



INTERLINK Care Management, Inc.

Notice of Privacy Practices

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.

Uses and Disclosures

Treatment – Your health information may be used or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. We will never sell your health information or use it for marketing purposes.

Payment – Your health information may be used to bill or receive payment from health plans or other entities. For example, your health plan may request and receive information on dates of service and the services provided in order to pay for these services.

Health care operations – Your health information may be used to support the day-to-day activities and management of INTERLINK Care Management, Inc. For example, we use health information about you to manage your treatment and services.

Law enforcement – Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting – Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain diseases to the state's public health department.

Other uses and disclosures require your authorization – Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. You have the right to revoke your authorization by sending a written request to the individual listed on this Notice at any time. We must honor your request, except to the extent that we have already disclosed information under your prior authorization.

Information about treatments – Your health information may be used to send you information you may find interesting on the treatment and management of your medical condition.

Individual Rights

You have certain rights under the federal privacy standards. These include the right to:

- Request restrictions on the use and disclosure of your protected health information
- Receive confidential communications concerning your medical condition and treatment
- Inspect and copy your protected health information
- Amend or submit corrections to your protected health information
- Receive an accounting of how and to whom your protected health information has been disclosed
- Receive a printed copy of this notice



Requests to inspect protected health information – You may generally inspect or copy the protected health information we maintain. You may obtain a form to request access to your records by contacting the Director of Care Management or General Counsel. Your request will be reviewed and approved unless there are legal or medical reasons to deny the request.

INTERLINK Care Management, Inc. Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We are also required to abide by the privacy policies and practices outlined in this notice.

Right to revise privacy practices – We can change the terms of this notice and those changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our web site.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

**General Counsel
INTERLINK Care Management, Inc.
4660 NE Belknap Ct, Suite 209
Hillsboro OR 97124**

If you believe your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Information

For further information concerning our privacy practices, please contact:

**Director of Care Management
INTERLINK Care Management, Inc.
4660 NE Belknap Ct, Suite 209
Hillsboro OR 97124
877.640.9610**



INTERLINK Care Management, Inc.
Acknowledgement of Receipt of Notice of Privacy Practices

I received and understand the Privacy Policy of INTERLINK Care Management, Inc.

Member Name: _____

Member Signature: _____ Date: _____

Parent/Guardian/ Representative Signature: _____

Relationship to Member: _____ Date: _____

Please send completed form to INTERLINK Care Management, Inc. by:

- **Fax: 503.640.6277 or**
- **Mail: 4660 NE Belknap Court, Suite 209, Hillsboro OR 97123**

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because (check one):

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify): _____