

# Notice of Privacy Practices



This notice explains the ways in which we may use and disclose medical information about you. It explains your rights and certain obligations we have regarding the use and disclosure of your medical information. The law required us to:

1. Ensure your medical information is protected
2. Provide you with this notice describing our legal duties and privacy practices with medical information about you.
3. Follow the current terms of the notice in effect.

## **Ways Lake Oswego Vein and Aesthetic (LOVA) may use and disclose your medical information:**

1. **TREATMENT:** LOVA may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or other personnel who are involved with your treatment and aftercare. For example, a physician treating you may need to know if you have diabetes due to having a slower healing process post treatment. We may also share medical information about you with our office personnel or other providers, agencies, or facilities in order to provide or coordinate things such as prescriptions, lab work, x-rays, etc. LOVA may disclose medical information about you to persons outside of our clinic who may be involved in your continuing medical care after you leave our office such as other healthcare providers, transportation agencies, community agencies, and family members.
2. **PAYMENT:** We may use and disclose medical information about the treatment and services you receive at LOVA in order for payment to be collected from you. For example, even though LOVA is self-pay, we may need to give information to your health plan about treatment you received at our clinic so that your health plan will pay us to reimburse you. We may also tell your health plan about a proposed treatment in order to obtain prior approval or to determine whether your health plan will cover the treatment.
3. **HEALTHCARE OPERATIONS:** LOVA may use and disclose medical information about you to support our office operations. These uses and disclosures are made to improve our quality of care. Your medical information may also be disclosed to comply with laws and regulations, for contractual obligations, patients, claims, grievances, lawsuits, healthcare contracting, legal services, business planning and development, business management and administration, the sale of all or part of our office to another entity, underwriting, and other insurance activities. For example, LOVA may disclose information to doctors, nurses, technicians, and other personnel for performance improvement and educational purposes.
4. **APPOINTMENT REMINDERS:** LOVA may use your contact information to remind you about an upcoming appointment in our clinic.
5. **TREATMENT ALTERNATIVES:** LOVA may recommend and talk about possible treatment options or alternative that may be of interest or a better fit for your needs.
6. **OTHERS INVOLVED IN YOUR AFTERCARE:** LOVA may release medical information to anyone involved in your medical care. For example, a friend, family member, personal representative, or an individual you identify. We may give information to any person who helps pay for your care as well as tell your family about your general condition.
7. **RESEARCH:** Your medical information may be important to further research efforts. LOVA may use and disclose your medical information for research purposes, subject to the confidentiality provisions of state and federal law.
8. **AS REQUIRED BY LAW:** LOVA will disclose medical information about you when required to do so by federal or state law. For example, a court or administrative order, subpoena, discovery request, warrant, summons, or other lawful process or for intelligence, counterintelligence, and other national security activities authorized or required by law.
9. **TO ADVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** LOVA may disclose medical information about you for public health purposes or when necessary to prevent or lessen a serious and imminent threat to your health and the safety of the public or any other persons. Any disclosure would be to someone able to help stop or reduce the threat.
10. **WORKERS COMPENSATION:** LOVA may use or disclose any medical information about you for workers compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.
11. **INMATES:** If you are an inmate of a correctional institute or under the custody of law enforcement officials, we may release medical information about you to the correctional institution as authorized or required by law.

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

Although medical information we obtain about you is the property of LOVA, you do have the following rights:

**INSPECT AND COPY:** With certain expectations, you have the right to inspect and/or receive a copy of your medical and billing information. To inspect and/or receive a copy of your information, you must submit your request, in writing, to our office manager located at 16877 SW 65th Ave, Lake Oswego, Oregon 97035. If you request a copy of this information, LOVA may charge a fee for these services. We may deny your request to inspect and/or receive a copy in certain limited circumstances. If you are denied access to medical information, in most cases, you may have the denial reviewed.

# Notice of Privacy Practices Continued



- 1. INSPECT AND COPY (continued):** In this case, another licensed healthcare professional, chosen by LOVA, will review your request and the denial. The person conducting the review will not be the person who denied your request. LOVA will comply with the outcome of the review.
- 2. REQUEST AN AMENDMENT OR ADDENDUM:** If you feel that medical information LOVA has about you is incorrect or incomplete, you may ask to amend the information and add an addendum (additional record). You have the right to request an amendment or addendum for as long as the information is kept by our office. To request an amendment, your request must be made in writing and submitted to our office manager located at 16877 SW 65th Ave, Lake Oswego, Oregon 97035. You must also provide a reason that supports your request. We may deny your request. In addition, we may deny your request if you ask LOVA to amend information that; was not created by our office, is not part of the medical information kept by our office, is not part of the information which you would be permitted to inspect a copy, or is accurate and complete in the record. An addendum must not be longer the 250 words per alleged incomplete or incorrect item in your record.
- 3. ACCOUNTING DISCLOSURES:** You may have the right to receive a list of the disclosures LOVA have made of medical information about you that were purposes other than treatment, payment, healthcare options, and certain other purposes. To request this accounting of disclosures, you must submit your request in writing to our office manager located at 16877 SW 65th Ave, Lake Oswego, Oregon 97035. Your request must state a time period. You are entitled to one accounting within any 12 month period at no cost. If you request a second accounting within that 12 period, LOVA may charge you for the cost of compiling the accounting. LOVA will notify you of the cost involved and you may choose to withdraw or modify your request at that time prior to any cost is occurred.
- 4. RIGHT TO REQUEST RESTRICTIONS:** You have the right to request a restriction or limitation on the medical information LOVA can use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information LOVA discloses about you to someone who is involved with your care or the payment of your care, such as family members or friends. For example, you could ask that we not use or disclose information to a family member about a surgery you had. We are not required to agree with the request unless the information is needed to provide emergency treatment. To request, you must tell our office what information you want to limit, whether you want to limit our use and two whom they apply to. For example, disclosures to your spouse.
- 5. RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:** You have the right to request that LOVA communicate to you about medical matters in a certain way or certain location. For example, you can ask that we only contact you at work or by email. To request confidential communications, you must make your initial request in writing to our office manager. LOVA will accommodate all reasonable request. Your request must specify how or where you wish to be contacted.
- 6. RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right to a paper copy of this notice for your records. 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 copy of this notice.

## CHANGES TO OUR PRIVACY PRACTICES AND THIS NOTICE

We reserve the right to change our office's privacy practices and this notice. We reserve the right to make revisions or changes of this notice effective for medical information we already have to from you as well as any information we receive in the future. We will post a current notice at our office. The notice will contain the effective date in the lower right hand corner of the page. You may request, at any time, a copy of the current notice in effect.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with LOVA's office manager. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

## OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to use, will be made only with your written permission. If you provide us with permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that LOVA is unable to take back any disclosures we have already made with your permission, and that LOVA will retain our record of the career provided to you as required by law.