, and the care and services you receive at all LCHHS locations. 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, 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 information about you, and describes your rights and our requirements regarding the use and disclosure of that information.

### **HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU**

The following items describe different ways that we use and disclose health and service information. For each item we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed.

- **For Treatment.** We may use health information about you to provide you with services. We may disclose information about you to doctors, nurses, therapists, office staff or other personnel who are involved in taking care of you and your health. For example, a staff member providing family counseling services to you may need to know if you are receiving other services at LCHHS in order to make the family counseling services more effective.
- Different staff members of LCHHS also may share health and service information about you to people who do not work in our offices in order to coordinate the different things you need, such as phoning in prescriptions to your pharmacy, discuss your situation with your doctor or previous

therapist, and other services. Family members and other health care providers may be part of your child's care outside our offices and may require information about your child that we have.

- **For Payment.** We may use and disclose health and service information about you so that the services you receive at LCHHS may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information counseling services you received at LCHHS so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a service you are going to receive to obtain prior approval or to determine whether your plan will cover the service.
- **For Health Care Operations.** We may use and disclose health and service information about you to run the office and make sure that you and our other patients receive quality care. For example, we may use your health and service information to review our services and to evaluate the performance of our staff in caring for you. We may also use health and service information about many LCHHS patients to decide what additional services LCHHS should offer, how we can better serve the community, and whether certain new services are effective. We may also disclose information to other staff members, volunteers, students, and other LCHHS personnel for review and learning purposes. We may disclose information to insurance plans and other health providers for the purpose of helping to improve care, reduce cost, coordinate and manage health care and services, train staff and meet met legal requirements. We may remove information that identifies you so others may use it to study services and service delivery without learning who the specific patients are.
- **Appointment Reminders.** We may contact you as a reminder that you have an appointment for services at LCHHS.
- **Service Alternatives.** We may use and disclose health and service information to tell you about or recommend possible service options or alternatives that may be of interest to you.
- **As Required By Law.** We will disclose health and service information about you when required to do so by federal, state or local law.
- **Health-Related Products and Services.** We may tell you about health-related products or services that may be of interest to you.

#### **SPECIAL SITUATIONS**

- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health and service 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. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Workers' Compensation.** We may release health and service information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose health and service information about you for public health activities. These activities generally include the following: To prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or

spreading a disease or condition; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- **Health Oversight Activities.** We may disclose health and service information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health and service information about you in response to a court or administrative order. We may also disclose health and service information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release health and service information if asked to do so by a law enforcement official: In response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at LCHHS; and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **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.
- **Family and Friends.** We may disclose health information about you to your family members or friends if we obtain your verbal or written 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 your family or friends if we feel, based on the circumstances and our professional judgment, that you would not object. For example, we may assume you agree to our disclosure of your health information to your husband or wife when you bring them with you to an exam room during treatment or therapy room while treatment is discussed. In situations where you are not capable of giving agreement or consent, (because you are not present or unable to do so due to an incapacitating emergency), we may, using our professional judgment, make a disclosure to your family member or friend. In that situation, we will disclose only necessary information needed by that person's involvement in your care.
- **National Security and Intelligence Activities.** We may release health and service information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

- **Right to Inspect and Copy.** You have the right to inspect and copy health and service information that may be used to make decisions about your care. Usually, this includes service and billing records.

To inspect and copy health and service information that may be used to make decisions about you, you must submit your request in writing to the attention of Privacy Officer, 36 SW Nye Street, Newport, OR 97365. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to information, you may request that the denial be reviewed. Another licensed health care professional chosen by LCHHS will review your request and the denial. The person reviewing your record will not be the person who denied your request. We will comply with the outcome of the review.

We may also deny your request to inspect and/or copy records if the information is due to or in anticipation of civil, criminal or administrative proceedings.

- **Right to Amend (Change).** If you feel that health and service information we have about you is incorrect or incomplete, you may ask us to amend (change) the information. You have the right to request an amendment for as long as the information is kept by or for LCHHS.

To request an amendment, your request must be made **in writing** by completing a "MEDICAL RECORD AMENDMENT/CORRECTION FORM" and submitting to the attention of the Privacy Officer at LCHHS. We may deny your request for an amendment if it 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 information that: was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the health and service information kept by or for LCHHS; is not part of the information which you would be permitted to inspect and copy; is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of health and service information about you. This accounting is not required for disclosures made if we had your signed Authorization to Release Information, for payment requirements, or for disclosures made to other health care treatment providers that you have or have had in which information may be exchanged for treatment purposes.

To request this list or accounting of disclosures, you must submit your request **in writing** to the attention of the Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. 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 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 and service 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 and service information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a counseling episode you had or an exam that your child 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.

To request restrictions, you must complete the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF HEALTH INFORMATION AND/OR CONFIDENTIAL COMMUNICATION **in writing** and return the form to the attention of the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health and service 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.

To request confidential communications, you must complete the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF HEALTH INFORMATION AND/OR CONFIDENTIAL COMMUNICATION **in writing** and return the form to the attention of the Privacy Officer. 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 ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice by contacting our office at (541)265-4190 and requesting a copy be sent in the mail or asking for one at the time of your next appointment.
- **Forms.** The forms indicated above are available upon request at all LCHHS service locations.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health and service information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at LCHHS. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to LCHHS for services, we will offer you a copy of the current notice in effect.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with LCHHS or with the Secretary of the Department of Health and Human Services. To file a complaint with LCHHS, contact Privacy Officer at 36 SW Nye Street, Newport, OR 97365, phone (541)265-4190. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**

## **OTHER USES OF HEALTH AND SERVICE INFORMATION.**

Other uses and disclosures of health and service information not covered by this notice or the laws that apply to us will be made only with your **written** authorization (permission). If you provide us authorization to use or disclose health and service information about you, you may revoke (cancel) that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health and service information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## **School-Based Health Center Services**

### **What are the School Based Health Centers?**

Lincoln County School Based Health Centers are provided as a partnership between the Lincoln County School District and Lincoln County Health and Human Services. The School Based Health Center's (SBHC's) provide easy access to medical and mental health services.

### **Who can receive services?**

All students attending Lincoln County Schools are eligible to receive care, provided we have consent. However, students are urged to seek care with their private doctors who are familiar with their medical histories.

### **Who is on staff?**

Lincoln County School Based Health Centers provide licensed professional providers such as Nurse Practitioners, Registered Nurses, and Mental Health Therapists. A licensed physician provides medical oversight. Clinic Assistants and Health Services Advocates provide support and assistance.

### **What services are provided?**

- Top quality medical care, health maintenance, education, risk assessment, and counseling
- Diagnosis and treatment of illnesses and injuries
- Physical exams
- Immunizations
- Mental Health screening, assessment, treatment and group counseling
- Nutrition education
- Vision, hearing and dental screenings
- Health education and wellness promotion
- Referrals for health care services
- Oregon Health Plan eligibility screening and sign-up

### **How are students referred to the health center?**

Parents, students and school staff may refer a student to the health center. Referral forms are available in the school office. Parents may call the SBHC in their area to refer.

### **Are appointments needed?**

Yes, and a limited number of appointments are available for "same day" medical needs.

**Who will see the student's medical records?**

Health center services are private and confidential. Health center records will not become part of a student's school record and information cannot be shared with school personnel without written consent.

**What do services cost?**

Services are based on Fee for Service, subject to ability to pay. Medicaid and/or private insurance providers will be billed for care. See attached Payment Policy. No one is turned away for inability to pay.

**Confidentiality Notice:**

All services are confidential, however, if we feel a student is in danger of hurting themselves or others (OAR 309-33-200), or if abuse of any kind is suspected (ORS 419B-010; 419B015), we are required by law to report this information. Animal bites and certain communicable diseases must also be reported (ORS 433-004; OAR33-14-000).

**SBHC's follow Oregon Law:**

According to Oregon Law, students aged 15 and over may access all services for themselves. Oregon State law also permits youth aged 14 and older to seek mental health and alcohol and drug services without parental permission (ORS 109.675). Oregon State law allows students of any age to receive care for sexually transmitted diseases and birth control information and services (ORS 109.641). However, Lincoln County School District (LCSD) policy does not permit the distribution of birth control methods at SBHC's.

Newport School Based Health Center  
322 N.E. Eads St.  
Newport, OR 97365  
(541) 265-9281, ext.253  
(541) 265-8628 fax

Toledo School Based Health Center  
1800 N.E. Sturdevant Rd.  
Toledo, OR 97391  
(541) 336-5419  
(541) 336-7658 fax

Taft School Based Health Center  
3780 S.E. Spyglass Ridge  
Lincoln City, OR 97367  
(541) 996-2311  
(541) 557-1643 fax

Waldport School Based Health Center  
320 Lower Crestline Drive, P.O. Box 370  
Waldport, OR 97394  
(541) 563-7666  
(541) 563-7612 fax

**HOURS**

SBHC's follow the LCSD calendar.  
Staffing schedules vary by center.  
Call your nearest SBHC for specific hours.

**EMERGENCIES**

**For Medical Emergencies Call: 911**  
**Mental Health Crisis: 1-888-232-7192**  
**After Hours Nurse Helpline: (541)265-4947**

Lincoln County does not discriminate against any person with regard to race, age, or mental or physical handicap regarding terms of employment, provision of service and access to public facilities.

## Payment Policy

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy.

**1. Insurance.** We participate in most insurance plans, including Medicare. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

**Non-covered services.** Please be aware that some, and perhaps all, of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

**2. Co-payments and deductibles.** All co-payments and deductibles must be paid prior to seeing your provider. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

**3. Uninsured Patients.** Patients without insurance may be eligible for discounted services. It is our practice to see and provide the same affordable and quality care to all patients. If you do not have insurance you will be asked to complete a patient income assessment to determine your fair share of the cost for the services you receive. We do have a minimum charge of \$25.00 for services (except immunizations) which you will be expected to pay unless other resources can be found. Your charges are due at the time of your visit.

**4. Payment Plan.** Patients unable to pay co-pays/deductibles/ charges at time of service will be required to set up a payment plan.

**5. Proof of insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

**6. Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim.

**7. Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits

**8. Nonpayment.** If your account is over 90 days past due, you will receive a letter stating that you have 30 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family member's services may be limited. If this is to occur, you will be notified by regular and certified mail that your services are being limited to a walk-in basis only.

Our practice is committed to providing the best treatment to our patients. Our fees represent only the cost of providing your care and collecting each patient's fair share of our costs allows us to continue to provide treatment to all who need it .Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

## Lincoln County Health and Human Services Lincoln Community Health Center Complaints and Grievances

There may be times when you, as a patient of Lincoln Community Health Center or Lincoln County Health and Human Services, have a complaint. The information outlined below will help you to determine if you have a complaint and how to register that complaint with the appropriate person or persons.

Lincoln Community Health Center, and Lincoln County Health and Human Services, will provide a process for patients to resolve disagreements and express concerns regarding their treatment.

We value diversity and strive to not discriminate by reason of race, color, religion, sex, age, marital or life style status, national origin, mental or physical handicap, or financial condition. We recognize that conflicts and misunderstanding can arise about services and treatment priorities. Our goals are to encourage consumers to voice their concerns, and to create a respectful process that enables all parties involved to seek mutually accepted resolutions.

We value effective problem-solving and dispute resolution. Consumers have the right to express dissatisfaction without fear or retaliation.

These guidelines should be followed when conflicts or misunderstandings arise that are not able to be resolved in an informal manner.

1. Speak directly with the person involved, requesting a resolution of the problem.
2. If unable to resolve the problem directly with the person involved, put the grievance in writing and request a conference with the person's supervisor. A conference will be scheduled within five working days of receipt of the written grievance. You may also complain by calling the clinic main number and asking to speak to the Clinic Administrator.
3. If the issue is related to a policy or procedure of the program, or if the problem has not been resolved, request a conference with the Executive Director of the Lincoln Community Health Center.
4. A conference will be scheduled within five working days of the request for it. A summary of the conference including a description of the problem and the LCHC response to the grievance will be generated.
5. Following the above steps, a person may request that the Director of the Health and Human Services department review the complaint. A conference will be arranged within 10 working days of the request and a response will be generated in writing if the problem is not resolved.
6. If the problem continues to be unresolved, a person may take the issue to the Lincoln Community Health Council or the Lincoln County Board of Commissioners, requesting their review and assistance in addressing the problem.
7. A written complaint/grievance may be submitted by another person acting on behalf of the consumer.
8. Complaint forms are available at the reception desk, and will be mailed upon request.

Patients may also bring grievances directly to the U.S. Department of Health and Human Services, Office of Civil Rights, Region X-MS510; 2901 Third Avenue, Seattle, WA 98121; phone (206) 442-7483 (voice) or (206) 442-7486 (TTY). In the case of grievances with the W.I.C. program, direct grievances to the U.S. Department of Agriculture, Western Region, 550 Kearney St., San Francisco, CA 94108.

If you are on the Oregon Health Plan (OHP) and have a grievance or complain about your mental health services, you may also contact Accountable Behavioral Health Alliance directly.

ABHA  
310 NW 5<sup>th</sup> Street, Suite 206  
Corvallis, OR 97330  
Phone: (541) 753-8997

It is the intention of the Lincoln Community Health Center and the Lincoln County Health and Human Services Department that all problems will be resolved to the extent possible at the earliest step in the process. Copies of processed grievance forms will be forwarded to the Quality Improvement Manager's office for continuous quality improvement.

