

# INTEGRATIVE HEALTH SOLUTIONS

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**URGENT CARE**



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**WELLNESS CARE**

4160 NE Sandy Blvd, Suite 1200  
Portland, OR 97212  
Phone: (503) 249-9000 Fax: (503) 719-6829  
[www.portlandurgentcare.com](http://www.portlandurgentcare.com)

4160 NE Sandy Blvd., Suite 1100  
Portland, OR 97212  
Phone: (971) 379-2455 Fax: (503) 477-9958  
[www.portlandwellnesscare.com](http://www.portlandwellnesscare.com)

## **JOINT NOTICE OF PRIVACY PRACTICES AND NOTICE OF ORGANIZED HEALTH CARE ARRANGEMENT**

This is a Joint Notice of Privacy Practices for:  
Urgent Care Express, P.C. dba Portland Urgent Care  
Portland Wellness Care, P.C.

*Effective Date: June 24, 2022*

**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**

If you have any questions about this notice, please contact Medical Records Department of our offices at 503-249-9000 or 971-379-2455.

1. **WHO WILL FOLLOW THIS NOTICE** This notice describes the information privacy practices followed by our employees, staff and other office personnel.

2. **YOUR HEALTH INFORMATION** This notice applies to the information and records we have about your health, health status, and the health care and services you receive at this office. Your health information created and received by this office may be in the form of written or electronic records or spoken words, and may include information about your past, present or future physical or mental health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related information. We are required by law to maintain the privacy of protected health information and to give you this notice of our legal duties and privacy practices with respect to protected health information. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

3. **ORGANIZED HEALTH CARE ARRANGEMENT** Both Urgent Care Express, P.C. dba Portland Urgent Care and Portland Wellness Care, P.C. are participants in an Organized Health Care Arrangement for purposes of federal privacy requirements and, accordingly, they may share information about you with each other for treatment, payment, and operations purposes as described in this notice. As used in this notice, the words “we,” “our” and “us” collectively refer to Urgent Care Express, P.C. dba Portland Urgent Care and Portland Wellness Care, P.C.

4. **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

We may use and disclose information for the following purposes:

a. **FOR TREATMENT** We may use or disclose health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health. For example, your doctor may be

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treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine appropriate care for you. Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays. Family members and other healthcare providers may be part of your medical care outside this office and may require information about you that we have.

**b. FOR PAYMENT** We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will pay for the treatment.

**c. FOR HEALTH CARE OPERATIONS** We may use and disclose health information about you in order to run the office and make sure our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective. We may also use the health information to obtain legal services or conduct compliance programs or auditing functions. We may also disclose your health information to health plans that provide you insurance coverage and other health care providers that care for you. Our disclosures of your health information to plans and other providers may be for the purpose of helping these plans and providers provide or improve care, reduce cost, coordinate and manage health care and services, train staff and comply with the law.

**d. BUSINESS ASSOCIATES** We may share your protected health information with third party “business associates” that perform various activities (e.g., billing, transcription services, accounting services, legal services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

**e. APPOINTMENT REMINDERS** We may contact you as a reminder that you have an appointment for treatment or medical care at the office. We may leave messages on voice mail or answering machines.

**f. TREATMENT ALTERNATIVES** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you or beneficial for your case management or care coordination.

**g. HEALTH-RELATED PRODUCTS AND SERVICES** We may tell you about health-related products or services that may be of interest to you or beneficial for your case management or care coordination.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us in writing (at the address listed at the top of the notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

**5. SPECIAL SITUATIONS** We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:

**a. TO AVERT SERIOUS THREAT TO HEALTH OR SAFETY; DISASTER RELIEF** We may use and disclose health information about you when necessary (i) to prevent serious threat to your health and safety

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or the health and safety of the public or another person, or (ii) to identify, locate, or notify your family members or persons responsible for you in a disaster relief effort.

**b. REQUIRED BY LAW** We will disclose health information about you when required to do so by federal, state, or local law.

**c. RESEARCH** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are or will be involved in your care at the office.

**d. ORGAN AND TISSUE DONATION** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

**e. MILITARY, VETERANS, NATIONAL SECURITY INTELLIGENCE** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

**f. WORKERS' COMPENSATION** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**g. PUBLIC HEALTH RISKS** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

**h. HEALTH OVERSIGHT ACTIVITIES** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights law.

**i. LAWSUITS AND DISPUTES** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

**j. LAW ENFORCEMENT** We may release health information if asked to so by law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

**k. CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS** We may release health information to a coroner, a medical examiner or a funeral director. This may be necessary, for example, to identify a deceased person to determine cause of death.

**l. INFORMATION NOT PERSONALLY IDENTIFIABLE** We may release health information about you in a way that does not personally identify you or reveal who you are.

**m. FAMILY AND FRIENDS** We may disclose health information about you to your family members or friends if we obtain verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from

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the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed. In situations where you are not capable of giving consent (because you are not present due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the visit that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or x-rays.

n. **INMATES** We may release health information about you to a correctional institution (if you are an inmate) or a law enforcement official (if you are in that official's custody) as necessary (i) for the institution to provide you with health care, (ii) to protect your or others' health and safety, or (iii) for the safety and security of the correctional institution.

6. **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION** We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission. In some instances, we may need specific, written authorization from you in order to disclose certain types of specially-protected information such as HIV, substance abuse, mental health, and generic testing information.

7. **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU** You have the following rights regarding health information we maintain about you.

a. **RIGHT TO INSPECT AND COPY** You have the right to inspect and copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written request to our Medical Records department in order to inspect and/or copy records of your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy records in certain limited circumstances, including information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law prohibiting access to protected health information. If you are denied copies of, or access to, health information that we keep about you, you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

b. **RIGHT TO AMEND** If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, complete and submit a MEDICAL RECORD AMENDMENT/CORRECTION FORM to our Medical Records department. We may deny your request for an amendment if your request is not in writing or 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) We did not create, unless the person or entity that created the information is no longer available to make the amendment.

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- 2) Is not part of the health information that we keep.
- 3) You would not be permitted to inspect and copy.
- 4) Is accurate and complete.

If we deny your request for amendment, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**c. 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 for purposes other than treatment, payment, health care operations, and a limited number of special circumstances involving national security, correctional institutions and law enforcement. The list will also exclude any disclosures we have made based on your written authorization. To obtain this list, you must submit your request in writing to our Medical Records department. It must state a time period, which may not be longer than six years and may not include dates before January 1, 2005. Your request should indicate in what form you want the list, (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

**d. RIGHT TO REQUEST RESTRICTIONS** You have the right to request a restriction or limitation on the health information we use or disclose 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 it, like a family member or friend. For example, you could ask that we do not use or disclose information about a surgery you had. You may make this request by submitting a written request to our Medical Records department. We are not required to agree to your request, unless (i) you request to restrict the disclosure of your protected health information to a health plan for the purpose of carrying out payment or health care operations and (ii) the protected health information relates only to a health care item or service for which you have paid us in full out of your pocket (not through insurance), in which case we will accept such restriction request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or we are required by law to use or disclose the information. To request restrictions, you may complete and submit the REQUEST FOR RESTRICTIONS ON USE/DISCLOSURE OF MEDICAL INFORMATION to our Medical Records department.

**e. 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 ask that we only contact you at work or by mail. To request confidential communications, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION AND/OR CONFIDENTIAL COMMUNICATIONS to our Medical Records department. We will not ask you the reason for the request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**f. RIGHT TO PAPER COPY OF THIS NOTICE** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact our Medical Records department.

**g. RIGHT TO NOTICE OF UNAUTHORIZED DISCLOSURES** You have the right to be informed of any unauthorized disclosures of your unsecured protected health information. This means that if we or

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our service providers improperly allow access to your unsecured health information in a way that compromises that information, we will provide you timely notice of that breach.

**8. CHANGES TO THIS NOTICE** We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post the current notice or a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

**9. COMPLAINTS** If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the administrator of Urgent Care Express, P.C. dba Portland Urgent Care at 503-249-9000 and for Portland Wellness Care, P.C. at 971-379-2455. You will not be penalized for filing a complaint.