



Oregon's Health  
CO-OP

## NOTICE OF PRIVACY PRACTICES

**This notice describes how health 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 Oregon's Health CO-OP ("CO-OP") at 503-488-2833 or 1-855-722-8207. TTY/TDD users should call 1-800-735-2900. Ask to speak to a Customer Service Representative.

### **HOW CO-OP FOLLOWS THIS NOTICE:**

This notice describes how CO-OP uses and discloses your health information. CO-OP is required by law to maintain the privacy of member health information, provide you with this notice and notify affected individuals following a breach of unsecured **protected health information (PHI)**. 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 CO-OP members to ensure accurate information about how we provide you with services. CO-OP staff understand that your health information is personal, and we protect it.

CO-OP informs members of our policies and procedures about the collection, use and disclosure of members' PHI including:

- CO-OP'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 CO-OP to protect your PHI. Only people who need your PHI for health care operations, coordinating your care and other reasons explained below are allowed to see your PHI.

Because PHI may be spoken (oral), written (on paper) or electronic (stored in a computer), CO-OP 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.

In some situations, federal and state laws may provide special protections for specific kinds of health information and may require authorization from you before we can disclose that specially protected PHI. Examples of PHI that is sometimes specially

protected include PHI involving mental health, HIV/AIDS, reproductive health or chemical dependency. We may refuse to disclose the specially protected PHI or we may contact you for the necessary authorization.

### **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:**

The following categories describe different ways that we use and disclose 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 treatment and coordination of your care:*

We use your information to manage your health care and facilitate medical treatment or services by providers. 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 it provides services to our members, information may be shared for coordination of care.

### **Health-Related Benefits and Services:**

#### *For payment:*

We may use your PHI so that the treatment, equipment or medications you were given at your provider's office, a clinic, the hospital, a 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 CO-OP members get high-quality health care. For example, we might give information about you to a company so it 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 CO-OP members to see if we should offer different or additional services to members.

*Treatment alternatives:*

We may use your PHI to tell you about services in which you might be interested. You may send CO-OP 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 him/her about using other treatments or medications for you than those you are receiving now.

*Research:*

We may use your PHI or let a person use your PHI for a research project under certain limited circumstances. However, most of the information CO-OP uses for research does not include your name or any other information that could identify you.

**Special Situations:**

*Public health activities:*

We may use PHI and disclose it to public health authorities or authorized persons to carry out certain activities related to public health, for example:

- To prevent or control disease, injury or disability;
- To report disease, injury, birth or death;
- To report child abuse or neglect;
- To report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration (FDA) or other activities related to quality, safety or effectiveness of FDA-regulated products or activities;
- To notify persons of recalls of products they may be using; or
- To notify a person who may have been exposed to a communicable disease, in order to control who may be at risk of contracting or spreading the disease.

*Health oversight activities:*

We may disclose PHI to agencies that monitor the health care system and government health programs, so the agencies 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 disclose PHI to law enforcement officials under certain conditions.

*Lawsuits and other legal proceedings:*

We may use or disclose PHI when required by a court or administrative order. We may also disclose PHI in response to subpoenas, discovery requests or other required legal process.

For example, a judge may require us to:

- Obey a court order, subpoena, warrant or summons that asks for health information; or
- 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.

*Business associates:*

We may share PHI with other parties called “business associates” who help us with providing services to you. We are required to sign contracts with these business associates that require them to protect PHI.

*Incidental disclosures:*

Disclosures that are incidental to permitted or required uses or disclosures under HIPAA are permissible, so long as we implement safeguards to avoid such disclosures, and we limit the PHI exposed through these incidental disclosures.

*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 it/he/she can provide you health care, to protect your health or the health of someone else, or for jail safety.

**Other Uses and Disclosures of PHI Require Your Authorization:**

All other uses and disclosures of PHI about you will be made only with your written authorization. We will not use or disclose your PHI without your authorization related to: (i) uses and disclosures for marketing purposes; (ii) uses and disclosures that constitute a sale of PHI; (iii) most uses and disclosures of psychotherapy notes; and (iv) other uses and disclosures not described in this notice. If you have authorized us to use or disclose PHI about you, you may later revoke your authorization at any time, except to the extent we have already taken action based on the authorization.

**YOUR RIGHTS REGARDING HEALTH 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 CO-OP PHI and health plan records. Health plan records have information about eligibility, enrollment, payment, benefits, services and case management that is used by CO-OP 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. Copies of your PHI may be obtained in an electronic or paper format, depending on your request, if the PHI is readably producible in such form and format. If not, copies will be provided in an alternative readable hard or electronic copy as agreed to by us and you. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request.

To see your records and get a photocopy, you must send CO-OP a letter. The address is Compliance Officer, Oregon’s Health CO-OP, 315 SW Fifth Avenue, Suite 201,

Portland, Oregon 97204. Someone can write the letter for you, but you must sign it.

*Right to request an amendment to your records:*

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

We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request. If we do not make the change, we will 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 is a list of disclosures made by us during a specified period of up to six years, but these do not include disclosures made: for treatment, payment and health care operations; to family members or friends involved in your care; to you directly; pursuant to an authorization by you or your personal representative; for certain notification purposes (including national security, intelligence, correctional and law enforcement purposes); as incidental disclosures that occur as a result of otherwise permitted disclosures; as part of a limited data set of information that does not directly identify you; and disclosures made before April 14, 2003. You must send us a letter asking us to give you the 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 have the right to request a restriction or limitation on your PHI that we may use for payment and health care operations. You may also 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 CO-OP 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 will 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.

*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 201, 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 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 your written request to the address above, or call 503-488-2833 or toll-free 1-855-722-8207 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 503-488-2833 or toll-free 1-855-722-8207 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, Oregon's Health CO-OP, 315 SW Fifth Avenue, Suite 201, Portland, Oregon 97204.

Or, you may contact the agencies listed below to file a privacy complaint. You may also contact them to report a problem with how CO-OP has used or disclosed your PHI.

**IMPORTANT:** *Your benefits will not be affected by any complaints you make. CO-OP cannot hold it against you if you file a complaint.*

**Office for Civil Rights**  
**U.S. Department of Health and Human Services**  
2201 Sixth Ave, MS-RX-11  
Seattle, WA 98121-1831  
Phone: 1-800-368-1019  
Fax: 1-206-615-2297  
TTY/TDD: 1-800-537-7697  
E-mail: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

**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 CO-OP 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.

**FOR MORE INFORMATION ON THIS NOTICE OF PRIVACY PRACTICES:**

**If you have any questions or concerns about this notice, contact our Compliance Officer at 503-388-5885.**