

Your Information. Your Rights. Our Responsibilities.

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.**

Your Rights

You have the right to:

- Get a copy of your laboratory test results
- Correct inaccurate information in your medical record
- Request the return or destruction of a laboratory specimen
- Request confidential communications
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- File a complaint if you believe your privacy rights have been violated

» See page 2 for more information on these rights and how to exercise them

Your Choices

You may request that we share your information to:

- Tell family and friends about your condition
- Release specimens to third parties

» See page 3 for more information on these choices and how to exercise them

Our Uses and Disclosures

We may use and share your information for:

- Treating you
- Running our organization
- Billing for your services
- Helping with public health and safety issues
- Complying with the law
- Working with a medical examiner
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

» See pages 3 and 4 for more information on these choices and how to exercise them

Your Rights

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

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get a copy of your laboratory test results and other health information we have about you. Information about how to do this is available at www.bitly.com/get-phl-results.
- Copies will be provided no sooner than 7 days after an acceptable request is received. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We do not typically change laboratory test results.

Request the return or destruction of a laboratory specimen

- Laboratory specimens will be kept for an established time frame that is available on the Laboratory Test Menu. You can request the return, destruction or transfer of a laboratory specimen. Contact the OSPHL Record Custodian to find out how.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care or infectious disease control efforts.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can 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 visiting www.hhs.gov/ocr/ www.hhs.gov/ocr/privacy/hipaa/complaints
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can request that we share your information.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Release a specimen to a third party

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We do not typically perform the following activities and will not use identifiable information about you without consent.

- Marketing purposes
- Sale of your information
- Fundraising
- Research

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

<p>Treat you</p>	<ul style="list-style-type: none"> • We can use your health information and share it with professionals who are treating you. 	<p><i>Example: A doctor treating you for an injury asks another doctor about your overall health condition</i></p>
<p>Run our organization</p>	<ul style="list-style-type: none"> • We can use and share your health information to run our laboratory, improve your care, and to contact you when necessary. 	<p><i>Example: We use health information about you to manage your treatment and services.</i></p>
<p>Bill for your services</p>	<ul style="list-style-type: none"> • We can use and share your health information to bill and get payment from health plans or other entities.. 	<p><i>Example: We give information about you to your health insurance plan so it will pay for your services..</i></p>

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

.....

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

.....

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

.....

Work with a medical examiner

- We can share health information with a coroner or medical examiner when an individual dies.

.....

Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

.....

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

-
- I. OHA follows the requirements of federal and state privacy laws including laws about protecting information related laboratory services and genetic privacy.
 - II. OHA may use or release Protected Health Information (PHI) for public benefits under other government programs.
 - III. If OHA releases information or a specimen to someone else with your approval, the information or specimen may not be protected by the privacy rules. The person receiving the information or specimen may not have to protect the information or specimen and may release your information or specimen to another party without your approval.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health and genetic information.
- 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 duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective March 15, 2020

This Notice of Privacy Practices applies to the Oregon State Public Health Laboratory and its business associates.

To use any of the privacy rights listed above you can contact:

Records Custodian
Oregon State Public Health Laboratory
7202 NE Evergreen Pkwy
Suite 100
Hillsboro, OR 97124
503-693-4100

You can get this document in other languages, large print, braille or a format you prefer. We accept all relay calls or you can dial 711. You can contact:

Telephone: 503-378-3496
Fax: 503-373-7690
TTY: 503-378-3523

It is available in English and translated into Spanish, Russian, Vietnamese, Somali, Arabic, Burmese, Bosnian, Cambodian, Korean, Laotian, Portuguese, Chinese, large print, and Braille.

OREGON HEALTH AUTHORITY

Privacy Officer,
3991 Fairview Industrial Dr SE
Salem, OR 97302
Email: dhs.privacyhelp@dhsola.state.or.us
Phone: 503-945-5780