Notice of Privacy Practices

365 Warner Milne Rd. Suite 209 | Oregon City, OR 97045
Phone: (503) 495-6200 | Fax: (503) 495-6208

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.

Our Responsibilities

Northwest Rest, LLC (DBA NW Rest) is required by law to maintain the privacy of your health information and provide you with this Notice. We are also required to follow the terms of this Notice currently in effect.

How We May Use and Disclose Your Health Information

We may use and share your health information:

- **For Treatment:** To provide, coordinate, or manage your care with other providers.
- **For Payment:** To bill and receive payment from you, your insurance company, or other payers.
- **For Healthcare Operations:** For internal purposes such as quality improvement, audits, and training.

Other Uses and Disclosures

We may also use or share your information:

- When required by law (e.g., public health, reporting abuse, court orders)
- For health oversight activities
- In response to a lawsuit or legal action
- To prevent serious threat to health or safety
- With business associates who help us carry out healthcare functions (they are also bound by HIPAA)
- For research (only when approved by a review board or with your written consent)
- With your family or friends involved in your care, unless you object
- For appointment reminders or to inform you of treatment options

Notice of Privacy Practices

365 Warner Milne Rd. Suite 209 | Oregon City, OR 97045
Phone: (503) 495-6200 | Fax: (503) 495-6208

Your Rights Regarding Your Health Information
You have the right to:

- Get a copy of your medical record
- Request corrections to your medical record
- Request restrictions on how we use or share your information (we may not be able to comply with all requests
- Request confidential communications (e.g., using a different address or phone number)
- Get a list of disclosures made over the past six years (not including those for treatment, payment, or operations)
- Receive a paper copy of this Notice at any time

Changes to This Notice
We may change this Notice at any time. The updated Notice will apply to all PHI we maintain. We will post the new Notice in our office and on our website.

Complaints
If you believe your privacy rights have been violated, you may file a complaint:

- With us:
  - Email: info@nwrest.com
  - Or call: 503-495-6200
- With the U.S. Department of Health and Human Services:
  - Visit: www.hhs.gov/ocr/privacy/hipaa/complaints
  - Or call: 1-877-696-6775

You will not be retaliated against for filing a complaint.

Contact
For questions or more information, contact:

Northwest Rest, LLC (DBA NW Rest)
365 Warner Milne Rd. Suite 209 Oregon City, Oregon 97045
Phone: (503) 495-6200
Email: info@nwrest.com

Last Revised: 09/01/2025