



CareOregon

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Portland, OR 97204
503-416-4100
800-224-4840
www.careoregon.org

Notice of Privacy Practices

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 with this form, please call CareOregon and ask to speak to a Customer Advocate at (503) 416-4100 or 1-800-224-4840.

If you have any concerns about this notice, please contact our Privacy and Security Coordinator at (503) 416-1706 or 1-800-224-4840.

HOW CAREOREGON WILL FOLLOW THIS NOTICE:

This notice describes how CareOregon will use or give out your health information. CareOregon is required by law to maintain the privacy of member health information and to provide you with this notice. This notice will tell you about our legal duties, and about how we will protect your privacy. We are required to comply with the rules that we show here.

OUR PROMISE TO YOU REGARDING YOUR HEALTH INFORMATION:

CareOregon staff understands that your health information is personal. We will protect your health information. We create records about CareOregon members so we can keep records about how we give you services.

HOW WE MAY USE AND GIVE OUT YOUR HEALTH INFORMATION:

For Healthcare Operations:

We may use medical information about you for something called healthcare operations. That means we will use information about you so that we can operate the business of being a health plan, and so we can provide services to you. Some of those ways are listed below.

For Coordination of your care:

We will use your information for coordination of care. This means that we may talk with your provider, pharmacist, and/or some 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 the emergency room during the past month.

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

After hours assistance 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 in order for coordination of care.

Some times our members or a provider may request care that is not included on the approved list from the Oregon Office of Medical Assistance Program (OMAP.) This is called the prioritized list. When that happens, authorization/payment may be denied. If authorization/payment is denied, the member has the right to appeal the denial through CareOregon and OMAP. The appeal process may include having the member's records shown to a committee of health care providers who are not employees of CareOregon, so that they can review the case and make an appeal decision. If the member appeals through OMAP, records will be sent to the Hearings Unit and they will review them and make the appeal decision.

For payment:

We may use medical information about you 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 the clinic, so that he or she can get paid for taking care of you. We would look at that information so we can pay the provider correctly.

Another example is that we might need to contact you to tell you about how we are going to change the way that we will pay for certain treatments, or medication. For example, your provider might be prescribing a medication that we are going to stop paying for, because there is another medication available for you to take. If we did that, we would want to send you a letter telling you about that change.

Quality improvement:

We will use health information for quality improvement reasons, too. That means that health information will be used to make sure that all CareOregon members get high quality health care. For example, we might give some information about you to another company so that they can mail you a survey about the healthcare you received. We would then use the information we get back from you to help your provider make any changes they need to make for quality improvement reasons.

Another example of quality improvement activities might be that we would want to use a member's health information to review the qualifications of the member's provider and to make sure the provider is giving good medical care, and that the provider is following healthcare laws. Sometimes after we review the health information, we send a report to the providers telling them about the quality of the healthcare that they are giving to our members.

Sometimes after we review a member's health information we may ask a provider or pharmacist, or medical equipment provider to change how they are providing services, medication, or treatment to you, for quality improvement reasons.

Planning:

We will use health information to make sure we are offering the right kinds of services as a health plan. An example is that we may put your information together with the information about other CareOregon members and look at all of it to see if we should be offering different services or better services to our members than we do right now.

Appointment reminders:

We may call you or send you a letter to remind you that you have an appointment with your provider, a clinic, the hospital or another facility. You can ask us not to do that by sending a letter to the Privacy and Security Coordinator at CareOregon asking us not to send you those reminders.

Treatment alternatives:

We may use your medical information to tell you about alternative services that you might be interested in. You can ask us not to give you this kind of information. If you do that, you will need to send us a written notice telling us not to send you that type of information in the future.

We might also give information to your provider or pharmacist about using other treatments or medications for you than what you are receiving now.

Office of Medical Assistance Programs (OMAP):

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

Oregon Community Health Information Network (OCHIN):

The Oregon Community Health Information Network (OCHIN) is a statewide computer system that collects health information. This information is used to provide health care to the people that are seen in the clinics using OCHIN. For example, you may be seen at a clinic for some reason, and your name, address, and other information will be entered into the computer. That way, if you go to another clinic that uses OCHIN, they will have information about your health, so they can serve you better.

Health related benefits and services:

Research:

Sometimes we may use your medical information or let a person use your information for a research project. However, most of the information CareOregon uses for research does not have your name or any other information on it that can identify you. An outside review board also has to approve research projects when they use records with your name or other private information on them. For example, a research project might be comparing the health of all patients who took one kind of medicine instead of another kind of medicine, to see which group of patients got better sooner. After we have looked at all of 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 will have to be approved by the review board.

SPECIAL SITUATIONS:

Worker's Compensation:

We may be required to give information about you to worker's compensation or similar programs, if you are injured on the job. These programs pay for benefits for work-related injuries or illnesses.

Public health risks:

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

- To notify the police or other state or local authorities if we believe that a member has been the victim of abuse, neglect, or domestic violence. We will only do this if the member agrees or if we are required to do that by law.
- To notify people about recalls for 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:

- To obey a court order, subpoena, warrant, or summons telling us to do that.
- To help law enforcement identify or find a suspect, fugitive, witness or missing person.
- To report a death we think may be because of criminal activities.

- To report criminal things a hospital, a clinic, another facility, or provider may have done.
- To respond to emergency situations.

As required by law:

We will give out your health information if we are required to do that by state, federal, county, or city laws.

National security and intelligence activities:

We may give out health information about you if the law requires us to do that for intelligence or other national security activities that are required by law.

Protective services for the President of the United States and others:

If you make a threat against the President of the United States, government law enforcement officers can ask us to give them a copy of your health information.

Inmates:

If you are an inmate of a jail or prison or are under the custody of a police officer, we can give medical information about you to that person or jail. This information would be needed so they can give you health care, or to protect your health or the health of someone else, or for the safety of the jail.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

Right to inspect and copy your records:

You have the right to request to see your CareOregon medical information and records. Usually, this information is billing records and some medical information that we get from your provider, clinic, or hospital when they are requesting payment. To see and get a photocopy of your information, you will need to ask us to do that by writing us a letter. You can ask someone else to write the letter for you, but you need to sign it.

You have the right to one free photocopy of your health information each year. After that, we may charge a small fee for copying and mailing your information to you. We may deny your request under certain circumstances. If we do that, we will send you a letter telling you about how to appeal the denial. After the denial, you can send us a letter requesting that we ask for a committee called the Health Plan Decision Group to look at your request again.

Right to amend your records:

If you think that medical information that we have about you is wrong, or something is missing, you may ask us to amend your information. If you want to do that, you will need

to send us a letter telling us what you would like to have changed, and telling us why you want the change to be made. We may tell you that we won't make the change if you don't give us your request in writing, or if the information was not created by us, or if we believe that the information is accurate and complete. If we do that, we will tell you how to ask us to review that decision.

Right to an accounting of disclosures:

You have the right to ask us for a list of people that we have given your health information to. This does not include information we use to make sure you get treatment, or information that is used to make sure your treatment is paid for, or when we need it to help us serve you better. You will need to write us a letter asking us to give you that list. You can ask someone else to write the letter for you, but you need to sign it.

You may have one copy of your CareOregon health information records each year for free. If you ask for this information more often than that, we may charge you a fee.

Right to request restrictions:

You have the right to ask for a restriction on how the medical information that we have about you is given out. You also have the right to set a limit on how your information is used. For example you could ask us not to use or give out your medical information about a surgery you had. You will need to send us a letter telling us that you would like to request a restriction on how your medical information is used. You will need to tell us what information you want to limit. You will also need to tell us if you want to limit our use or disclosure of your health information. And, you will need to tell us who you want the limits to apply to, for example, your spouse, husband, wife, or parent. However, we are not required to do what you asked us to do. If we don't agree, we will send you a letter telling you that. If that happens, you can send us a letter and ask that the Health Plan Decision Group look at your request again. If we do agree with your request, we will restrict the information.

Right to request confidential communications:

You have the right to request that we contact you about medical issues in a certain way, or at a certain place. For example you can ask us to contact you only at work, or only by mail. If you want to do that, you will need to send us a letter asking us to contact you in that way. Our address is 522 SW Fifth, Suite 200, Portland, Oregon 97204.

Right to a paper copy of this notice:

You have the right to have a copy of this notice. You can ask us to give you a copy of this notice at any time. You can also ask us to send you a copy of the notice in an email. To request a copy, call and ask to speak to a Customer Advocate at 503-416-4100 or 1-800-224-4840.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice. If we change the notice of privacy practices, the changes will apply to the use of information we already have collected about you, as well as any information we receive in the future. If we make very many major changes to this notice, we will make it available to you.

COMPLAINTS:

If you think your privacy rights are not being met, you can file a letter of complaint with the Privacy and Security Coordinator at CareOregon, 522 SW Fifth, Suite 200, Portland, OR 97204.

You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Washington, D.C. 20201, and 1-877-696-6775.

OTHER USES OF MEDICAL INFORMATION:

There may be other uses of your medical information that are not shown on this notice. If we want to use your information for those things, we will 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 to stop using or giving out your health information. If you do that, you understand that we are not able to take back any information that we already gave out before. We are also required to keep copies of our records that we have about you.

DRUG AND ALCOHOL TREATMENT INFORMATION:

Nothing in this notice changes the Federal law that gives special protections to records about drug and alcohol treatment.

HIV:

Nothing in this notice changes the Oregon law that gives special protections to health information about Human Immunodeficiency Virus (HIV).

Approved by the HIPAA Steering Committee

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