

Policy Title:	Client Privacy Rights				
Policy Number:	DHS-100-002	Version:	2.0	Effective Date:	Upon Approval

Signature on File in the office of the Chief Administrative Officer

Approved: Jeremy Emerson, Interim CAO

Date: July 20, 2009

Purpose:

This policy describes the privacy rights of Department clients to:

Request or receive the Department’s Notice of Privacy Practices (section 1); request restrictions on the use and disclosure of information (section 2); request information by alternative means or in alternative locations (section 3); request access to their information (section 4); request amendments to their information (section 5); request an accounting of disclosures of protected health information (section 6); and file complaints about the disclosure of their information (section 7).

Policy:

1. Department Notice of Privacy Practices. Clients have the right to receive adequate notice from the Department of privacy practices.

- a. The Department will make available to each client a notice of Department privacy practices that describes the responsibility of the Department to maintain the privacy of protected health information and includes a description that clearly informs the client of the types of uses and disclosures the Department is permitted or required to make;
- b. The Department will provide all clients in direct care settings a notice of Department privacy practices and will request the client’s signature on an acknowledgement of receipt form.
- c. Whenever there is a material change in Department privacy practices, the Department will revise the Notice of Privacy Practices and make the revised notice available to all clients. Any such changes to Department privacy practices will apply to information the Department already has as well as to any information the Department receives in the future;
- d. A copy of the Notice of Privacy Practices will be posted for public viewing at each Department worksite and on the Department website; and
- e. The Department will give a paper copy of the Department Notice of Privacy Practices to any person upon request.

2. Rights of clients to request restrictions on the use and disclosure of their information.

A client may ask that their information not be used by DHS or that their information not be given to certain people who would otherwise have access to the information.

Example #1 -- a client has a dispute with a caseworker and does not want the caseworker to have any access to or use of information about the client. The client may submit a request for restriction of use or disclosure of their information being provided to the caseworker.

Example #2 – a client may request that DHS never disclose their information (or certain sensitive information) to a particular family member or person in the household that is normally involved in their case.

- a. All requests for restrictions will be made by having the client complete a [DHS 2095](#), "Request for Restriction of Use and Disclosures."
 - A. If a restriction is granted, it is binding on all other DHS staff and its business associates. A decision to agree to a restriction should be approved by a supervisor and steps should be taken to tell all other potential DHS staff and business associates about the restriction, unless disclosure of the existence of the restriction would violate the restriction itself – including clearly marking the file and making a record in any electronic file associated with the restriction.
- b. The Department is not required to agree to a restriction requested by the client. The Department may deny or implement a less stringent restriction request.
 - A. The Department will not agree to restrict uses or disclosures of information under the following conditions if the restriction would adversely affect the quality of the client's care or services:

In Example #1 – DHS is not required to limit access by caseworkers who are involved in decision-making in a case.

 - i. If the restriction that would limit or prevent the Department from making or obtaining payment for services;

In Example #2 – If the client has other medical coverage that is primary, DHS can decline to agree to a restriction that would keep DHS from obtaining payment for covered services.

 - ii. If the restriction would adversely affect the ability to administer Department programs and services;
 - B. If the client needs emergency treatment and the restricted protected information is needed to provide such treatment, the Department may use or disclose the restricted protected information to a provider, for the limited purpose of providing treatment. However, once the emergency situation subsides the Department will

ask the provider not to redisclose the Information;

- C. For information about substance abuse treatment (covered by 42 CFR part 2) or vocational rehabilitation (covered by 34 CFR 361.38), the Department will honor requests for restriction to limit sharing the information with another Department program.
- c. The Department will document the client's request, and the reasons for granting or denying the request in the client's hard copy or electronic Department case record file. The client will be informed about the Department's decision.
- d. Prior to any use or disclosure of client information, Department staff must confirm that the particular use or disclosure has not been granted a restriction by reviewing the client's case file.
- e. The Department may terminate its agreement of a restriction in each of the following situations:
 - A. The client agrees to or requests termination of the restriction in writing.
 - B. The client orally agrees to or requests termination of the restriction. The Department will document the oral agreement or request in the client's Department case record file.
 - C. The Department informs the client in writing that the Department is terminating its agreement to the restriction. Information created or received while the restriction was in effect shall remain subject to the restriction.

3. Rights of clients to request to receive information from the Department by alternate means or at alternate locations.

This right involves how the Department communicates with the client.

Example #1 – A client may request alternate means or location for communications because of a risk of domestic violence.

Example #2 – A client of the Department's services, programs or activities may request to receive mail or telephone communications in a manner that does not disclose the client as a participant of the program. For example, a client of the Family Planning Expansion Program may request that information not be sent to their home and that the program not call their home.

- a. Clients have the right to request to receive information from the Department by specific means, such as mail, e-mail, fax or telephone, or at alternate locations.
 - A. If requesting an alternate means or location the client must be specific about the request.
 - B. Requests may be made orally or in writing.

- C. If a client makes a request orally, the Department will document the request and ask for the client's signature. ([DHS 2101](#), "Special Handling for Confidential Communications")
 - D. If a client makes a request by telephone or electronically, the Department will document the request and verify the identity of the requestor.
 - E. The client is not required to explain the basis for the request.
 - F. The Department will notify the client of its acceptance of the request, in a manner that is consistent with the alternate means of communication that was granted.
- b. The Department must accommodate reasonable requests by clients to receive communications by alternate means, such as by mail, e-mail, fax, telephone or alternate location; and
 - c. The Department shall update all applicable systems and associate systems with the requested method of communication.
 - d. Prior to any information being sent to the client, Department staff must confirm if the client has requested an alternate location or by alternate means, and if the Department has granted that request.
 - e. The Department may terminate its agreement to an alternate location or method of communication if:
 - A. The client agrees to or requests termination of the alternate location or method of communication in writing or orally. The Department will document the oral agreement or request in the client's Department case record file.
 - B. The Department informs the client that the Department is terminating its agreement to the alternate location or method of communication because the alternate location or method of communication is not effective. The Department may terminate its agreement to communicate at the alternate location or by the alternate means if:
 - i. The Department is unable to contact the client at the location or in the manner requested; or
 - ii. If the client fails to respond to payment requests if applicable.
 - f. The Department will comply with the Address Confidentiality Program ORS 192.820-192.868, upon request by a program participant under ORS 192.836.

4. Rights of clients to access their information.

- a. Clients have the right to access, inspect, and obtain a copy of information on their own cases that is maintained in a designated record set. The designated record set consists of information about the client maintained in Department files or records used, in whole or in part, by the Department to make decisions about the client, consistent with federal law and the Oregon Public Records Law.

- b. Clients may request to access, inspect and obtain information about themselves or information that the Department uses in whole or part to make decisions about them, unless an access restriction is authorized by law or policy.
- c. Requests for access may be made having the client complete a [DHS 2093](#), "Request for Access to Records."
- d. If the Department maintains information about the client in a record that includes information about other people, the client is only authorized to see information about him or herself. If the information is about both the client and another person, the client can see the information that is about him or herself only. Department must take steps to ensure the information about other people is protected.
- e. If a person identified in the file is a minor child of the client, and the client is authorized under Oregon law to have access to the minor's information or to act on behalf of the minor in making decisions about the minor's care, the client may obtain information about the minor.
- f. If the person requesting information is recognized under Oregon law as a guardian or legal custodian of the client and is authorized by Oregon law to have access to the client's information or to act on behalf of the client for making decisions about the client's services or care, the Department will release information to the requestor.
- g. Upon presentation of the order of appointment by the Court Appointed Special Advocate (CASA), any agency, hospital, school organization, division, office or department of the state, doctor, nurse, or other health care provider, psychiatrist, police department or mental health clinic shall permit the CASA to inspect and copy any records relating to the child or ward involved in the case, without the consent of the child, ward or parents as defined in ORS 419A.170.
- h. Persons acting under the authority of the system in ORS 192.517 (1), to protect and advocate the rights of individuals with developmental disabilities under part C of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6041 et seq.) and the rights of individuals with mental illness under the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10801 et seq.), shall have access to all records, as defined in ORS 192.515, as provided in ORS 192.517.
- i. In the following limited circumstances, the Department may deny clients or their representative's access to the client's own health information:
 - A. Psychotherapy notes. This is limited to the notes maintained by a mental health professional that are not kept in the official file.
 - B. Information compiled for use in civil, criminal, or administrative proceedings. This exception usually refers to the Department staff's notes and materials that are created or developed in connection with the legal proceeding, rather than the case file; however, if there are legal proceedings in which the Department of Justice is representing the Department, consult with the DOJ attorney before providing information to the client or their representative;

- C. Information that is subject to the federal Clinical Labs Improvement Amendments of 1988, or exempt pursuant to 42 CFR 493.3(a)(2). This means that rarely can a lab directly give lab results directly to the patient, but must give the results to the health care professional who ordered the test. The health care professional then provides the lab result to the patient.
 - D. Documents protected by attorney-client privilege or attorney work-product. These documents will have the name of the attorney on it, have been marked as attorney-client privileged, is part of a file that is marked as attorney-client privileged, or the document contains information that is identifiable as legal advice intended for confidential use by the Department;
 - E. Information where release to the client is prohibited by State or Federal Laws. There are very few instances where the client's own information cannot be released to them, except as described in paragraphs A-G of this section. Examples may include national security matters. These rare situations should be discussed with the DHS Privacy Officer.
 - F. Information that, in good faith, the Department believes can cause harm to the client, participant or to any other person;
 - G. Information obtained under a promise of confidentiality from someone other than a health care provider to the extent that access would reveal the source of the information.
- j. Review of denial of access must be provided upon client's request.
 - k. If the Department denies access under subsection 4h., the client has the right to have the decision reviewed by a licensed health care professional (for health information) or other designated staff (for other information) not directly involved in making the original denial decision. The Department will then proceed based on the decision from this review
 - A. The Department must promptly refer a request for review to the designated reviewer. [See subsection 4.i. for timelines].
 - B. The reviewer must determine, within the 30-60 calendar day time limit noted in C.1.B, whether or not to approve or deny the client's request for access, in accordance with this policy.
 - C. The Department must promptly notify the client in writing of the reviewer's determination; and take action to carry out the reviewer's determination.
 - l. The Department must act on a client's request for access no later than 30 calendar days after receiving the request, except in the case of written accounts under ORS 179.505 which must be disclosed within five (5) calendar day.
 - A. In cases where the information is not maintained or accessible to the Department, and does not fall under ORS 179.505, the Department must act on the client's request no later than 60 calendar day after receiving the request.

- B. If the Department is unable to act within these 30-calendar day or 60 calendar day limits, the Department may extend this limitation by up to an additional 30 calendar day, subject to the following:
 - i. The Department must notify the client in writing of the reasons for the delay and the date by which the Department will act on the request.
 - ii. The Department will use only one such 30-calendar day extension to act on a request for access.
- m. If the Department grants the client's request, in whole or in part, the Department must inform the client of the access decision and provide the requested access.
 - A. The Department must provide the requested information in a form or format requested by the client, if readily producible in that form or format. If not readily producible, the Department will provide the information in a readable hard-copy format or such other format as agreed to by the Department and the client. The Department need only provide the requested information once.
 - B. If the requested information is maintained with an entity other than DHS, the Department will inform the client of where to request access.
 - C. The Department may provide the client with a summary of the requested information, in lieu of providing access, or may provide an explanation of the information if access had been provided, if:
 - i. The client agrees in advance; and
 - ii. The client agrees in advance to any fees the Department may impose, per 4.m.E, below.
 - D. The Department must arrange with the client for providing the requested access in a time and place convenient for the client and the Department. This may include mailing the information to the client if the client so requests or agrees.
 - E. Fees: A client, or personal representative, who requests a copy of their information, a written summary, or explanation of such information is responsible for paying a reasonable, cost-based fee, (unless the fee is waived pursuant to Department policy) The costs are limited to covering the following:
 - i. Copying the requested information, including the costs of supplies and of the labor of copying;
 - ii. Postage, when the client has requested or agreed to having the information mailed; and
 - iii. Preparing an explanation or summary of the requested information, if agreed to in advance by the client, per 3.m.C., above.
- n. If the Department denies access, in whole or in part, to the requested information, the Department must:

- A. Offer the client access to any other requested client information, after excluding the information to which access is denied;
- B. Provide the client with a timely written denial. The denial must:
 - i. Be sent or provided within the time limits specified in subsection 4.k., above;
 - ii. State the basis for the denial;
 - iii. If the reason for the denial is due to danger to the client or another, explain the client's review rights as specified in subsection 4.j. above, including an explanation of how the client may exercise these rights;
 - iv. Provide a description of how the client may file a complaint with the Department, and if the information denied is protected health information, with the United States Department of Health and Human Services (DHHS)-Office for Civil Rights.

5. Rights of clients to request amendments to their information.

Clients have the right to request that the Department amend their information in Department files.

Example #1 – A report mistakenly includes a typographical error, in which a birthday is listed as 1989 rather than 1998. The client seeks an amendment to correct the error.

Example #2 – A report states that on a certain date, the client was agitated, distracted and rude to the caseworker. The client seeks an amendment asking to delete the words used to describe his or her behavior.

- a. All requests for amendments to health information will be made by having the client complete a [DHS 2094](#), "Request for Amendment of Health Record".
- b. The Department must act on the client's request no later than 60 calendar days of receiving the request, except that if the Department is unable to act on the request within 60 calendar days, the Department may extend this time limit by up to an additional 30 calendar days, subject to the following:
 - A. The Department must notify the client in writing of the reasons for the delay and the date by which the Department will act on the request; and
 - B. The Department will use only one such 30-calendar day extension.
- c. Prior to any decision to amend a health or medical record, the request and any related documentation shall be reviewed by the program's medical director, a licensed health care professional designated by the program administrator, or a Department staff person involved in the client's case. The Department will then proceed based on the recommendation made by the program's medical director or the licensed health care professional.

- d. Prior to any decision to amend any other information that is not a health or medical record, a Department staff person designated by the program administrator shall review the request and any related documentation. The Department will then proceed with the recommendations made by program administrators and program staff.
- e. The Department is not obligated to agree to an amendment and may deny the requests or limit its agreement to amend.
- f. If the Department grants the request, in whole or in part, the Department must:
 - A. Make the appropriate amendment to the information or records, and document the amendment in the client's file or record;
 - B. Provide timely notice to the client that the amendment has been accepted and updated pursuant to the time limitations in subsection 4.b.;
 - C. Seek the client's agreement to notify other relevant persons or entities, with whom the Department has shared or needs to share the amended information, of the amendment; and
 - D. Make reasonable efforts to inform, and to provide the amendment within a reasonable time to:
 - i. Persons named by the client as having received protected information and who thus need the amendment; and
 - ii. Persons, including business associates of the Department, that the Department knows have the protected information that is the subject of the amendment and that may have relied, or could foreseeably rely, on the information.
- g. The Department may deny the client's request for amendment if:
 - A. The Department finds the information to be accurate and complete;
 - B. The information was not created by the Department;
 - C. The information is not part of Department records; or
 - D. The information would not be available for inspection or access by the client, pursuant to Section 4 of this Policy.
- h. If the Department denies the requested amendment, in whole or in part, the Department must:
 - A. Provide the client with a timely written denial. The denial must:
 - i. Be sent or provided within the time limits specified in subsection 4.I.;
 - ii. State the basis for the denial, in plain language;
 - iii. Explain that if the client does not submit a written statement of disagreement, the client may ask that if the Department makes any future

disclosures of the relevant health information, the Department will also include a copy of the client's original request for amendment and a copy of the Department written denial;

- iv. Explain the client's right to submit a written statement disagreeing with the denial and how to file such a statement; and
 - v. Provide information on how the client may file a complaint with the Department, or with the U.S. Department of Health and Human Services (DHHS), Office for Civil Rights.
- B. If a client submits a written statement of disagreement with a denial of a request to amend health information:
- i. The Department will enter the written statement into the client's Department case file;
 - ii. The Department may also enter a Department written rebuttal of the client's written statement into the client's Department case record. The Department will send or provide a copy of any such written rebuttal to the client;
 - iii. The Department will include a copy of that statement, and of the written rebuttal by the Department if any, with any future disclosures of the relevant information.

6. Rights of clients to an accounting of disclosures of protected health information.

An accounting is simply a list or a statement of all the times the Department has given health information to a program, entity or person. An accounting is only required for health information that is covered by HIPAA.

- a. Clients have the right to receive an accounting of certain types of disclosures of protected health information (PHI) that the Department has made for any period of time, not to exceed six years, preceding the date of requesting the accounting. This right does not apply to disclosures made prior to March 31, 2003.
- b. All requests for an accounting of disclosures will be made by having the client complete a [DHS 2096](#), "Request for Accounting of Disclosures."
- c. Department staff are responsible for tracking when health information is disclosed. Disclosures that are required to be tracked must be listed on [DHS 2097](#), "Disclosures of Protected Health Information." The accounting must include, for each disclosure:
 - A. The date of the disclosure;
 - B. The name, and address if known, of the person or entity who received the disclosed information;
 - C. A brief description of the information disclosed; and

D. A brief statement of the purpose of the disclosure that reasonably informs the client of the basis for the disclosure, or, in lieu of such statement, a copy of the client's written request for a disclosure, if any.

d. The uses or disclosures for the following purposes must be tracked:

A. Abuse Report: If DHS staff (other than protective services staff who respond to an abuse report) provides PHI about an individual pursuant to mandatory abuse reporting laws, the disclosure should be tracked. State child abuse reporting laws protect the identity of an abuse reporter so the accounting should not identify the DHS staff person who made the report.

B. Audit Review: When Department staff use PHI from an individual's record in relation to an audit or review (whether financial or quality of care or other audit or review) of a provider or contractor, the use should be tracked.

Also, when the Department provides client medical records or medical claims payment records to the Secretary of State, Medicaid Fraud Unit or the Centers for Medicare and Medicaid Services, or their representatives, this use should be tracked.

C. Health and Safety: If the Department discloses PHI about an individual provided to avert a serious threat to health or safety of a person, the disclosure should be tracked. For example, when the Department issues a notice under its Unauthorized Patient Leave Communications policy (**DHS Policy DHS-120-002**), the disclosure should be tracked.

D. DHS as a Provider: When the Department is responsible for operating or providing direct health care services, such as the state-operated group homes, the Department may provide individual's records in relation to licensing or regulation or certification by a different component of DHS, state or federal auditor, or a state or federal reviewer. The Department should track its disclosures to entities with oversight over the Department's provision of direct health care services.

E. Legal Proceeding: DHS should track any time that PHI about an individual is disclosed pursuant to a court order in a court case or other legal proceeding include a copy of the court order with the accounting.

F. Law Enforcement Official/Court Order: If PHI about an individual is provided to a law enforcement official pursuant to a court order include a copy of the court order with the accounting.

G. Law Enforcement Official/Deceased: If the Department provides PHI to law enforcement officials or medical examiner about a client who has died for the purpose of identifying the deceased person, determining cause of death, or as otherwise authorized by law, the disclosure should be tracked. The Department's accounting responsibility does not end when the person dies.

H. Law Enforcement Official/Warrant: The Department must track the disclosure of

PHI provided to a law enforcement official in relation to a fleeing felon or for whom a warrant for their arrest has been issued and the law enforcement official has made proper request for the information, to the extent otherwise permitted by law.

- I. Media: Disclosure of protected health information about a client to the media (TV, newspaper, etc.) must be tracked, unless the disclosure is made within the scope of an authorization by the individual.
 - J. Public Health Official: When DHS staff (other than staff employed for public health functions) provides PHI about an individual to a public health official, such as the reporting of disease, injury, or in connection with the conduct of a public health study or investigation, the disclosure must be tracked.
 - K. Public Record: Identifiable information about individuals should generally not be disclosed in response to a public record request. However, in the unusual case where PHI about an individual is disclosed pursuant to a Public Record request without the individual's authorization, the disclosure must be tracked.
 - L. Research: The Department's internal analysis/studies conducted within health care programs that the client is a part of for purposes of health care operations need not be tracked. However, if the PHI will be used or disclosed for purposes of other department programs or for research purposes by other entities, PHI about an individual provided by the Department for purposes of research conducted without authorization, using a waiver of authorization approved by an IRB must be tracked. A copy of the research protocol should be kept with the accounting.
- e. Disclosures that are not required to be tracked and accounted for are those that are:
- A. Authorized by the client;
 - B. Made prior to the original effective date of this policy, which is March 31, 2003;
 - C. Made to carry out treatment, payment, and health care operations;
 - D. Made to the client;
 - E. Made to persons involved in the client's health care;
 - F. Made as part of a limited data set in accordance with the **DHS Policy DHS-100-07**, "De-identification of Client Information and Use of Limited Data Sets."
 - G. For national security or intelligence purposes;
 - H. Made to correctional institutions or law enforcement officials having lawful custody of an inmate.
- f. During the time period covered by the request, if the Department has made multiple disclosures to the same person or entity for the same purpose, or as a result of a single written authorization by the client, the Department need not list the same identical information for each subsequent disclosure to the same person or entity. The

Department may log the first disclosure made during the time period and add the frequency or number of disclosures made to the same person or entity and the last date of the disclosure made during the requested time period.

- g. The Department must act on the client's request for an accounting no later than 60 calendar days after receiving the request, except that if unable to provide the accounting within 60 calendar days after receiving the request, the Department may extend this requirement by another 30 calendar days. The Department must provide the client with a written statement of the reasons for the delay within the original 60-calendar day limit, and inform the client of the date by which the Department will provide the accounting. The Department will use only one such 30-calendar day extension.

If review of the file shows that records may have been provided to or maintained by, one of the Department's business associates, the Department should contact the business associate and request a list of disclosures. The additional information provided by the business associate must be included with the Department's accounting. Business associates include AAAs, the Office of Administrative Hearings, the Department of Justice, and other entities engaged in department matters.

- h. Fees: The Department must provide the first requested accounting in any 12-month period without charge. The Department may charge the client a reasonable cost-based fee for each additional accounting requested by the client within the 12-month period following the first request, provided that the Department:
 - A. Informs the client of the fee before proceeding with any such additional request; and
 - B. Allows the client an opportunity to withdraw or modify the request in order to avoid or reduce the fee.
- i. The Department must document and retain in the client's Department case record file, the information required to be included in an accounting of disclosures, as listed under subsection 6c of this policy, and send a copy of the written accounting provided to the client.
- j. The Department will temporarily suspend a client's right to receive an accounting of disclosures that the Department has made to a health oversight agency or to a law enforcement official, for a length of time specified by such agency or official, if the agency or official provides a written statement to the Department that such an accounting would be reasonably likely to impede their activities. However, if such agency or official makes an oral request, the Department will:
 - A. Document the oral request, including the identity of the agency or official making the request;
 - B. Temporarily suspend the client's right to an accounting of disclosures pursuant to the request; and
 - C. Limit the temporary suspension to no longer than 30 calendar days from the

date of the oral request, unless the agency or official submits a written request specifying a longer time period.

7. Rights of clients to file complaints regarding disclosure of information.

- a. Clients have a right to submit a complaint if they believe that the Department has improperly used or disclosed their protected information, or if they have concerns about the privacy policies of the Department or concerns about Department compliance with such policies.
- b. Clients may file complaints with the Department, or (for protected health information) with the U.S. Department of Health and Human Services (DHHS) - the Office for Civil Rights (see subsection g of this section).
- c. The Department will not intimidate, threaten, coerce, discriminate against, or take any other form of retaliatory action against any person filing a complaint or inquiring about how to file a complaint.
- d. The Department does not require clients to waive their rights to file a complaint as a condition of providing of treatment, payment, enrollment in a health plan, or eligibility for benefits.
- e. The Department will designate staff to review and determine action on complaints filed with the Department. These designated staff will also perform these functions when the Department is contacted about complaints filed with the U.S. Department of Health and Human Services – the Office for Civil Rights.
- f. The Department will document, in the client's Department case file or record, all complaints, the findings from reviewing each complaint, and Department actions resulting from the complaint. This documentation shall include a description of corrective actions that the Department has taken, if any are necessary, or of why corrective actions are not needed, for each specific complaint.
- g. The Department must give clients the specific person or office and address of where to submit complaints:

State of Oregon Department of Human Services
Governor's Advocacy Office
500 Summer Street, NE, E17
Salem, Oregon 97301-1097
Phone: 1-800-442-5238
Fax: 503-378-6532
Email: GAO.info@state.or.us

U. S. Department of Health and Human Services, Office for Civil Rights
Medical Privacy, Complaint Division
200 Independence Avenue, SW
Washington, D.C. 20201
Toll free Phone: 877-696-6775
Phone: 866-627-7748
TTY: 886-788-4989
Email: <mailto:OCRComplaint@hhs.gov>

Form(s):

- [DHS 2090](#), "Notice of Privacy Practices"
- [DHS 2093](#), "Request for Access to Records"
- [DHS 2094](#), "Request for Amendment of Health Record"
- [DHS 2095](#), "Request for Restriction of Use and Disclosures"
- [DHS 2096](#), "Request for Accounting of Disclosures of Health Records"
- [DHS 2097](#), "Disclosures of Protected Health Information"(PHI)

Policy(ies) that apply:

[DHS-100-007](#) De-identification of Client Information and Use of Limited Data Sets
[DHS-120-002](#) Unauthorized Patient Leave Communications

Reference(s):

- 45 CFR Part 164.522 – 164.528
- [Privacy/Security Glossary of Common Terms](#)

Contacts

- Jane Alm, DHS Privacy Officer, jane.alm@state.or.us
- Privacy Program Office, (503) 945-5780

Policy History

- **Version 2.0:**
 - 07/01/09: This policy originated in March 2003 in order to meet compliance with the federal HIPAA Privacy Rule. The 2009 revisions do not impact the policy's compliance with HIPAA. The revisions are implemented to improve clarity and to bring some of the language in line with other more familiar program-specific privacy language.
- **Version 1.0**
 - 03/31/2003 – Initial Release