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Pacific Sage LLC, Pacific Sage Primary Care, and Pacific Sage Medical Services
Mailing Address: 2660 NE Highway 20 Suite 610, #524
Bend, OR 97701

website: www.pacificsage.org

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 the
Practice Manager at 541-762-2727.

This notice describes the information privacy practices followed by our employees, staff, and other office personnel. The practices described in this notice will also be followed by staff/nurses/providers with whom we have arranged to provide "call coverage" for our practice.

This notice applies to the information and records we have about your health, health status, and the health care and 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, prescriptions, and similar types of health-related information.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose your health information and describes your rights and our obligations regarding the use and disclosure of that information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

We may use and disclose health information for the following reasons:

For Treatment: We may use your health information to provide you with medical treatment and coordination of care within or outside of our practice. We may need to disclose your health information to other providers, nurses, technicians, office staff, laboratories, imaging facilities, hospital facilities, or other personnel who are involved in your health care.

For Payment: We may disclose your health information to submit billing to your health plan or a designated third party for payment of services you receive at this office. We may also be required to disclose your health information in order to obtain prior authorizations when required, or to determine whether your plan will cover the needed treatment.

For Health Care Operations: We may use and disclose your health information to run the practice and to ensure that all of our patients receive quality care. This may include our practice's inclusion in quality care initiative programs.

Appointment Reminders: We may contact you as a reminder that you have an appointment for treatment or medical care. We may leave a generic (non-specific as to medical information) appointment reminder messages on your voice-mail or with a person answering your phone.

SPECIAL SITUATIONS:

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirement and limitations:

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.

Research: We may use and disclose health information about you for health research projects.

Organ and Tissue Donations: 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 such donation and transplantation.

Worker's Compensation: We may release health information about you for workers' compensation claims.

Public Health Risks: We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medication, or problems with products.

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 state and federal agencies to monitor the health care systems, government programs, and compliance with civil rights laws.

Legal Requests: We may disclose health information about you in response to a court order or administrative order, search warrant, or subpoena.

Law Enforcement: We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

National Security: We may release health information for special government functions such as military, national security, and presidential protective services.

Coroners, Medical Examiners, and Funeral Directors: We may release health information to a coroner or medical examiner.

Family and Friends: We may disclose health information about you to your family members or friends if we obtain your written agreement to do so. We may disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgement, that you would not object and/or in the event you are not capable of giving consent due to your incapacity in a medical emergency.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION:

We can use and share health information about you through electronic health information exchanges so that information is readily available to participating healthcare providers, regardless of where they are treating you. Health information exchanges are also used to improve treatment, billing, and operations.

You may choose to opt-out of healthcare providers accessing of your health information through the exchange. If you choose to do so, you must complete an opt-out form. This form can be obtained from our office.

AUTHORIZATION:

When you give us required 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.

If we have HIV, substance abuse information, or genetic information about you, we cannot release that information without your specific 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 Copy: You have the right to inspect and/or obtain a copy of your health information. You must submit a written request to our office. If you request a copy of the information, we may charge a fee for the costs of

copying, mailing, or other associated supplies. We may deny your request to inspect and/or copy in certain circumstances.

Right to Amend: If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must complete and submit an amendment request form which can be obtained from our office. We may deny your request if you ask us to amend information that: a.) We did not create, b.) Is not part of the health information that we keep, c.) in our professional opinion is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures”, if the disclosures are for purposes other than treatment, payment, and health care operations. To obtain a list, you must submit your request **in writing** to our office. It must state a time period which may not be longer than six years and may not include dates before January 15, 2024.

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. You also have the right to request a limit on the health information we disclose about you to someone that is involved in your care. **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 emergency treatment. To request restrictions, you may complete the appropriate form which can be obtained from our office.

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. To request confidential communications, you may complete the required form which can be obtained from our office. 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 request a copy of this notice at any time and can also obtain a copy where we will have it posted on our website.

CHANGES TO THE TERMS OF THIS NOTICE:

We reserve the right to change this notice, and the changes will apply to all medical information we have about you as well as any information we receive in the future. A copy of the current notice will be available in our office and will be posted on our website.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office:

Pacific Sage LLC / Attention: Practice Manager

2660 NE Highway 20 Suite 610, #524

Bend, OR 97701

541-762-2727

OR

Contact the U.S. Department of Health and Human Services: Office for Civil Rights:

By Mail: Michael Leoz, Regional Manager (Pacific Region) Office for Civil Rights U.S. Department of Health and Human Services 90 7 th Street, Suite 4-100 San Francisco, CA 94103	OR By Calling: 800-368-1019; Hearing Impaired 800-537-7697 OR By visiting www.hhs.gov/hipaa/filing-a-complaint/index.html OR By emailing ocrmail@hhs.gov
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There will be no penalty or retaliation for filing a complaint.

1 Electronic Consumer Disclosure

Consumer Disclosure Regarding Electronic Business Transactions, Receiving Electronic Notices and Disclosures, and Signing Documents Electronically

From time to time, Tebra Technologies, Inc. (formerly known as Kareo, Inc.), including its subsidiary PatientPop, Inc. (we, us, or Tebra), may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically. Please read the information below carefully and thoroughly. By proceeding, you are agreeing that you have reviewed the following consumer disclosure information and consent to transact business using electronic communications, to receive notices and disclosures electronically, and to utilize electronic signatures in lieu of using paper documents.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You may request delivery of such paper copies from us by following the procedure described below.

Required hardware and software

The minimum system requirements for using our platform may change over time. The current system runs the latest versions of the Chrome, Firefox, Microsoft Edge, and Safari browsers.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. If at any point after withdrawing consent you proceed forward and use the electronic signature system, you are once again consenting to receive notices, disclosures, or documents electronically. You may withdraw consent to receive electronic notices and disclosures and optionally electronic signatures by following the procedures described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures.

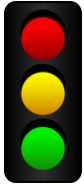
All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through our platform or via email all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

Requesting paper copies, withdrawing consent, and updating contact information

To request paper copies of documents, withdraw consent to conduct business electronically and receive documents, notices, or disclosures electronically or sign documents electronically, please contact us by sending an email to legal@tebra.com or by postal mail at Tebra Technologies, 1111 Bayside Drive, Suite 150, Corona del Mar, CA 92625, Attn: Legal, and include the following information:

- **Requesting Paper Copies:** Please provide your name, email, telephone number, postal address and document title.
- **Withdraw Consent:** Please provide your name, email, date, telephone number, postal address.
- **Update Contact Information:** Please provide your name, email, telephone number and postal address.



Getting Care: Pacific Sage Primary Care Normal Business Hours

Monday, Tuesday, Wednesday, Thursday, Friday 9am to 5pm

EMERGENCIES:

If you are having an urgent and life threatening emergency such as trouble breathing, choking, severe head injury, seizure, severe burns, poison ingestion, chest pain, signs of stroke, heavy bleeding, suicidal thoughts, **call 911 or visit an emergency room right away.**

ESTABLISHED PATIENT URGENT CONCERNS or SAME-DAY SCHEDULING ISSUES

Call 541-640-7243 and select option 2 then 2 to speak with the on-call nurse. They can get a message to us within an hour and can give you medical advice on the phone. You could also consider going to an urgent care if we can't address your needs in a timely manner.

Examples of urgent calls include:

1. Same-day scheduling concerns (need to cancel or change times)
2. Urgent Medical Questions (but not life-threatening): colds or flu, cough, sinus infection, sore throat, ear pain, nausea and/or vomiting, diarrhea, persistent high fever, minor infections, minor burns, minor cuts, minor fractures.
3. Urgent Care Coordination Issues that must be addressed same-day

ESTABLISHED PATIENTS NON-URGENT CONCERNS

NORMAL BUSINESS HOURS:

Call 541-640-7243 and select option 2 then 1 to leave a voicemail or send a message in your online portal. We do our best to address these concerns by 5pm same business day.

AFTER HOURS:

Call 541-640-7243 and select option 2 then 1 to leave a voicemail or send a message in your online portal. We do our best to address these concerns by 9am next business day.

Examples of non-urgent calls include requests for:

1. Prescription refills
2. Non-Urgent Medical Questions
3. Scheduling Concern (except same-day scheduling concerns)
4. Administrative concerns
5. Follow up Results: labs, studies, imaging
6. Non-urgent care coordination issues that can wait until next business day

If you are having a problem and are not sure which option to choose (red, yellow, or green), you can always call 541-640-7243 and select option 2 then 2 to speak with the on-call nurse and they can help you.

