

# Summary Notice of Privacy Practices

THIS IS A SUMMARY OF OUR NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

## **Our pledge to protect your privacy:**

The Wellness Center is committed to protecting the privacy of your medical information. Your care and treatment is recorded in a medical record. So that we can best meet your medical needs, we share your medical record with the providers involved in your care. We share your information only to the extent necessary to collect payment for the services we provide, to conduct our business operations, and to comply with the laws that govern health care. We will not use or disclose your information for any other purpose without your permission.

## **Participant Rights - You have the following rights regarding your medical information:**

- to request to inspect and obtain a copy of your medical records, subject to certain limited exceptions; ▪ to request to add an addendum to or correct your medical record;
- to request an accounting of The Wellness Center 's disclosures of your medical information;
- to request restrictions on certain uses or disclosures of your medical information;
- to request that we communicate with you in a certain way or at a certain location;
- and to receive a copy of the full version of our Notice of Privacy Practices.

## **We may use and disclose medical information about you for the following purposes:**

- to provide you with medical treatment and services;
- to bill and receive payment for the treatment and services you receive;
- for functions necessary to run The Wellness Center and assure that our participants receive quality care;
- to provide basic contact information (no medical information is provided) to our development office for purposes of fundraising for The Wellness Center;
- and as required or permitted by law.

## **There are additional situations where we may disclose medical information about you without your authorization, such as:**

- for workers' compensation or similar programs;
- for public health activities (e.g., reporting abuse or reactions to medications);
- to a health oversight agency, such as the California Department of Health Services;
- in response to a court or administrative order, subpoena, warrant or similar process;
- to law enforcement officials in certain limited circumstances;
- to a coroner, medical examiner or funeral director; and
- to organizations that handle organ, eye, or tissue procurement or transplantation.

*Our Notice may be revised or updated from time to time. Please see our full Notice of Privacy Practices for a more detailed description of our privacy practices, your rights regarding you medical information, and pertinent contact information*

**For further information about the full Notice of Privacy Practices, please contact: The Wellness Center's Privacy Officer at (503) 389-5545. A complete version of this notice is available on our website at**

<http://www.thewellnesscenterpdx.org>.

*I have read and understand this notice. I understand that I may also ask for a copy of this notice for my own records.*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_