



Sunrise Family Clinic

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

Please review it carefully. The privacy of your health information is important to us.

Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

We may use and disclose your PHI in the following ways:

Treatment: We may use or disclose your PHI in order to treat you or to assist others in your treatment. We may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. We may also disclose your PHI to other health care providers for purposes related to your treatment.

Payment: We may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us.

Health care operations: Our practice may use and disclose your PHI to operate our business.

Our practice may use and disclose your PHI to contact you and remind you of an appointment.

Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

Disclosures required by law: Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

Special circumstances: Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for specific purposes of public safety and welfare.

Abuse or Neglect: We may disclose your PHI to appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information we are required or authorized by law to disclose this information (as in the case of minors) or if the patient agrees to this disclosure.

Your rights regarding your PHI:

You have the following rights regarding the PHI that we maintain about you:

Confidential communications: You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. Our practice will accommodate reasonable requests. You must make your request in writing.

Requesting restrictions: You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. You have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. You must make your request in writing.

Inspection and copies: You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing.

Amendment: You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing. We may deny your request under certain circumstances.

Accounting of disclosures: All of our patients have the right to request an “accounting of disclosures.” This is a list of certain disclosures our practice has made of your PHI for purposes other than for treatment, payment or operations.

Right to a paper copy of this notice: You are entitled to receive a paper copy of our notice of privacy practices at any time.

Right to provide an authorization for other uses and disclosures: Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing.

If you want more information about our privacy practices or have questions or concerns, please contact us. Any requests in writing should be directed to the contacts listed at the end of this Notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your PHI you may complain to us using the contact information listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or the U.S Department of Health and Human Services.

Direct all Health Information requests or complaints to:

Sunrise Family Clinic, 351 SE Baker St., McMinnville, OR 97128



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