The Children's Clinic, P.C.
NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003
Revised Date: December, 2025

Portland Office
9450 SW Barnes Rd., Suite 200
Portland, OR 97225
503.297.3371

Newberg Office
700 Deborah Road, Suite 150
Newberg, OR 97132
503.538.6791

Tualatin Office
19260 SW 65th Avenue, Suite 340
Tualatin, OR 97062
503.691.9777

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.

Note: References to You/Your are intended to include your minor age children.

If you have any questions about this notice, please contact the Privacy Officer at our Portland office at 503.297.3371.

WHO WILL FOLLOW THIS NOTICE This notice describes the information privacy practices followed by our employees, staff and other office personnel. Physicians, nurse practitioners and nursing staff to whom you consult by telephone when your regular physician from our office is not available and during evening and weekend clinics, will also follow the practices described in this notice.

YOUR HEALTH INFORMATION We create a record of the care and services you receive at this office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care maintained by The Children's Clinic. Other physicians or health care providers that you use may have different policies or notices regarding the use and disclosure of your medical information. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to give you this notice. 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. We are required to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you/your child to doctors, pediatric nurse practitioners, nurses, medical assistants, technicians, office staff or other personnel who are involved in taking care of you at this office. For example, a health care provider may be treating your child for a breathing problem and may need to know if he/she has other health problems that could complicate treatment. In addition, the provider may need to tell a laboratory technician that your child has diabetes so that we can arrange for appropriate testing. Different personnel in the office also may share medical information about you in order to coordinate the different services you need, such as prescriptions, lab work and x-rays. The health care providers may also tell another provider about your child's condition so that the doctor or nurse practitioner can help determine the most appropriate care for you. Family members and other health care providers outside this office may be part of your medical care and may require information about you that we have.

For payment. We may use and disclose medical information about you/your child so that the treatment and services received at this office may be billed to and payment may be collected from you, an insurance company or a third party. This may involve the use of a collection agency. For example, we may need to give your health plan information about a service you received here at this office 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 cover the treatment.

For Health Care Operations. We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run the office and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to other doctors, nurse practitioners, nurses, medical assistants, technicians, and other office personnel for review and learning purposes. We may also combine the medical information we have with medical information from other offices and groups to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Disclosures to Business Associates. In certain circumstances, we may need to share your medical information with a business associate (i.e., transcription company, Artificial intelligence (AI) scribe dictation technology, accountant, or attorney) so it can perform a service on our behalf. We will have a written contract in place with a business associate requiring it to protect the privacy of your medical information.

Appointment Reminders. We may contact you by phone, email, or text message, and may leave a message regarding your/your child's scheduled appointment or need for an appointment or other healthcare information. You may choose to opt out of these reminders by contacting us.

Balance Messaging. By supplying my home phone number, mobile phone number, email address, and any other personal contact information, I authorize TCC to employ a third-party automated outreach and messaging system to use my personal information, the name of my care provider, and other limited information, to for the purpose of notifying me of an unpaid balance. I also authorize my healthcare provider to disclose to third parties, who may intercept these messages, limited protected health information regarding healthcare events, unpaid balances and to leave a reminder message on my mobile phone, email and voice mail or answering system. You may choose to opt out of these reminders by replying "STOP" to the text or by contacting us.

Treatment Alternatives/Health-Related Benefits and Services. We may tell you about or recommend possible treatment options/alternatives,health-related benefits or services that may be of interest to you. You may choose to opt out of these reminders by contacting us.

SPECIAL SITUATIONS We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

Oregon Immunization Alert Program. We will report your child's immunizations to the Oregon State immunization registry. Only authorized users have access to a child's immunization history.

Family and Friends. We may release medical information about you to a friend or family member who is involved in your medical care if we obtain your 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 give information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your child's personal health information to both parents. In situations where you are not capable of giving consent (because you are not present or 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. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Access to Minors Health Information. Access is granted by default to the legal parents/guardians of the minor child, unless otherwise indicated by a court order. As the legal parent/guardian, you may choose to allow others access to your minor child's health information, by completing a Release of Information form available at each location.

Research and Organ/Tissue Donation. 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. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Reproductive Health. We will not use or disclose your protected health information for any purpose related to investigating or imposing liability on any person for seeking, obtaining, providing, or assisting with lawful reproductive health care. We may require a signed attestation before disclosing PHI that may relate to reproductive health services.

As Required By Law or To Avert a Serious Threat to Health or Safety. We will disclose medical information about you when required to do so by federal, state or local law; when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person; or for public health reasons in order to prevent or control disease, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Military and Veterans/Law Enforcement. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may release medical information if asked to do so by law enforcement officials 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.

Workers' Compensation/Health Oversight Activities. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

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.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Information Not Personally Identifiable. We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

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***. If you give us ***Authorization*** to use or disclose health information about you, you may revoke that ***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. Unless otherwise requested, we will send a chart summary when an ***Authorization*** is received. If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization (different than the ***Authorization*** mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have a special written authorization that complies with the law governing HIV or substance abuse records.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD

Right to Inspect and Copy. You have the right to inspect and obtain copies of your medical information that be used to make decisions about your care or payment for your care, this does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer at our Portland office. Copies of your records may be provided to you in an electronic or paper format depending on your request and the technology in which the records are maintained. We may charge a fee for the cost of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. We will select a licensed health care professional to review your request and the denial. The person conducting the review will be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that medical 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 for as long as the information is kept by or for this office. To request an amendment, complete and submit a ***MEDICAL RECORD AMENDMENT/CORRECTION FORM*** to the Privacy Officer at our Portland office. We may deny your request for an amendment if it 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: Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; Is not part of the medical information kept by or for the office; Is not part of the information which you would be permitted to inspect and copy; or Is accurate and complete.

Right to Request Restrictions. You have the right to request a restriction or limitation of the medical information that we use or disclose about you for treatment, payment or health care operations. We are not required to agree to your request except under certain limited circumstances. If you do not want The Children's Clinic to disclose your medical information for a specific visit to a health plan and you notify the Privacy Officer at our Portland office in writing in advance of the visit and all services are paid for in full at the time of the visit, we are required to agree to your request. We will not ask you for the reason for your request. Your request must specify how or where you wish to be contacted.

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, when specifically authorized by you and a limited number of special circumstances involving national security, correctional institutions and law enforcement. To obtain this list, you must submit your request in writing to the Privacy Officer at our Portland office. It must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-months 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 that time before any costs are incurred.

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 COMMUNICATION*** to the Privacy Officer at our Portland office. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a 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 this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact the Site Supervisor at either our Tualatin or Peterkort office. You may also find a copy of this notice on our web site: *www.childrens-clinic.com*.

BREACH OF HEALTH INFORMATION We will inform you if there is a breach of your unsecured health information.

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

COMPLAINTS If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at our Portland office or with the U.S. Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Privacy Officer at our Portland office at 503. 297.3371. You will not be penalized for filing a complaint.