

**OREGON ATTORNEY ASSISTANCE PROGRAM
NOTICE OF PRIVACY PRACTICES**

The Oregon Attorney Assistance Program (OAAP) provides completely confidential assistance, advice, and training to attorneys to encourage them to seek the assistance they need.

The confidentiality of the OAAP is protected by ORS 9.568; ORPC 8.3(c)(3); OSB Bylaws, Article 24; and PLF Policies 6.150, 6.200, and 6.300. Pursuant to these rules:

- Information provided to, or obtained by, the OAAP is confidential;
- Information provided to, or obtained by, the OAAP is not discoverable or admissible in any civil proceeding without the consent of the attorney to whom the information pertains;
- Information provided to, or obtained by, the OAAP is not discoverable or admissible in any disciplinary proceeding, except to the extent of the rules of procedure adopted pursuant to ORS 9.542 and OSB BR 5.9 (attorney advises disciplinary counsel of intention to admit testimony of OAAP participation in disciplinary proceedings);
- Neither the PLF Board of Directors nor the Oregon State Bar Board of Governors will request or require disclosure of the names of participants in the OAAP;
- No information learned about, or provided by, an attorney shall be disclosed to the Oregon State Bar (including its disciplinary staff); and
- Attorneys who learn about ethical violations of another attorney at a support group or other OAAP program are exempt from reporting the attorney to the Oregon State Bar.

Generally, the OAAP does not maintain individual files on your participation in the OAAP unless you authorize the OAAP to:

1. Secure or obtain information about your health plan coverage for services that we refer you to; or
2. Coordinate our services with other providers of your health care.

In those instances, the OAAP will ask for your written authorization to request records and exchange information to provide the services you request. The information we receive in response to these requests may include: your health insurance policy; information relating to your past, present, or future physical or mental health; treatment records for past or present physical or mental health treatment; and the payment method for your past, present, or future health care. The temporary file that we have may include these items and other information pertaining to your care. The information will be destroyed or returned to you when our services are no longer needed.

The OAAP is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. The OAAP is required to abide by the terms of its current privacy notice.

(Over Please)

THIS NOTICE DESCRIBES HOW THE MEDICAL INFORMATION YOU HAVE AUTHORIZED US TO HAVE MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO IT. PLEASE REVIEW IT CAREFULLY.

The OAAP will not use or disclose any information that identifies you unless you allow us to do so by written authorization. The exceptions are as follows:

1. To avert a serious, imminent threat to your health or safety or that of another person.
2. To comply with legal obligations such as a duty to report child or elder abuse (ORS 419B.010, ORS 124.060) or to comply with other legal obligations required by state or federal law.

You are entitled to the following rights, so long as you put your request in writing:

1. The right to revoke written authorization provided to us.
2. The right to inspect and copy health information we have about you.
3. The right to amend any information we have about you.
4. The right to request that we communicate with you at a certain location or in a certain way, such as by phone, e-mail, or mail. (Please be sure to discuss this matter directly with your OAAP attorney counselor.)
5. The right to receive an accounting of disclosures.
6. The right to contact our privacy officer about your concerns and to file written complaints with the Director, Office of Civil Rights, U.S. Department of Health and Human Services. Upon request, the privacy officer will provide you with the address for the director. The OAAP will not retaliate against any person who files a complaint.
7. The right to receive a paper copy of this notice upon request.

These rights must be exercised in conformance with state and federal law.

This notice is provided pursuant to the Health Insurance Portability and Accountability Act of 1996. The OAAP has the legal right to change the terms of this notice. If we do change this notice, the new notice terms will be effective for all information that we maintain. We will post a new notice in our office, and it will be available from our privacy officer.

Shari R. Gregory
OAAP Assistant Director/Privacy Officer
520 SW Yamhill, Ste. 1050
Portland, OR 97204
503-226-1057 or 1-800-321-OAAP

This notice is effective on September 1, 2009.