

NOTICE OF PRIVACY PRACTICES



315 SW Fifth Avenue, Suite 900
Portland, Oregon 97204
503-416-4100 or 800-224-4840
800-735-2900 (TTY/TDD)
Daily 8 am — 8 pm
www.careoregonadvantage.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 need help understanding this notice, call CareOregon and CareOregon Advantage at 503-416-4100 or 1-800-224-4840. TTY/TDD users should call 1-800-735-2900. Ask to speak to a Customer Service Representative.

HOW CAREOREGON AND CAREOREGON ADVANTAGE FOLLOW THIS NOTICE:

This notice describes how CareOregon and CareOregon Advantage use and give out your health information. CareOregon and CareOregon Advantage are required by law to maintain the privacy of member health information and to provide you with this notice. This notice tells you about our legal duties and how we protect your privacy. We are required to comply with the rules shown here.

OUR PROMISE TO YOU REGARDING YOUR HEALTH INFORMATION:

We keep records about CareOregon and CareOregon Advantage members to be sure we have accurate information about how we give you services. CareOregon and CareOregon Advantage staff understand that your health information is personal and we protect it.

HOW WE MAY USE AND GIVE OUT YOUR HEALTH INFORMATION:

CareOregon and CareOregon Advantage inform members of our policies and procedures about the collection, use and disclosure of members' **protected health information (PHI)** including:

- CareOregon and CareOregon Advantage's routine use and disclosure of PHI
- Use of authorizations
- Access to PHI
- Internal protection of oral, written and electronic PHI across the organization
- Protection of information disclosed to plan sponsors or employees

Privacy and security laws in Oregon and the United States require CareOregon and CareOregon Advantage to protect your PHI. There are at least three ways to hear, read and store your PHI. PHI may be spoken (oral), written (on paper) or electronic (stored in a computer). CareOregon and CareOregon Advantage have many ways to protect your PHI, such as locks, passwords and firewalls. Only people who need your PHI for health care operations, coordinating your care and other reasons explained below are allowed to see your PHI.

For health care operations:

We may use your PHI for health care operations. That means we use your PHI to operate the business of being a health plan and provide services to you. Some of those ways are listed below.

For coordination of your care:

We use your information to manage your health care. This means that we may talk with your provider, pharmacist and/or other clinics, agencies or facilities about providing services to you. We might also send your provider or pharmacist a report with your name on it that shows him or her certain information about his or her patients. For example, we might send a provider a report that lists all of the provider's patients who were seen in a hospital emergency room during the past month.

We may use your PHI to make sure that you are seeing the correct provider for your health issues and that you are receiving appropriate care and treatment.

After-hours help for unassigned members may be provided by another agency that we contract with to provide those services. When they provide services to our members, information may be shared for coordination of care.

Protection of your Personal Health Information (PHI):

Privacy and security laws in Oregon and the United States require CareOregon to protect your personal health information (PHI). Because PHI may be communications that are either spoken (oral), written (on paper) or electronic (stored in a computer), CareOregon has many ways to keep it safe. We use methods such as cabinet locks for paper records, and passwords, encryption and firewalls for our computer systems. Paper and film records that are no longer needed are shredded or destroyed in such a way that your PHI cannot be read or reconstructed. Electronic information is cleared, purged or destroyed so that PHI cannot be retrieved. Also, only people who need this information to do their jobs are allowed to see your PHI.

Health-related benefits and services:

For payment:

We may use your PHI so that the treatment, equipment or medications that you were given at your provider's office, a clinic, the hospital, pharmacy or another facility can be paid for. For example, your provider may send us information about a simple surgery that you had at a clinic so that he/she can be paid for taking care of you. We would look at that information so we can pay the provider correctly.

Quality improvement:

We use health information for quality improvement to make sure that all CareOregon and CareOregon Advantage members get high-quality health care. For example, we might give information about you to a company so they can mail you a survey about the health care you received. We would use the information you give us to help your providers with any changes they need to make to improve quality of care.

Planning:

We use PHI to make sure we are offering the right kinds of health services. For example, we may look at your PHI and PHI of other CareOregon and/or CareOregon Advantage members to see if we should offer different or better services to members.

Treatment alternatives:

We may use your PHI to tell you about services in which you might be interested. You may send CareOregon and/or CareOregon Advantage a written request telling us not to send you that type of information. We might give your PHI to your provider or pharmacist if we contact them about using other treatments or medications for you than those you are receiving now.

Division of Medical Assistance Programs (DMAP):

Because we are funded by DMAP, they require us to give them certain information about CareOregon and CareOregon Advantage members. For example, they may want to know how many services were provided to newborns during the past year.

Research:

We may use your PHI or let a person use your PHI for a research project. However, most of the information CareOregon and CareOregon Advantage use for research does not have your name or any other information on it that could identify you. An outside review board has to approve research projects when they use records with your name or other private information on them.

For example, a research project might compare the health of all patients who took one kind of medicine with the health of patients who took another kind of medicine to see which group of patients got better sooner. After we look at all the information, we might send out a report saying that a certain drug appears to treat a medical problem better than another drug does. Before we can do a study like that, the project has to be approved by the outside review board.

Special Situations:

Public health risks:

We may give information out for public health reasons. For example, we may:

- Notify police or other state or local authorities if we believe that a member has been the victim of abuse, neglect or domestic violence. We only do this if the member agrees or if we are required to do that by law.
- Notify people about recalls of medicines or medical equipment they may be using.

Health oversight activities:

We may give out medical information to agencies that monitor the health care system and government health programs, so the agency can make sure civil rights or privacy laws are being followed. For example, we might give out information to report fraud and abuse to appropriate authorities.

Law enforcement:

We may be required to give medical information to law enforcement officials. For example, a judge may require us to:

- Obey a court order, subpoena, warrant or summons that asks for medical information
- Respond to emergencies

As required by law:

We give out your PHI if we are required to do so by state, federal, county or city laws.

National security and intelligence activities:

We may give out your PHI if the law requires us to do so for intelligence or other national security activities.

Inmates:

If you are an inmate of a jail or prison or are in the custody of a police officer, we can give your PHI to that jail or officer so they can give you health care, protect your health or the health of someone else, or for jail safety.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

Right to inspect and copy your records:

You and your legal representatives have the right to review and obtain a copy of your CareOregon and CareOregon Advantage PHI and health plan records. Health plan records have information about eligibility, enrollment, payment, benefits, services and case management records used by CareOregon and CareOregon Advantage to make decisions about a person's eligibility or benefits. Usually, this information is billing records and some PHI that we get from providers, clinics and hospitals when they request payment.

To see your records and get a photocopy, you must send CareOregon and/or CareOregon Advantage a letter. The address is Compliance Officer, CareOregon, 315 SW Fifth Avenue, Suite 900, Portland, Oregon 97204. Someone can write the letter for you, but you must sign it.

Right to request a change in your records:

If you think that any PHI in your records is wrong or something is missing, you may ask us to change your PHI. You must send us a letter that states what you want to change and why you want the change.

We may tell you that we won't make the change if you don't give us your request in writing, or if the PHI was not created by us, or if we believe that your PHI is accurate and complete. If we do not make the change, we tell you how to ask us to review that decision.

Right to an accounting of disclosures:

You may ask us for a list of people to whom we have given your PHI. This does not include PHI we use to make sure you get treatment or that your treatment is paid for or that we need to help us serve you better. You must send us a letter asking us to give you that list. Someone can write the letter for you, but you must sign it.

Right to ask for restrictions:

You may ask us to restrict how we give out your PHI. You may ask us not to release your PHI to a health plan for payment or health care operations if the PHI relates to a health care item or service for which the provider has been paid in full out of pocket.

You may ask for limits on how we use your PHI. For example, to ask us to release your PHI only to your spouse, child or parent, you must complete these steps:

- 1 Send CareOregon or CareOregon Advantage a letter that asks us to restrict how we use your PHI.
- 2 Tell us which information you want to restrict and how you want us to limit disclosures.
- 3 Tell us to whom you want the limits to apply.

We are not required to do what you ask. If we don't agree, we would send you a letter telling you that. If that happens, you may send us a letter and ask that the Medical Director consider your request again.

You may request that releases of your PHI be restricted to a limited data set. A limited data set is PHI that does not include information that could identify you, such as your name and names of your relatives, employers or household members.

Other information that you could ask us to remove from releases of your PHI includes postal address information, other than town or city, state and ZIP code; telephone numbers; fax numbers; electronic mail (e-mail) addresses; Social Security numbers; medical record numbers; health plan beneficiary numbers; account numbers; certificate/license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers; Web Universal Resource Locators (URLs); Internet Protocol (IP) address numbers; biometric identifiers, including finger and voice prints; and/or full-face photographic images and any comparable images.

If we agree with your request, we would restrict the information.

Disclosure of PHI to family and friends:

We may disclose PHI to a family member, relative or friend—or anyone else you designate—as long as you are present prior to the use or disclosure and you agree or do not object. If you are not present (or you are incapacitated or in an emergency situation), we may determine that the disclosure of your PHI to a family member, relative or friend is in your best interests using our professional judgment and our experience with common practice. In these cases we will only disclose the PHI that is directly relevant to the person's involvement in your health care or payment related to your health care.

Right to request confidential communications:

You may make reasonable requests that we contact you about medical issues in a certain way or at a certain place. For example, you could ask us to contact you only at work or only by mail. To do that, you must send us a letter asking us to contact you only in the way you want. Our address is 315 SW Fifth Avenue, Suite 900, Portland, Oregon 97204.

Also, we may leave messages for you at your home, requesting that you call us back, reminding you about appointments or providing information about treatment alternatives or other health related benefits and services that may be of interest to you. For example, we may call to welcome you to our plan. If you are away, we may leave a message letting you know we called, and either leave a number for you to call us back, or we may let you know that we will call you again. If you do not want us to leave phone messages on your voice mail or with anyone who answers the phone when you are away, you must tell us either orally or in writing. You can send in your written request to the address above, or call 503-416-4100 or toll-free 1-800-224-4840 and ask to speak to a Customer Service Representative. TTY/TDD users can call 1-800-735-2900.

Right to a paper copy of this notice:

You have the right to receive a copy of this privacy notice at any time. You can ask us to send you a copy of the notice in an e-mail. To request a copy, call 503-416-4100 or toll-free 1-800-224-4840 and ask to speak to a Customer Service Representative. TTY/TDD users can call 1-800-735-2900.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice of privacy practices. If we change the notice, the changes would apply to information we already have about you. The changes would also apply to information we receive in the future. If we make several major changes to this notice, we will make it available to you.

HOW TO FILE A PRIVACY COMPLAINT OR REPORT A PRIVACY PROBLEM:

If you think your privacy rights are not being maintained, mail a letter of complaint to Compliance Officer, CareOregon, 315 SW Fifth Avenue, Suite 900, Portland, Oregon 97204.

Or, you may contact any agency listed below to file a privacy complaint. You may also contact them to report a problem with how CareOregon and/or CareOregon Advantage has used or disclosed your PHI.

IMPORTANT: *Your benefits will not be affected by any complaints you make. CareOregon and CareOregon Advantage cannot hold it against you if you file a complaint.*

Oregon Department of Human Services

Privacy Officer

500 Summer St NE, E24

Salem, OR 97301

Phones: 503-945-5780 (Salem) or toll-free 1-800-442-5238

Fax: 503-947-5396 (Salem)

TTY/TDD: 503-945-5928

E-mail: DHS.privacyhelp@state.or.us**Oregon Department of Human Services**

Governor's Advocacy Office

500 Summer St NE, E17

Salem, OR 97301-1097

Phone: 1-800-442-5238

Fax: 503-378-6532 (Salem)

TTY/TDD: 503-945-6214

E-mail: GAO.info@state.or.us**Office for Civil Rights**

Medical Privacy Complaint Division

US Dept. of Health and Human Services

200 Independence Ave SW,

HHH Building, Room 509 H

Washington DC 20201

Phone: 1-800-627-7748, TTY/TDD: 1-866-788-4989

E-mail: OCRcomplaint@hhs.gov**Centers for Medicare and Medicaid Services (CMS)**

CMS – Region 10

2201 Sixth Ave, MS-40

Seattle, WA 98121

Phone: 1-206-615-2306, Fax: 1-206-615-2027

For more information on this Notice of Privacy Practices:

Contact the CareOregon/ CareOregon Advantage Compliance Officer if you have any questions about this notice or if you want more information on privacy.

OTHER USES OF MEDICAL INFORMATION:

There may be other uses of your PHI that are not shown in this notice. If we want to use your information for those reasons, we would ask you to give us your written permission to do that. If you give us permission to use or give out your health information, you can change your mind at any time and ask CareOregon and/or CareOregon Advantage to stop using or giving out your PHI. If you do that, you understand that we are not able to take back any information that we already gave out. We are required to keep copies of our records about you.

If you give us written authorization to use or disclose specific information about vocational rehabilitation, HIV/AIDS, mental health, developmental disability, genetic testing or alcohol/drug abuse treatment, the authorization must clearly describe the information that may be disclosed and the purpose.

We must obtain your specific written authorization each time before we disclose PHI about vocational rehabilitation, HIV/AIDS, mental health, developmental disability, genetic testing or alcohol/drug abuse treatment.

If you have any questions or concerns about this notice, contact our Compliance Officer at 503-416-5785 or 1-800-224-4840.

Approved by: The HIPAA Steering Committee, Date: September 25, 2002
Revised: January 20, 2006, Approved by: The HIPAA Steering Committee
Date: February 1, 2006
Revised: 12/30/2009