



Notice of Privacy Practices

EFFECTIVE DATE: 01/05/2026

SUMMARY

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

For those with Part 2 Records, this notice also describes:

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

You have the right to a copy of this notice (in paper or electronic form) and to discuss it with BestCare Compliance. Contact us 541-668-8438 and compliance@bestcarentrt.org if you have any questions.

WHO ARE WE? BestCare Treatment Services, Inc. ("BestCare") is a non-profit healthcare provider organization. BestCare provides an array of healthcare services, including mental health and substance use diagnosis, treatment, and referral treatment. Our mission is to advocate and provide compassionate care in the treatment and prevention of addictions and mental illness. BestCare consists of employed doctors, nurses, employees, and other healthcare professionals and volunteers. This notice applies to these individuals as well as all services that are provided to you at any of our facilities and locations.

BestCare uses an integrated care model in which members of your care team work together to provide coordinated, comprehensive care by understanding your whole-person health needs, connecting you to appropriate services, and communicating regularly with you and with each other. BestCare creates a record of services you receive through our programs. We understand that health information about you is highly personal. Health information that identifies you includes your medical record and other information relating to your care or payment for services and is referred to as "protected health information" or "health information". When we need to use or disclose it, we will comply with the terms of this Notice. Anytime we are permitted to or required to share your protected health information with others, we only provide the **minimum** amount of data **necessary** to respond to the need or request unless otherwise permitted by law.

WHY DO YOU NEED THIS NOTICE? BestCare is **committed to protecting the privacy of health information** we create or receive about you. Our guidelines for accessing your protected health information are in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 CFR Parts 142, 160, 162, 164, and 42 CFR Part 2 ("Part 2"), and the laws of Oregon. In general, we may use or disclose your protected health information as described in this Notice.

If your protected health information is subject to additional HIPAA, state, or other privacy restrictions, we may use or disclose protected health information containing such information only when (1) you give us your written authorization on a form that complies with HIPAA, Part 2, and/or such state law; or (2) there is an exception as described in this Notice such as, but not limited to, uses and disclosures made pursuant to a court order, medical emergency or for public health purposes.

III. OUR TYPICAL USES AND DISCLOSURES

We are permitted by law to use and disclose your protected health information without your written or other form of authorization in certain circumstances. *The following applies only to our use and disclosure of your protected health information, generally. If you receive services from our Part 2 programs, your Part 2 records may not be used and disclosed without your written consent except as described below in section V.*

		Example
Treatment	<ul style="list-style-type: none"> • We can use your health information and share it with other professionals who are treating you. 	Our providers may talk with your primary care provider about your latest visit to determine the best treatment plan for you.
Payment	<ul style="list-style-type: none"> • We can use and share your health information to bill and get payment for the services we provide to you. 	We send your information to your health insurance plan so it will pay for your services.
Health Care Operations	<ul style="list-style-type: none"> • We can use and share your health information to run our practice, improve your care, and contact you when necessary. 	We use health information about you to improve the quality of the care we deliver to you.
Business Associates/ Qualified Service Organizations	<ul style="list-style-type: none"> • We carefully contract with companies that help us run our organization, but only after they sign strict agreements to protect your privacy. 	Legal, billing, transcription, consulting, EMR hosting activities
Reminders	<ul style="list-style-type: none"> • You may be contacted to remind you about scheduling appointments, needed services, other follow-up care, or billing. 	We may send you a text message to confirm an upcoming appointment.
Health Information Exchanges	<ul style="list-style-type: none"> • Sharing health information through secure systems so your providers or other healthcare entities can access, as permitted by law, records to coordinate and take care of you. 	OCHIN Care Collaborative, EPIC Care Everywhere, Reliance, UniteUS, PointClickConnect
Substance Use Disorder (SUD) Information	<ul style="list-style-type: none"> • If we receive or maintain any SUD information about you from another provider, including a provider subject to Part 2, and you have authorized that provider to make a disclosure of your SUD info for treatment, payment, and healthcare operations, we may use and disclose this information as permitted by HIPAA and described in this Notice without the need for additional consent from you. • <i>If we receive or maintain your SUD information through specific consent, we will use and disclose the information only as expressly permitted by you in your consent as provided to us. See section V.</i> 	
Treatment, Payment, Healthcare Operations (TPO) Consent	<ul style="list-style-type: none"> • Written authorization for treatment, payment, or healthcare operations (“TPO”) may be obtained once from you if you receive services from BestCare. • The TPO Consent can be used for all <u>current and future</u> uses for treatment, payment and healthcare operations purposes of all your Part 2 records without further written consent from you. • You retain your right to revoke TPO consent, as with other specific consents, at any time. Contact medicalrecords@besttreatment.org to revoke an authorization/consent or ask front desk staff. 	

IV. HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. Other uses and disclosures not described in this notice will be made only with your written authorization.

Public health and safety issues	<ul style="list-style-type: none"> • We can share health information about you for certain situations such as but not limited to preventing disease, reporting adverse reactions to
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	medications, reporting suspected abuse/neglect/or domestic violence, or reducing a serious threat to anyone's health or safety
Research	<ul style="list-style-type: none"> • We can use or share your information for health research.
Comply with legal requests	<ul style="list-style-type: none"> • We share information about you when required by law, including with the Dept. of Health and Human Services to show compliance with privacy rules.
Organ and tissue donation requests	<ul style="list-style-type: none"> • If you are an organ donor, we may share your health information with organ donation groups.
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation	<ul style="list-style-type: none"> • We can use or share health information about you for workers' compensation claims.
Law enforcement	<ul style="list-style-type: none"> • We may share health information to authorized officials for law enforcement purposes (ex: to report a crime on our premises or against our staff)
Health oversight and other government requests	<ul style="list-style-type: none"> • We may share your health information with health oversight agencies for activities authorized by law. Information may be released for special government functions (ex: military, national security)
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order, or in response to a subpoena.

V. NOTICE TO PATIENTS OF FEDERAL CONFIDENTIALITY REQUIREMENTS UNDER 42 CFR PART 2

In addition to HIPAA privacy protections, records from BestCare departments/sites that are Part 2 programs or have been received from other Part 2 programs are protected by another federal law referred to as "Part 2". Part 2, in some situations, is more protective of your information than HIPAA. When required, BestCare will follow the more protective requirements. Generally, a Part 2 Program may only acknowledge that an individual is present or disclose outside the Part 2 Program information identifying a patient as having or having had a substance use disorder in the following instances:

- The patient's written consent is obtained in accordance with subpart C of Part 2,
- An authorizing court order is entered in accordance with subpart E of Part 2,
- The patient's records are disclosed to medical personnel to the extent necessary to meet a bona fide medical emergency (42 CFR § 2.51),
- The disclosure is for the purpose of conducting scientific research (42 CFR § 2.52), or
- The disclosure is for the purpose of an audit or evaluation (42 CFR § 2.53).

If a patient commits a crime on the premises of the Part 2 Program or against personnel of the Part 2 Program, information related to the commission of that crime is not protected. Initial reports of suspected child abuse and neglect made under state law to appropriate state or local authorities are not protected.

We **may not** disclose Part 2 records or testimony relaying the content of such records, for use or disclosure in any civil, criminal, administrative, or legislative proceedings without your written consent or an authorizing court order requiring us to do so. Court orders for Part 2 records or testimony on those records must be accompanied by a subpoena or other similar legal mandate requiring BestCare to disclose them without your written consent.

Violating Part 2 is a crime. Suspected violations of Part 2 may be reported to:

BestCare Privacy Officer
PO Box 1710, Redmond, OR 97756
Phone: 541-668-8438
Email: compliance@bestcarentrtment.org

United States Attorney
Phone: 503-727-1000
Email: usaor.webmaster@usdoj.gov

YOUR RIGHTS

You have the following rights regarding your health information:

Get an electronic or paper copy of your medical record	<ul style="list-style-type: none"> • You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. • We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Request to correct your medical record	<ul style="list-style-type: none"> • You can ask us to correct or amend health information about you that you think is incorrect or incomplete. Ask us how to do this. • We may say “no” to your request. If so, we will provide you with an explanation within 60 days.
Request confidential communications	<ul style="list-style-type: none"> • You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will say “yes” to reasonable requests.
Ask us to limit what we use or share	<ul style="list-style-type: none"> • You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it affects your care. • If you pay for a service out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
Request an accounting of disclosures	<ul style="list-style-type: none"> • You can ask for a list of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. You can also ask for a list of disclosures by an intermediary. • We will include all the disclosures, except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another within 12 months. • Requests for accounting of disclosures must be made in writing. Contact our Privacy Officer
Get a copy of this privacy notice	<ul style="list-style-type: none"> • You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly
Notice of Breach	<ul style="list-style-type: none"> • We take very seriously the confidentiality of our patients’ information, and we are required by law to protect the privacy and security of your protected health information through appropriate safeguards. We will notify you in the event a breach occurs involving your unsecured protected health information and inform you of what steps you may need to take to protect yourself.
To provide authorization for other uses and disclosures	<ul style="list-style-type: none"> • We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing.
Revoke authorization	<ul style="list-style-type: none"> • If you have given us written consent to use or disclose your health information, you may revoke (“cancel”) it at any time. Simply contact medicalrecords@bestcarenment.org or ask front desk staff for help. We must get your revoke in writing. It must include your name, address, telephone number, date of the authorization you wish to revoke, your signature, and date. After you revoke your consent, we will no longer use or disclose your health information for the reasons described in the consent.
Opt-Out of HIEs	<ul style="list-style-type: none"> • The sharing of your health information is to provide faster access, better coordination of care, and assist providers and other healthcare entities make more informed decisions in your care. We may share information about you electronically with other organizations. Information that requires a signed consent by you for sharing though HIE will not be made available to an HIE without your authorization. If you do not want information about you to be shared in this way, you may opt out. Simply contact the Privacy Officer or ask front desk staff to help.
Choose someone to act for you	<ul style="list-style-type: none"> • If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.

To opt out of fundraising communications	<ul style="list-style-type: none"> • If we send fundraising communications, you can opt out of it at any time without affecting your treatment. Simply contact our Privacy Officer or use the opt-out option on any fundraising materials.
File a complaint	<ul style="list-style-type: none"> • If you believe your rights have been violated, you may file a complaint by contacting: BestCare Privacy Officer PO Box 1710, Redmond, OR 97756 Phone : 541-668-8438 Email: compliance@bestcaretreatment.org • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share.

In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none"> • Share information with your family, close friends, or others involved in your care • Share information in a disaster relief situation <p><i>If you cannot tell us your preference (ex. if you are unconscious), we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i></p>
In these cases, we never share your information unless you give us written permission:	<ul style="list-style-type: none"> • Marketing purposes • Sale of your information • Most sharing of psychotherapy notes • Most sharing of Part 2 records

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information. We regularly train our workforce on privacy policies, security practices, and updates state and federal regulations to ensure your information is handled appropriately.
- We carefully contract with companies that help us run our organization, but only after they sign strict agreements to protect your privacy.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and offer you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Notice Regarding the Use of Technology

BestCare is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of BestCare, OCHIN supplies information technology and related services to BestCare and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and access clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by BestCare with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operations can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present, and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw

this consent; however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided with a list of entities to which your information has been disclosed.

Telehealth

If you get care through telehealth, we will keep your information private and secure during online visits. If telehealth is appropriate, before your visit we will obtain your consent and explain the technology we use, including any limits it may have.

Use Artificial Intelligence (AI) in Your Care

We may use computer tools called AI to help with clinical decision-making, quality assurance, and administrative tasks. AI does not make decisions by itself. All AI-assisted recommendations are reviewed by qualified healthcare professionals. If you have concerns about AI in your care, talk to your provider.

Changes to this Notice

We can change the terms of this notice, and the changes will apply to all the information we have about you. The new notice will be available upon request, in our office, and on our website.

For questions or to use any of the rights listed above, please contact:

BestCare Treatment Services Attn: Privacy Officer

PO Box 1710 Redmond, OR 97756

Email: compliance@bestcarentreatment.org

Phone: 541-668-8438