

Privacy Notice

This notice describes how medical information about you may be used and disclosed and your rights regarding medical information about you

If you have questions about this notice, contact the business manager of Lake County School District 7, 1341 South 1st, Lakeview, OR 97630

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create and maintain a record of the medical care you receive. We need this record to provide you or your health/medical provider reimbursement for the medical care you received. The record is created from the information you furnish us to accomplish this task. For instance, the receipts, insurance explanation of benefits, and prescription receipts you furnish us to prove the cost of the medical service contain certain code numbers or descriptions that reveal the type of service you received.

Who will follow this notice:

Only district office personnel are allowed to access, review, and process the information we receive from you for purposes of paying your health/medical providers. Specifically, the positions at the district office are the Superintendent, Business Manager, Executive Secretary, Accounting Clerk I and Accounting Clerk II, all of which are confidential positions within the district.

The only third party who has access to you records is the district's auditor and they must agree to follow appropriate standards of security and confidentiality. The auditor's sole purpose in reviewing any medical records is for the purpose of verifying that the district follows appropriate accounting procedures.

We are required by law to:

1. Make sure that medical information that identifies you is kept private. We protect personal information we collect about you by maintaining physical, electronic and procedural safeguards through the use of locks, passwords and records destruction;
2. Furnish you this notice of our legal duties and privacy practices with respect to medical information about you; and
3. Follow the terms of the notice that is currently in effect.

How we may use and disclose medication information about you:

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

1. **For Payment:** We use copies of the information you furnish us to accompany all payments made directly to your health/medical provider or their billing/collection agency to ensure accurate accountability and submit copies of that information to you to advise you of what we have paid. For instance, when we pay your doctor, a copy of the insurance explanation of benefits (EOB) may be attached to the check to make sure that your doctor applies the payment to the correct account and for the service provided.

Medical provider billing/collection agencies are affiliates or business associates of the provider and must agree to follow the policies and procedures of the medical provider.

2. **Health Related Benefits and Services:** We may use and disclose medical information to you or your spouse about health-related benefits or services that may be of interest to you or your spouse and legal dependents, or we may discuss such information with you or your spouse regarding the status of your benefits or discuss with you or your spouse whether or not medical care benefits qualify for payment.
3. **As Required by Law:** We will disclose medical information about you when required to do so by federal, state or local law. However, we will make efforts to inform you about the request prior to releasing any information unless such laws, rules or regulations prohibit notification.

This includes releasing medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may also disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.

4. **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request in order for you to obtain an order to protect the information requested.

Your rights regarding medication information about you:

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy medical information that may be used to make decisions about your benefits. Usually, this includes medical billing records, insurance explanation of benefits, prescription receipts, and payment receipts (including cancelled checks or copies thereof).

To inspect and copy the medical information we have on you, contact the business manager of the district at 1341 South 1st, Lakeview, OR 97630.

The district reserves the right to charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain and very limited circumstances. For instance, you and your spouse are divorcing and we have a court order to deny you access, or we are under court order or other jurisdictional order to deny you access to your medical information due to an investigation.

Right to Amend

If you feel that medical information we have about you is incorrect or incomplete, you may request us to amend the information. You have the right to request an amendment for as long as we maintain the information. We are allowed by law to destroy payment records after three years.

To request an amendment, contact the business manager of the district at 1341 South 1st, Lakeview, OR 97630. We may require that the request be in writing.

We may deny your request for an amendment if it does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

1. Was not created by the district;
2. Is not part of the medical information kept by the district;
3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you.

You must submit a request in writing to the business manager at 1341 South 1st, Lakeview, OR 97630.

Your request must state a time period which may not be longer than the previous three years. Your request should indicate in what form you want the list (for example, paper or electronically). There will be no charge for the list dating back the first 12 months from the time period stipulated in your request. For additional lists, (i.e., more than 12 months) we may charge you for the costs of providing the list, including time and supplies. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for payment of the health or medical care you received. You also have the right to request a limitation on who we may disclose medical information we have about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery or treatment you had to any family member or friend who is involved in your care or the payment of your care.

To request restrictions, you must submit your request in writing to the business manager at 1341 South 1st, Lakeview, OR 97630.

In your request you must tell us:

1. What information you want to limit;
2. Whether you want to limit our use, disclosure, or both; and
3. To whom you want the limits to apply, (e.g., your spouse, children, parents, or others with power of attorney, etc.) of whom are involved in your care or the payment of your care.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can request that we contact you only at work or by mail at a specific address designated by you.

To request restrictions, you must submit your request in writing to the business manager at 1341 South 1st, Lakeview, OR 97630. In your request, you must designate the specific confidential communication method you want us to use. We will not ask you the reason for the request and we will accommodate all reasonable requests.

Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the district's policy manual. The notice will contain, on the first page, the effective date. In addition, a copy of the current privacy notice in effect will be sent to you every three years.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the superintendent of the district at 1341 South 1st, Lakeview, OR 97630, or with the secretary of the Oregon Department of Health and Human Services. 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 us will be made only with your written permission. If you provide us 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 authorized by your written permission. You must understand that we will be unable to retrieve any disclosures we had already made with your permission. We are required to retain your records involving payment of medical benefits we provide you for a period of three years.