



# **Notice of Privacy Practices**

## **Your Rights and Responsibilities, Our Rights and Responsibilities.**

*This notice describes how your medical information may be used and disclosed by our Klamath Basin Behavioral Health facilities, including how you can access this information.*

**Please review carefully.**

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♦ Be Informed	
♦ Be Involved	
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## Your Rights

When it comes to your health information, you have certain rights.

This section explains **your rights**.

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*These rights apply to you for the duration of your client relationship with KBBH. If you have any questions regarding the following, request additional explanation from a staff member. If needed, request this document in an alternate language or format.*

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- Be informed of available KBBH services, your behavioral health needs, and treatment/medication options specific to you;
- Explanation of recommended services, including expected outcome and possible risks;
- Understandable explanation of materials provided, including alternate format (e.g., large print, braille, verbal presentation, interpreter services);
- Receive prior notice of transfer, unless the circumstances necessitating transfer pose a threat to health and safety;
- Explanation of these rights at the start of services and periodically throughout treatment;
- Be informed of KBBH policies and procedures, service agreements, and fees applicable to services provided;

### BE INFORMED

- Have a custodial parent, guardian, representative, or other person of choice assist with understanding any information presented;
- Request a copy of your medical record by contacting our Medical Records team, provided within approximately 30 days of your request, at a reasonable fee;
- Receive explanation of declined medical record requests within 60 business days;
- Request a list, detailing the times we have shared your health information for up to six years prior, for a reasonable fee;
- \* *List will not include information disclosed for the purposes of treatment, payment, and health care operations.*
- Inspect your service record in accordance with ORS 179.505;

### Your rights, continued...

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- Participate in the development and regular review of a treatment plan, receive services consistent with the plan, and receive a copy upon request;
- Choose services that are culturally competent, provided in the most integrated community setting, least restrictive to your liberty, least intrusive, and provide for the greatest degree of independence;
- Select preferred method of service delivery as available, including telemedicine and/or in-person;
- Participate in choosing and changing treatments provider(s);

### BE INVOLVED

- Give informed consent prior beginning services, except in a medical emergency or as otherwise permitted by law;
- \* *Minors may give informed consent in any of the following circumstances:*
  - ⇒ *Under age 18, but lawfully married;*
  - ⇒ *Age 16+ and legally emancipated by the court;*
  - ⇒ *Age 14+ (outpatient services only– does not include residential, hospital, or day treatment services).*
- Request a correction to your health information, by contacting our Medical Records team.
- Request a copy and/or explanation of this notice at any time, even if previously agreed to receive the notice electronically;
- Receive medication specific to the individual's diagnosed clinical needs, including medications used to treat opioid dependence;

### Your rights, continued...

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- Refuse care and be informed of the potential effect on your health;
- Choose someone to share your health information with, attend appointments, and/or be involved in treatment planning and delivery;
- Request a different provider in the event of an ethical dilemma (e.g., personal, organizational, religious, and cultural values)
- Make a declaration for mental health treatment, as a adult;
- Specify contact preferences and/or where to send mail;
- As a legal child, exercise rights in ORS 109.610 - 109.697;
- If committed to the Oregon Health Authority, exercise rights in ORS 426.385;
- Receive emergency behavioral health care 24 hours/day, 7 days/week;
- Request we not use or share specified health information for treatment or payment. We may deny your request if it would affect your care or we are legally obligated;
- If paying in full and out-of-pocket, request we not share specified information with your private health insurer. We may deny your request if we are legally obligated;
- Designate a medical power of attorney to exercise your rights;
- \* *We will verify authority before taking any action.*
- Refuse participation in experimentation.

### MAKE DECISIONS

## Your rights, continued...

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### RESPECT

- Be treated with respect and dignity;
  - Receive prompt, confidential, and respectful services regardless of race, religion, age, veteran status, nationality, gender, identity, or orientation;
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### PRIVACY

- Expect what you say will be kept confidential, except in cases of mandatory reporting laws;
  - KBBH will never share any Substance Use Disorder (SUD) records without written permission, in accordance with 42 CFR, Part 2;
  - Have confidence that your records will be kept confidential and not shared outside of KBBH without your written consent, except as required by law;
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### FREEDOM

- Freedom from seclusion and restraint, except as regulated by state law;
  - Freedom from abuse or neglect, including reporting an incident of abuse or neglect without being subject to retaliation;
  - Religious freedom;
  - Freely exercise all rights herein without fear of reprisal or punishment;
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### FILE A COMPLAINT

- File a complaint if you feel we have violated your rights. To request a copy of our Complaint and Appeal process, contact our Compliance Manager at [compliance@kbbh.org](mailto:compliance@kbbh.org)
  - File a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or
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## Your Responsibilities

As an individual being served by KBBH, you have certain responsibilities.

This section explains **your responsibilities**.

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*KBBH reserves the right to discharge clients who fail to meet their responsibilities as outlined in this section. Threatening staff or another client with physical harm will not be tolerated and may be grounds for immediate termination from further treatment.*

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### RESPECT

- Keep scheduled appointments and cancel at least 24 hours in advance;
- Be on time for your appointments;
- Treat staff and other clients with respect and courtesy;

### PARTICIPATION

- Schedule at least once every 90 days to continue receiving services;
- Follow the treatment plan you assisted in developing and agreed upon;
- Assist KBBH staff with obtaining a copy of mental health records from other agencies or providers;
- Participate in understanding your mental health condition and developing mutually agreed upon treatment goals;
- Take any medications according to prescription, and promptly report any side effects;

### COMMUNICATION

- Ask questions when you don't understand;
- Honestly share concerns regarding your behavioral health needs;
- Notify KBBH staff of any changes in name, address, phone number, insurance information or financial status;
- Discuss any plans to end treatment at KBBH with your provider;
- If emergency mental health services are used while out of the area, notify KBBH within three days;
- Abide by any conditions imposed on you by the criminal justice system;

### PAYMENT

- Provide insurance and/or financial information for financial assistance;
- Pay your fees or make payment plan arrangements, prior to due date.

## Our Rights

As your Behavioral Health Care provider, KBBH has certain rights.

This section explains **our rights**.

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We are allowed and/or required to share your information in certain ways, usually to contribute to the public good (e.g., public health, research). We must meet multiple rules and laws before sharing for such purposes. For more information, visit: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

KBBH has the right to use and share health information, as follows:

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<b>TREATMENT</b>	<ul style="list-style-type: none"><li>• We can use your health information and share it with other professionals who are treating you;</li></ul>	<b>Example:</b> A doctor treating you for an injury asks another doctor about your overall health condition.
<b>OPERATIONS</b>	<ul style="list-style-type: none"><li>• We can use and share your health information to run our practice, improve your care, and contact you when necessary;</li></ul>	<b>Example:</b> We use health information about you to manage your treatment and services.
<b>BILL FOR SERVICES</b>	<ul style="list-style-type: none"><li>• We can use and share your health information to bill and get payment from health plans or other entities;</li></ul>	<b>Example:</b> We provide information about you to your health insurance plan, so it will pay for your services.
<b>EMERGENCY INFORMATION RELEASE</b>	<ul style="list-style-type: none"><li>• We may share your information when needed to lessen a serious and imminent threat to health or safety.;</li></ul>	<b>Example:</b> If you are unconscious, we may share your information if we believe it is in your best interest.
<b>RESEARCH</b>	<ul style="list-style-type: none"><li>• We can use or share your information for health research.;</li></ul>	<b>Example:</b> We may use your anonymous information to research or contribute to a research study, as appropriate.

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## Our Responsibilities

When it comes to your health information, KBBH has certain responsibilities.

This section explains **our responsibilities**.

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### MANDATORY REPORTING

- All employees of KBBH are mandatory reporters and must report suspected or reported cases of abuse or neglect;
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### YOUR INFORMATION

In the following cases, we never share your information unless you give us written permission:

- Marketing purposes;
  - Sale of your information;
  - Most sharing of psychotherapy notes;
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### PUBLIC HEALTH & SAFETY

We can share health information about you for certain situations, such as:

- Preventing disease;
  - Helping with product recalls;
  - Reporting adverse reactions to medications;
  - Reporting suspected abuse, neglect, or domestic violence;
  - Preventing or reducing a serious threat to anyone's health or safety;
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### REQUIRED BY LAW

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services to demonstrate compliance with federal privacy law;
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### DEATH

- We can share information with a coroner, medical examiner, or funeral director when an individual dies;
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### LEGAL ACTION

- We can share health information in response to a court/administrative order or subpoena;
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## Our Responsibilities

### Our responsibilities, continued...

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#### ORGAN/TISSUE DONATION

- We can share information with organ procurement organizations;

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#### GOVERNMENT REQUESTS

- Workers' compensation claims;
- Law enforcement purposes or with a law enforcement official ;
- Health oversight agencies, for activities authorized by law;
- Special government functions (e.g., military, national security, and presidential protective services);

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#### PRIVACY

- We are required by law to maintain the privacy and security of your protected health information;
- KBBH will never share any Substance Use Disorder (SUD) records without written permission, in accordance with 42 CFR, Part 2;
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information;
- We must follow the privacy practices described in this notice and offer you a copy;
- We will not use or share your information other than as described here unless you verify in writing. You may change your mind at any time;
- \* Visit [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html) for more information.

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#### **Changes to the Terms of This Notice**

*KBBH may change the terms of this notice, which will apply to all records utilized by the agency. Any new notice will be available upon request, in office, and electronically.*

**Effective Date of Notice: 2/25/21.**

## Your individual rights

As a consumer with Klamath Basin Behavioral Health (KBBH), in addition to all applicable statutory and constitutional rights, every individual receiving services has the right to:

- Choose from services and supports that are consistent with the assessment and service plan, culturally competent, provided in the most integrated setting in the community and under conditions that are least restrictive to the individual's liberty, that are least intrusive to the individual, and that provide for the greatest degree of independence;
- Be treated with dignity and respect;
- Participate in the development of a written service plan, receive services consistent with that plan and participate in periodic review and reassessment of service and support needs, assist in the development of the plan, and receive a copy of the written service plan;
- Have all services explained, including expected outcomes and possible risks;
- Confidentiality and the right to consent to disclosure in accordance with ORS 107.154, 179.505, 179.507, 192.515, 192.507, 42 CFR Part 2 and 45 CFR Part 205.50;
- Give informed consent in writing prior to the start of services, except in a medical emergency or as otherwise permitted by law. Minor children may give informed consent to services in the following circumstances:
  - Under age 18 and lawfully married;
  - Age 16 or older and legally emancipated by the court; or
  - Age 14 or older for outpatient services only. For purposes of informed consent, outpatient service does not include service provided in residential programs or in day or partial hospitalization programs.
- Inspect their service record in accordance with ORS 179.505;
- Refuse participation in experimentation;
- Receive medication specific to the individual's diagnosed clinical needs, including medications used to treat opioid dependence;
- Receive prior notice of transfer, unless the circumstances necessitating transfer pose a threat to health and safety;
- Be free from abuse or neglect and to report any incident of abuse or neglect without being subject to retaliation;
- Have religious freedom;
- Be free from seclusion and restraint;
- Be informed at the start of services and periodically thereafter of the rights guaranteed by this rule;
- Be informed of the policies and procedures, service agreements and fees applicable to the services provided, and to have a custodial parent, guardian, or representative assist with understanding any information presented;
- Have family and guardian involvement in service planning and delivery;
- Have an opportunity to make a declaration for mental health treatment, when legally an adult;
- File grievances, including appealing decisions resulting from the grievance;
- Exercise all rights set forth in ORS 109.610 through 109.697 if the individual is a child, as defined by these rules;
- Exercise all rights set forth in ORS 426.385 if the individual is committed to the Authority; and
- Exercise all rights described in this rule without any form of reprisal or punishment.

These rights apply to you for the duration of your client relationship with KBBH. If you have any questions regarding these rights or how to exercise them, a staff member will explain them to you. Upon request, this document may be provided to you in an alternate language or format based upon your needs.

## Complaint and Appeal Process

If you are not happy with your care at Klamath Basin Behavioral Health (KBBH), we want to help. You can tell us if you:

- are upset about your care
- are upset about how you get services
- are upset about how staff have treated you
- think your rights have been violated

You can file a complaint by talking to someone or writing it down. Complaint forms are available at our front offices.

### How to file a complaint

Most problems can be solved quickly. Here are some steps you can take:

1. Talk to someone on your treatment team first. They may be able to help right away.
2. If you don't want to talk to your team, you can call or write to the Supervisor or Program Manager. They will set up a meeting with you as soon as possible.
3. If you still aren't happy, you can call or write to our Compliance Manager at 541-883-1030.
4. If you have the Oregon Health Plan (OHP), you can file a grievance with Cascade Health Alliance (CHA). Call 541-883-2947 or visit [www.cascadehealthalliance.org](http://www.cascadehealthalliance.org). You can ask for a complaint form from CHA or from any KBBH staff member.

You can also contact these groups to file a complaint about KBBH:

- Oregon Health Systems Division: 800-527-5772 or 503-945-5772
- Disability Rights Oregon: 800-452-1694 or 503-243-2081
- Cascade Health Alliance: 541-883-2947
- The Governor's Advocacy Office: 800-442-5238 or 503-945-6904
- Oregon Advocacy Commissions Office: 503-302-9725

Once we get your complaint, KBBH will send you a letter within 7 days to let you know we received it. We will investigate your complaint within 30 days. We will send you a letter explaining what we found and what we decided. Sometimes you may get both letters at the same time. The letters will tell you how to appeal a decision if you are still not happy.

### Appeal process

What if I'm not happy with the decision or think KBBH is not following state or federal laws?

If you disagree with the decision, you can file an appeal in writing. You need to do this within 10 working days of our decision. You can send it to the Oregon Health Systems Division (HSD). They look into complaints about mental health programs and services. HSD will send you a letter within 10 workdays to tell you what they decided. You can reach HSD at 800-527-5772 or 503-945-5772.

If you have OHP, you can also contact these groups to appeal a decision:

- CHA at 541-883-2947
- OHP Client Services at 800-273-0557
- Oregon Health Authority's Ombudsperson at 877-642-0450

## **What is 42 CFR part 2?**

Title 42 part 2 of the Code of Federal Regulations serves to protect Substance Use Disorder (SUD) treatment information. “Part 2” programs are prohibited from disclosing any information that would identify a person as having or having had SUD services unless that person provides written consent. As a result, you may be asked to fill out more Releases of Information so that we can ensure the highest quality of services and care coordination with your other providers.

## **Can my SUD treatment information ever be disclosed without my written consent?**

Yes. Your SUD treatment information can be disclosed without your written consent under the following circumstances:

- To provide treatment during a medical emergency and/or natural disaster
- For the purposes of program research, audit, and evaluation
- For purposes of mandatory reporting of suspected child abuse or neglect
- If you commit a crime on the premises and/or against KBBH staff

## **What happens if someone violates my 42 CFR part 2 rights?**

Violation of the federal law and regulations of 42 CFR part 2 by a “Part 2” program is a crime and suspected violations may be reported to the authorities consistent with CFR 42 § 2.4.

## **Where can I learn more?**

- 42 CFR part 2 can be found online at: <https://www.law.cornell.edu/cfr/text/42/part-2>
- You may contact our Compliance Manager at 541-883-1030 or [compliance@kbbh.org](mailto:compliance@kbbh.org)