SOUTH TABOR
FAMILY PHYSICIANS LLP

NOTICE OF PRIVACY PRACTICES

Updated February 16, 2026

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 our Privacy Officer at 503-261-7200, or write to 10803 S.E. Cherry Blossom Drive, Portland, Oregon 97216.

WHO WILL FOLLOW THIS NOTICE: This notice describes the information privacy practices followed by South Tabor Family Physicians LLP's providers and employees.

YOUR HEALTH INFORMATION: This notice applies to the information and records we have about your health, health status, and the health care services you receive at this office. Your health information may include 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 health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, medications, related billing activity and similar types of health-related information.

We are required by law to maintain the privacy of protected health information (or PHI), to give you this notice and to notify affected individuals following a breach (or unintentional disclosure) of unsecured protected health information. It explains how we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of the information.

Breach Notification Obligations: If there is a breach of your unsecured protected health information, we are required by law to notify you promptly. This notification will include a description of the breach, the types of information involved, recommended steps you can take to protect yourself, what we are doing in response, and contact information for further questions.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose protected health information.

FOR TREATMENT: We may use 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. Protected health information that is disclosed to another provider for treatment purposes or when a physician requests information from another provider for treatment purposes does not apply to the minimum necessary standard Privacy Rule. Specially protected health information such as psychotherapy notes do require **written** authorization from you to be disclosed.
For example, your doctor may be 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 the doctor can help determine the most appropriate care for you.

Personnel in our office may disclose information about you to people who do not work in our office to coordinate your care, such as phoning in prescriptions to your pharmacy, ordering or scheduling lab work

or radiology procedures. Family members or other health care providers may be part of your medical care outside this office and may require information about you.

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 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 treatment you are going to receive to obtain prior approval, or whether your plan will pay for the treatment.

FOR HEALTH CARE OPERATIONS: We may use and disclose health information about you to ensure that you and our other patients receive quality care.

For example, 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 or medications are effective.

We may also disclose your health information to health plans that provide your insurance coverage and other health care providers that care for you. Our disclosures of your health information to your health plan and other providers may be used to improve care, reduce cost, coordinate and manage health care services and comply with the law.

APPOINTMENT REMINDERS: We may contact you to remind you of scheduled appointments or the need to arrange follow-up appointments after being seen by our office, hospital or urgent care facility. This may include appointment preparation instructions.

TREATMENT ALTERNATIVES: We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

HEALTH - RELATED PRODUCTS AND SERVICES: We may tell you about health-related products or services that may be of interest to you. 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. Please send your written request to the Privacy Office at the address listed on this notice.

OTHER USES AND DISCLOSURES:

We may share your information in other ways, usually for public health or research purposes or to contribute to the public good, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **REQUIRED BY LAW:** We will disclose health information about you when required to do so by federal, state or local law. For example, we are required to report child abuse, crimes committed with a deadly weapon, and animal bites to the appropriate state, county, or law enforcement authority.
- **RESEARCH:** We may use and disclose health information about you for some types of health research that do not require your authorization, such as if an institutional review board (IRB) has waived the written authorization requirement. In all other instances, we will ask you for your permission if the researcher will have access to your name, address or other information that identifies who you are, or will be involved in your care at the office.

- **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 an authorized donation from you or a transplant.
- **MILITARY, VETERANS, NATIONAL SECURITY AND INTELLIGENCE: I**f 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.
- **WORKERS COMPENSATION:** We may release health information about you for workers compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- **PUBLIC HEALTH RISKS:** We may disclose health information about you for public health reasons to prevent or control disease, injury or disability; to report births and deaths; to report suspected abuse or neglect, or non-accidental physical injuries; to report reactions to medications or problems with products.
- **DISASTER RELIEF EFFORTS:** Unless you object, we may disclose medical information about you to other health care providers and to an entity assisting in a disaster relief effort to coordinate care. We may share patient information as necessary to identify, locate and notify family members, guardians or anyone else responsible for your care, location, general condition or death.
- **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 laws.
- **IMMUNIZATION INFORMATION REQUIRED FOR SCHOOL ENROLLMENT:** We may disclose proof of immunizations to a school without written authorization, provided the agreement was obtained verbally to the disclosure from a parent, guardian, or other person acting in loco parentis for the individual, or from the individual, if the individual was an adult or an emancipated minor.
- **DISCLOSURES TO BUSINESS ASSOCIATES:** In certain circumstances, we need to share your medical information with a business associate or covered entity (I.E. copying service, collection agency, confidential recycling company) so it can perform a service on our behalf. We will have a written contract in place with the business associate requiring it to protect the privacy of your medical, billing information.

RECORDS PERTAINING REPRODUCTIVE HEALTH CARE. Federal regulations prohibit us from releasing information related to reproductive health care for purposes of identifying, investigating, or imposing liability on any individual for merely seeking, obtaining, or receiving such care. If the information requested from us relates to care we provided that is considered reproductive health as defined under the law, we cannot release that information without a signed attestation from the requesting party. A signed attestation states that the requester of your information will not use or disclose your information to identify investigate, or impose liability on you for merely seeking, obtaining, or receiving reproductive health care.

- **Examples of Reproductive Health Care (Non-Exhaustive):** Contraception (including emergency contraception); pregnancy-related care, including after-delivery; fertility and infertility diagnosis and treatment, including in vitro fertilization (IVF); menopause treatment; other types of care related to the reproductive system like mammograms, pap smears.
- **For the following types of requests, we will not release any information related to reproductive health care without a signed attestation:**
    - **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.

- **LAW ENFORCEMENT**: We may release health information if asked to do so by a law enforcement official or otherwise designated individual in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements including a signed attestation.
- **CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:** We may release health information to a coroner, medical examiner or funeral director. For example, we will release your information to identify a deceased person or determine the cause of death. We may also disclose your medical information to funeral directors as necessary to carry out their duties.
- **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.

SPECIAL PROTECTION FOR SUBSTANCE USE DISORDER (SUD) RECORDS.
We may receive or maintain substance use disorder (SUD) information through screenings (including SBIRT), referrals, care coordination, integrated behavioral health services, or records received from other providers. Certain SUD records are subject to heightened protections under federal law, including **42 C.F.R. Part 2**.

1. **Use and Disclosure of SUD Records**
   SUD records may be used or disclosed for treatment, payment, and health care operations consistent with your consent and applicable law. However, SUD records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order that meets the requirements of 42 C.F.R. Part 2.
2. **Redisclosure Prohibition**
   Recipients of SUD records are prohibited from redisclosing those records unless permitted by law. Federal law restricts the use of SUD records to investigate or prosecute you without appropriate authorization or court approval.
3. **More Restrictive Laws**
   If federal or state law (including Oregon law) provides greater privacy protections for SUD records than HIPAA, we will follow the more restrictive law.
4. **Fundraising Communications Involving SUD Information**
   If we use or disclose any information, including SUD-related information, for fundraising purposes, you have the right to opt out of receiving such communications at any time. Your decision will not affect your treatment or payment.

YOUR CHOICES: For certain health information, you can tell us your choices about what we share. If you have a preference for how we share your information in the situations described below, please contact our Privacy Officer and we will make reasonable efforts to follow your instructions.

For example, you have both the right and choice to tell us whether to: share information such as your PHI, general condition, or location with your family, close friends, or others involved in your care; and share information in a disaster relief situation, such as to a relief organization to assist with locating or notifying your family, close friends or others involved in your care.

Family and Friends: We may disclose health information about you to your family members or friends when they are in your immediate presence. 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 disclose health 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 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 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.

For example, 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, written prescriptions or samples, medical supplies, x-rays.

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.

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, psychotherapy notes and genetic testing information. *For example:* The prohibition on the sale of protected health information without your expressed written authorization.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:

You have the following rights regarding health information we maintain about you.

RIGHT TO INSPECT AND OBTAIN COPIES: You have the right to inspect and obtain a copy of your health information, such as medical records, that we keep and use to make decisions about your care. You must submit a **written** request in order to inspect and/or obtain a copy of your health information records. Copies of records may be provided to you in an electronic or paper format depending on your **written** request and the technology in which the records are maintained. There is a charge for the cost of copying, mailing or other associated supplies.

Electronic format will include all records that are electronic and may include other records, including: Demographic and personal identifiers. **Drug/substance abuse** diagnostics, treatment, or referral information. **Mental health** conditions, treatment including psychotherapy notes. **AIDS/HIV** testing or conditions including laboratory results. **Genetic** testing diagnostics, treatment, or referral information. (This information cannot be excluded from electronic format.)

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 **written** MEDICAL RECORD AMENDMENT/ CORRECTION FORM, available at the clinic or online at www.southtabor.com, to: South Tabor Family Physicians LLP, 10803 SE Cherry Blossom Dr., Portland, OR 97216.

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.
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.

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 South Tabor Family Physicians LLP, 10803 SE Cherry Blossom Dr., Portland, OR 97216. It must state a time period, which may not be longer than six years and may not include dates before May 31, 2006. 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 that time before any costs are incurred.

You may request an accounting of your electronic health record and billing disclosures **in writing** for treatment, payment or healthcare operations for a three-year period, including business associate disclosures.

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. If you do not want your patient information for a specific visit disclosed to a health plan, you must make a written request or complete the Self-Pay Payment Agreement in advance of the visit and pay in full for items or services upon delivery. You also have the right to request a limit on 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.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment, or we are required by law to use or disclose the information.

To request restrictions, you may complete and submit the **written** REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION to.

South Tabor Family Physicians, LLP,
Attn: Medical Records,
10803 SE Cherry Blossom Dr.
Portland, OR 97216

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 **Authorization to Communicate Health & Financial Information** form available at the clinic or on our website at www.southtabor.com. 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 paper copy of our Notice of Privacy Practices at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain a paper copy of your medical records, contact your medical office, or the Privacy Officer at the phone address listed on this notice.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with our office or with the HHS Office for Civil Rights at: https://www.hhs.gov/hipaa/filing-a-complaint/index.html. To file a complaint with our office, contact **Administrator**, South Tabor Family Physicians LLP, (503)261-7222. ***You will not be penalized for filing a complaint.***