



# Second Wind Mental Health, LLC

11 SW Brantley Dr. Winston, OR 97496

[www.secondwindmentalhealth.com](http://www.secondwindmentalhealth.com)

Phone: 541-679-0366

Fax: 541-679-4821

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| Tamara Lee, PMHNP, BC | Jenny Tausch, PMHNP, BC | Michael Fernandez, LCSW | Lisa Jennings, LCSW, MAC, CADCHI |  
| Tom Pugel, LMFT, LLC | McKenzie Smith, PMHNP, BC, LLC |

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**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.**

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## **Our Duties:**

We are required by law to protect the privacy of your health information and to notify you of any breaches of your unsecured health information. We are also required by law to give you a copy of and follow the terms of the Notice, which sets forth our legal duties and privacy practices with regard to your health information.

## **Who is Subject to this Notice:**

Second Wind Mental Health, which includes its employees, student/trainees, volunteers and workforce members at:

- **Second Wind Mental Health and its Providers:**
- **Diane Rose, LCSW**

This Notice covers only the health information collected, created and maintained by, through or at Second Wind Mental Health. "We," "us," and "our" in this Notice refer to the parties listed above. This Notice does not cover the care that you may receive from independent providers outside Second Wind Mental Health.

Second Wind Mental Health is not responsible for the acts of the other entities that may provide information to us that becomes a part of your health information.

## **Use and Disclosure of Your Health Information**

The following categories describe different ways we use and disclose health information. Not every use or disclosure in a category will be listed. Generally, except as allowed by law, we restrict access to your information, including nonpublic financial information, to those workforce members who need to know that information. We maintain physical, electronic and procedural safeguards to protect your information.



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## Use and Disclosure of Your Health Information for Treatment, Payment and Operations:

**Treatment:** We may use and disclose your health information to give you care and to coordinate and manage your treatment or other services. For example, we also may disclose your health information to other health care providers who are not employed by Second Wind Mental Health who are seeing you in his or her office.

**Payment:** We may use and disclose your health information to bill and collect payment from you or your health plan for services you received. For example, we may give information about your visit to your health plan so your health plan will pay us or reimburse you for the treatment.

**Health Care Operations:** We may use and disclose your health information for our operations. For example, our quality improvement teams may use your health information to assess the care and outcomes in your case and others like it.

## Uses and Disclosures That We May Make Unless You Object:

**Individuals Involved in Your Care or for Notification:** We may disclose to a family member, close personal friend, or other person you identify certain health information that is needed for that person's involvement in your care or payment for your care. Except in limited situations, such as an emergency, we will ask you or determine if you object. We may use professional judgment and experience when allowing a person to pick up prescriptions, medical supplies, x-rays, or other similar health information on your behalf. We also may disclose your health information, directly or through a disaster relief entity, to find and tell those close to you of your location or condition.

## Uses and Disclosures We May Make Without Your Authorization:

**As Required by Law:** We will disclose your health information when required to do so by federal, state or local law.

**Fundraising:** We may use, or disclose to a foundation related to Second Wind Mental Health or to a business associate, limited health information about you to raise money for Second Wind Mental Health. They may tell you about Second Wind Mental Health as well as sending you fundraising materials. The fundraising materials will tell you how to opt-out of receiving future materials.



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**Business Associates:** We may disclose your health information to “business associates” with which we contract to perform services on our behalf. **Public Health Activities:** We may disclose your health information for public health activities, including: to a public health authority authorized by law to collect information to prevent or control disease, injury, or disability; to report actual or suspected child abuse or neglect; for certain federal Food and Drug Administration activities; to a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition, as authorized by law; and to an employer about an employee, in certain situations.

**Victims of Abuse, Neglect, or Domestic Violence:** As allowed or required by law, we may disclose health information about an individual we reasonably believe to be the victim of abuse, neglect, or domestic violence to a government authority authorized to receive such reports.

**Health Oversight:** We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure.

**Lawsuits and Disputes:** We may disclose your health information in response to a court or administrative order, subpoena, discovery request or other lawful process, as allowed or required by law.

**Law Enforcement Activities:** We may disclose your health information if asked to do so by a law enforcement official: as required by laws that mandate certain types of reporting; in response to court orders, subpoenas, warrants, summons, grand jury subpoenas, certain administrative requests, or similar processes; to identify or locate a suspect, fugitive, material witness, or missing person (but we will give only limited information); about the victim of a crime in certain circumstances; about a death we believe may be the result of criminal conduct; about criminal conduct on our premises; and, in emergencies, to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors:** We may disclose your health information to a medical examiner or coroner as necessary or required to identify a deceased person or determine the cause of death. **We also may disclose your health information to funeral directors so they can perform their duties.**

**Organ and Tissue Donations:** We may disclose health information to authorized organizations as required or needed for organ, eye, or tissue donation and transplants.



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**Research:** Under certain circumstances, we may use and disclose your health information for research purposes. Most of the time, the provider conducting the research or Second Wind Mental Health will ask for your authorization.

**To Avert a Serious or Imminent Threat to Health or Safety:** We may use and disclose your health information when we reasonably believe it is necessary to prevent a serious or imminent threat to the health and safety of you, the public or another person. The disclosure would only be to someone who is likely to help prevent the threat such as law enforcement.

**Workers' Compensation:** We may disclose your health information for workers' compensation or similar programs.

**National Security, Intelligence Activities, Protective Services and Military Personnel:** We may disclose your health information to authorized federal officials for intelligence, counterintelligence, special investigations, and other national security activities authorized by law or to protect the President or other authorized persons. If you are a member of the armed forces, we may disclose health information about you as required by your military command authorities.

**Inmates:** We may disclose health information about an individual who is an inmate or is in custody to a correctional institution or law enforcement official.

**Organized Health Care Arrangement:** Solely for purposes of complying with federal privacy laws, Second Wind Mental Health and its medical staffs characterize themselves as an "organized health care arrangement" and have agreed to follow this Notice for services by, at or through Second Wind Mental Health. These providers may share health information with each other for treatment, payment, and the health care operations of the organized health care arrangement and as described in this Notice. Second Wind Mental Health is not responsible for actions by independent medical staff members.

**Affiliated Covered Entities:** We may share health information with providers who are "affiliated covered entities" of Second Wind Mental Health. These are entities with which Second Wind Mental Health has common ownership or control.

**Incidental Disclosures:** Certain incidental disclosures of your health information may occur as a by-product of permitted uses and disclosures. For example, a roommate may inadvertently overhear a discussion about your care if you share a room.



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**De-identified Information and Limited Data Sets:** We may use and disclose your health information that has been “de-identified” by removing certain identifiers (such as name and address) making it unlikely that you could be identified. We also may disclose limited health information, contained in a “limited data set,” as allowed by law.

**Personal Representatives:** Minors and incapacitated adults may have “personal representatives.” These personal representatives may be able to act on the individual’s behalf and exercise the individual’s privacy rights.

## Uses and Disclosures We May Make with Authorization:

**Your Authorization:** Other uses and disclosures of your health information not covered by this Notice or permitted by law will be made only with your written authorization. These types of uses and disclosures include psychotherapy notes, or uses or disclosures for the purposes of marketing or for the sale of your health information. You may revoke your authorization, in writing, at any time, (unless you are told otherwise at the time you sign the authorization). If you revoke your authorization, then we will no longer use or disclose your health information for the reasons covered by your authorization, except to the extent that we already have relied on your authorization. We are unable to take back any disclosures we already have made based on your authorization, and we are required to retain our records of the care that we provided to you.

**Specially Protected Health Information:** Unless otherwise required or permitted by law, we may need your authorization to disclose your health information regarding treatment for AIDS/HIV/ARC, mental health, drug addiction, alcoholism, and other substance abuse treatment, developmental disabilities, and/or genetic information or records.

## Your Health Information Rights

You have the rights described below:

**Right to Inspect and Copy:** You have the right to inspect and obtain copies of health information that we may use to make decisions about your care. We may deny your request in certain limited circumstances. To inspect or obtain a copy of your health information, you must submit your request in writing to the Health Information Management (“HIM”)/Medical Records Department or the Privacy Officer. You may be charged a reasonable fee for the costs of copying, mailing or other supplies related to your request.



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**Right to Amend:** If you feel that health information we have about you is incorrect or incomplete, then you have the right to request an amendment for as long as we keep this information. We may deny your request in certain situations. To request an amendment, you must submit your request on a designated form to the HIM/Medical Records Department or the Privacy Officer.

**Right to an Accounting of Disclosures:** You have the right to request an accounting of certain disclosures of your health information made by us. To request this list or accounting, you must submit your request on a designated form to the Privacy Officer.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. To request a restriction, you must submit your request on a designated form to the Admitting/Patient Registration Department or the Privacy Officer. You are entitled to a restriction, upon request, to not disclose information to your health plan for health care services we provided and for which you paid us directly in full when the purpose of the disclosure is for the health plan's payment or health care operations and is not otherwise required by law and the health information pertains solely to the health care item or service for which you or a person on your behalf of has paid us in full. We are not required to agree to other types of request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. To request confidential communications regarding billing, you must submit our designated form to Patient Financial Services or the Privacy Officer. To request confidential communications regarding your health information, you must submit a designated form to the Admitting/Patient Registration Department or the Privacy Officer. We will agree to the request if it is reasonable for us to do so.

**Right to a Copy of this Notice:** You have the right to receive a written copy of this Notice (even if you agreed to receive this Notice electronically). Copies of the Notice are available from the Admitting/Patient Registration Department or Privacy Officer.

## Changes To This Notice

We reserve the right to change this Notice. The revised Notice will be effective for information we already have about you as well as any information we receive in the future. Unless required by law, the revised



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Notice will be effective on the new effective date of the Notice. The current Notice will be available on our websites and will be posted in our facilities.