

**Center for Natural Medicine**  
**1330 SE 39<sup>th</sup> Ave.**  
**Portland, OR 97214**

**NOTICE OF PRIVACY PRACTICES**

This notice relays how your health information may be used and disclosed and describes your access to this information. Please read it carefully.

**WHAT IS THE CENTER FOR NATURAL MEDICINE'S (CNM) LEGAL DUTY?**

We are obligated by state and federal law to provide you with this Notice about our privacy practices and your rights as a patient concerning your personal health information (PHI). Also, in accordance with state and federal law, we are required to maintain the privacy of your health information. This notice took effect on April 14, 2003 and will remain in effect until we change or replace it. If such changes should occur, a new Notice will be available and will apply to all health information under the supervision of CNM both previous to and after the new notice is created.

**WHAT IS PERSONAL HEALTH INFORMATION?**

Any information that is identifiable to you is considered your personal health information. We maintain personal health information related to your:

- Health condition and treatment information related to your health condition
- Identity, such as name, age, and address
- Insurance coverage

**HOW DO WE USE AND DISCLOSE PERSONAL HEALTH INFORMATION?**

- **Treatment:** We may use or disclose your personal health information to a physician or other health care provider who provides direct treatment to you, to a pharmacist for prescription services, to a laboratory for authorization of lab testing or to any other entity directly related to your care.
- **Payment:** We may use and disclose your personal health information to obtain payment for services we provide to you, such as reporting to your insurance company, our billing and bookkeeping services, or collection agency.
- **Healthcare Operations:** We may use or disclose your personal health information in relation to CNM's healthcare operations. The term "healthcare operations" includes quality control and improvement activities, reviewing our healthcare professionals competence and qualifications, evaluating provider performance, conducting training programs (including training of naturopathic medical students), accreditation, and certification, licensing or credentialing activities.
- **Family and friends:** While we must disclose your health information to you, we may disclose your health information to a friend or family member to the extent necessary that it helps with your healthcare or payment. We will only do this if you agree that we may do so with your signed consent.
- **Other persons involved in your care:** Should the need arise, we may use or disclose health information to notify, assist in notifying, a family member or another person responsible for your care, of your location, your general condition, or death. If you are present, we will provide you with the opportunity to object or deny disclosure. However, in the event of emergency or other incapacitation, we will use our professional judgment to make reasonable deductions in your best interest in allowing other persons to pick up filled prescriptions, supplements, medical supplies, x-rays, or similar forms of health information.
- **Referrals and Second Opinions:** We may use and disclose your personal health information in order to refer you to another health care practitioner or in order to obtain the opinion of another health care practitioner regarding your treatment unless you have previously objected in writing to this release of information.
- **Outside medical testing facilities:** We may use and disclose your health information in order to obtain medical results from facilities such as outside laboratories and x-ray/imaging facilities.
- **Pharmacies:** We may use and disclose your personal health information in order to prescribe pharmaceuticals and/or other medically necessary substances and equipment.
- **Naturopathic medical students:** In accordance with our role as a naturopathic medical student training facility, we may use and disclose your personal health information in order to further the training and experience of said students and residents functioning within our business. You may object to this release of information in writing on your consent for treatment and release of information.
- **As required by law:** We may use and disclose your personal health information, as law requires us, such as in response to a subpoena or to the Public Health Department or CDC in specific circumstances.
- **Abuse or neglect:** We may disclose your personal health information to appropriate authorities in the instance we believe you may be the victim of abuse, neglect, domestic violence or the victim of other crimes. We will only release the minimum necessary information in order to protect from a threat to yours or other's health and safety.

- **National Security:** Under specific circumstances, we may disclose information to authorized federal officials the health information required for intelligence, counterintelligence, or other national security activities. We may disclose information of Armed Forces personnel to military authorities under certain circumstances.
- **Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders, such as voicemail messages, postcards, or letters.
- **Marketing Health Related Services:** We will not distribute your health information for outside marketing communications without your written authorization. We may use your health information in order to communicate health events and services offered internally at CNM through voicemail. Letters, postcards, or email.

## WHAT ARE YOUR RIGHTS?

- **Personal Access:** You have the right to view and receive copies of your health information, with limited exceptions. If you request copies of your health information at a frequency of greater than one time per year, we reserve the right to charge you \$25.00 per request after the first.
- **Disclosure:** You have the right to request an accounting of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other instances for the last six years, not including time before April 14, 2003. Requests occurring at a frequency of greater than one time per year will incur charges to be determined at that time.
- **Restriction of disclosure:** You may request, in writing, that we place additional restrictions on our use or disclosure of your personal health information. We are not required to agree with your request, however, in the instance that we do agree, we will honor our agreement, except in the case of emergency.
- **Change in communication methods:** You may request, in writing, that our communications with you regarding your personal health information be through other methods or to other locations, provided it is clearly written to which location and payment can be reasonably expected through these means.
- **Health Information Amendments:** You may request, in writing, that we amend your health information. We request a written explanation and reserve the right to deny your request in certain circumstances.
- **Electronic Notice:** If you have received this Notice via our website or by email, you may request it in written form.

## HOW DO WE PROTECT YOUR PERSONAL INFORMATION?

- Treating all of the information we obtain as confidential.
- Maintaining previous professional medical confidentiality standards.
- Training employees in our confidentiality standards as well as disciplinary measure for privacy violations.
- Restricting access to your personal health information to only those employees who need to know your information in order to complete their expected duties on your behalf, such as scheduling, maintaining medical charts, refilling prescriptions, and answering medical questions initiated by you.
- Only disclosing the minimum necessary personal health information as is necessary for you to obtain adequate healthcare when it is requested from other health care providers.
- Maintaining adequate physical, electronic and procedural safeguards compliant with state and federal regulations.
- Requesting signed contracts from any business associate who has access to your personal health information, as outlined above, stating that they will honor your privacy as required by law and as stated in our policy.

Please contact our privacy officer, Samantha Shearer, if you have any questions, concerns or complaints regarding our privacy practices. If you are concerned that we may have violated your privacy rights, you are in disagreement with any decision made with respect to access of your personal health information, or you wish to amend or restrict your consent to use and disclose your personal health information, please contact the privacy officer. You have the right to submit a written complaint to the US Department of Health and Human Services for any violation of this policy into effect April 14, 2003. We fully advocate a patient's rights to privacy of personal health information.

Privacy Officer: Samantha Shearer  
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 Fax: (503)232-7751  
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