



# Notice of Privacy Practices of Lifeways, Inc.

## Intent of Notice

This Notice describes:

- How health information about you may be used and disclosed
- Your rights with respect to your health information
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information

You have the right to a copy of this Notice (in paper or electronic form) and to discuss it with Lifeway's Compliance Director by phone 541.823.9004 or email [complianceofficer@lifeways.org](mailto:complianceofficer@lifeways.org) if you have any questions.

This Notice describes the privacy practices of Lifeways, Inc.. It applies to the health services you receive at Lifeways, Inc.. Lifeways, Inc. will be referred to herein as "we" or "us." We will share your health information among ourselves to carry out our treatment, payment, and healthcare operations.

**Note:** This is not a joint notice.

## Our Privacy Obligations

We are required by law to maintain the privacy of your health information and to provide you with our Notice of our legal duties and privacy practices with respect to health information. We are required to abide by the terms of this Notice for as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make a new Notice of Privacy Practices effective for all health information maintained by us. We are required to notify you in the event of a breach of your unsecured health information. A copy of any revised Notice of Privacy Practices or information pertaining to specific State law may be obtained by mailing a request to the contact person below.

## Federal and State Law Notice

Federal and State laws require us to protect your health information and Federal law requires us to describe to you how we handle that information. Federal law (42 U.S.C. 290dd-2) does not override all State laws in the same area. If a use or disclosure is permitted by 42 CFR Part 2 but conflicts with State law, we will adhere to the more restrictive law. However, no State law can permit or require a use or disclosure prohibited by the 42 CFR Part 2 regulation.

See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.

## Uses and Disclosures of Your Health Information

We may use or disclose your health information for certain purposes without your written consent, including the following:

**Medical Emergencies.** We may disclose your health information to medical personnel when the disclosure is necessary to meet a bona fide medical emergency in which we are unable to obtain your written consent; or we are closed and unable to provide services or obtain your written consent during a temporary state of emergency as declared by a State or Federal authority.

**Scientific Research.** We may use or disclose your health information to conduct scientific research if certain conditions are met.

**Audits and Evaluations.** We may disclose your health information to conduct management audits, financial audits, and program evaluations to:

- (1) A Federal, State, or Local governmental agency providing financial assistance to us;
- (2) An individual or entity providing financial assistance to us, such as third-party payers who cover patients) or quality improvement organizations; or
- (3) An entity with direct administrative control over us.

We may also disclose your health information to conduct a Medicare, Medicaid, or Children's Health Insurance Program (CHIP) audit or evaluation. This includes audits or evaluations necessary to meet the requirements for a Centers for Medicare and Medicaid Services (CMS)-regulated accountable care organization (ACO) or similar CMS-regulated organization.

**Public Health.** We may disclose your health information for public health purposes when the disclosure is made to a public health authority and the health information disclosed has been de-identified in a manner that there is no reasonable basis to believe that the information can be used to identify you.

**Court Order.** We may use and disclose your health information as authorized by a court order, provided certain regulatory requirements are met.

**Qualified Service Organizations.** Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, outcomes data collection, legal services, etc. At times, it may be necessary for us to provide your health information to one or more of these outside individuals or organizations to assist us with services. In all cases, our contracts with these qualified service organizations require them to protect the privacy of your health information.

**Law Enforcement.** We may disclose your health information to law enforcement agencies or officials but only as it relates to your commission of a crime on our property or against an employee, or a threat to commit such a crime, and such disclosure is limited to the circumstances of the incident.

**State or Local Authorities.** We may disclose your health information to comply with State law reporting requirements of incidents of suspected child abuse and neglect to the appropriate State and Local Authorities.

**Health Care Operations.** We may use or disclose your health information for certain activities necessary to operate our practice and ensure you receive quality care. For example, we may use the information to train or review the performance of our staff to make decisions affecting our organization.

**Health Information Exchange.** We may take part in or make it possible for the electronic sharing of health information. The most common way we do this is through local or regional health information exchanges (HIEs). HIEs help doctors, hospitals, and other healthcare providers within a geographic area or community provide quality care to you. If you travel and need medical treatment, HIEs allow other doctors or hospitals to electronically contact us about you. All of this helps us manage your care when more than one doctor is involved, it helps us keep your health bills lower, for example, by avoiding repeating lab tests, and it helps us improve the overall quality of care provided to you and others. You may opt out of having your information shared through the HIE at any time either during registration or by submitting a written request to Lifeway's

billing department. Opting out of the HIE sharing means your providers will need to obtain your records, as permitted or required by law and as described in this Notice, by other means, such as fax or mail.

## **Uses and Disclosures with Your Written Consent**

***Substance Use Disorder Counseling Notes.*** We must obtain your specific written consent for any use or disclosure of substance use disorder counseling notes. However, there are certain purposes for which we may disclose substance use disorder counseling notes without obtaining your written consent, including the following:

- (1) To carry out treatment, payment, or healthcare operations (e.g., use by the creator of the substance use disorder counseling notes for treatment purposes);
- (2) As required to the Secretary of the Department of Health and Human Services (HHS) to investigate or determine our compliance with the law;
- (3) As permitted to determine the cause of a patient's death under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death;
- (4) For oversight activities of the creator/originator of the substance use disorder counseling notes, as required by law;
- (5) In response to a court order and when necessary to protect against an existing threat to life or of serious bodily injury, or in connection with an investigation or prosecution of an extremely serious crime; or in connection with a civil, criminal, administrative, or legislative proceeding in which you offer testimony or other evidence; and
- (6) For purposes other than criminal investigation or prosecution in which a court order authorizes the use or disclosure of records or testimony relating the information contained within them.

***Treatment, Payment, and Healthcare Operations.*** We must obtain your written consent for the use and disclosure of your health information for treatment, payment, and healthcare operations. You may provide a single consent for all future uses and disclosures for these purposes, and we may use and disclose your health information for treatment, payment, and healthcare operations until you revoke your consent in writing.

***General Designation.*** We may use and disclose your health information with your written consent to any person or category of persons identified or generally designated on the consent, except disclosures to central registries and in connection with criminal justice referrals which must meet additional requirements.

***Prevent Multiple Enrollments.*** We may disclose your health information to a central registry or any withdrawal management or maintenance treatment program not more than 200 miles away to prevent multiple enrollments if certain conditions are applied.

***Elements of the Criminal Justice System.*** We may disclose, with your written consent, information from your records to those persons(s) within the criminal justice system who made participation in our program a condition of the disposition of any criminal proceedings against you or of your parole or other release from custody if the disclosure is made only to those persons within the criminal justice system who require the information in connection with their duty to monitor your progress.

***Prescription Drug Monitoring Programs.*** We may report any substance use disorder medication prescribed or dispensed by us to the applicable State prescription drug monitoring program as required by applicable State law with your written consent.

***Civil, Criminal, Administrative, or Legislative Proceedings.*** Records, or testimony relating the content within the records, will not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless you provide us with specific written consent, or we receive a court order that is accompanied by a subpoena or other legal mandate compelling the disclosure. If we receive a court order, your health information will only be used or disclosed based on the court order after notice and an opportunity to be heard is provided to you (or the holder of the information), where required by 42 U.S.C. 290dd-2 and the 42 CFR Part 2 regulation.

## Your Rights Regarding Your Health Information

***Restrictions on Use and Disclosure of Your Health Information.*** You have the right to request restrictions on how we use or disclose your health information to carry out treatment, payment, or healthcare operations, even when you have signed a written consent for these uses and disclosures. We are not required to agree with your restriction request but will attempt to accommodate reasonable requests when appropriate. You do, however, have the right to restrict the disclosure of your health information to a health plan if the information pertains solely to a health care item or service for you, and you or someone other than the health plan on your behalf, has paid us in full.

If we agree to your request we will not use or disclose the health information in violation of the restriction, except if you require emergency treatment and the restricted health information is needed to provide emergency treatment, we may use the restricted health information, or we may disclose information that is derived from the record to a health care provider to provide treatment to you.

If we agree to any discretionary restrictions, we reserve the right to remove such restrictions as appropriate. We will notify you if we remove a restriction imposed following this paragraph.

***Accounting of Disclosures of Your Health Information.*** You have the right to receive an accounting of disclosures made with written consent of your health information in the three (3) years prior to your request. You also have the right to receive an accounting of disclosures made by us of your health information for treatment, payment, and healthcare operations when the disclosure is made through the electronic health record (EHR). The request must be made in writing and signed by you or your personal representative. The first accounting in any 12-month period is free of charge; you will be charged a fee for each subsequent accounting you request within the same 12-month period. You will be notified of the fee at the time of your request.

***List of Disclosures by Intermediary.*** If you have provided written consent to disclose your health information using a general designation, you have the right to request a list of entities that your information has been disclosed under the general designation. You must make your request in writing and the list of disclosures is limited to disclosures made within the past two (2) years.

***Fundraising Communications.*** We may use your health information to contact you in an effort to raise money for us. If you do not want us to contact you for fundraising efforts, you may elect not to receive fundraising communications by sending your request in writing to the contact person listed below.

***Right to Notice of a Breach.*** We take the confidentiality of your health information very seriously, and we are required by law to protect the privacy and security of your records through appropriate safeguards. You have the right to be notified of a breach of your unsecured health information, with a few limited exceptions. A breach is defined as the unauthorized acquisition, access, use, or disclosure of health information in a manner not permitted. We will notify you in the event a breach occurs involving or potentially involving your unsecured health information and inform you of what steps you may need to take to protect yourself unless there is a low probability that the privacy or security of your health information has been compromised.

***Right to a Paper Copy of this Notice.*** You have the right to obtain a paper copy of this Notice. You may obtain a copy of this Notice on our website, or you may also request a paper copy of this Notice at the location where you receive care.

## Right to Change Terms of this Notice

We may change the terms of this Notice at any time. If we change this Notice, we may make the new Notice terms effective for all records that we maintain, including any information created or received before issuing the new Notice. If we change this Notice, we will post the new Notice in common areas throughout our facility, and on our website.

## Complaints

If you believe your privacy rights have been violated, you can file a complaint, in writing, with us. You may also file a complaint, in writing, with the Secretary of the Department of Health and Human Services (HHS) at the address below. There will be no retaliation for filing a complaint.

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.,  
Washington, D.C. 20201  
Toll-Free Call Center: 1-877-696-6775

Or go online to: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

## Contact

If you have questions, need further assistance regarding, or would like to submit a request pursuant to this Notice, you may contact our compliance director at 541.823.9004 for additional information:

Contact Person:	Lucas Hooker
Phone:	541.823.9004
Address:	702 Sunset Dr., Ontario, OR 97914
E-mail:	Complianceofficer@lifeways.org

## Effective Date of This Notice

This Notice is effective as of May 1<sup>st</sup>, 2024.