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## **Your Information. Your Rights. Our Responsibilities.**

This Notice of Privacy Practices tells how we may use or share medical information about you.

**Please review it carefully.**

If you need help understanding this notice, please call Customer Service at the number above.

### **Your protected health information**

#### **What is protected health information (PHI)?**

Your health records state your treatments, medications, procedures and more:

- ▶ Your address and phone number
- ▶ Eligibility information, such as income
- ▶ Member ID number
- ▶ Service received
- ▶ Case management

Our employees handle your information on paper, on the phone and on computers. We have systems to keep your health information safe and private. Employees are trained to protect your information.

### **Your rights**

**See page 2**

#### **You have the right to:**

- ▶ Get a copy of your medical record, on paper or electronic file
- ▶ Correct your paper or electronic medical record
- ▶ Ask for private communication
- ▶ Ask us to limit the information we share
- ▶ Get a list of those we showed your information
- ▶ Get a copy of this privacy notice
- ▶ Choose someone to act for you
- ▶ File a complaint if you believe your privacy rights have been violated

### **Your choices**

**See page 3**

#### **You have some choices in the way we use and share information when we:**

- ▶ Tell family and friends about your condition
- ▶ Provide disaster relief
- ▶ Provide mental health care

### **Our uses and disclosures**

**See pages 3 and 4**

#### **We may use and share your information as we:**

- ▶ Manage your care
- ▶ Work with your providers
- ▶ Run our health plan
- ▶ Pay your providers
- ▶ Do research
- ▶ Obey the law
- ▶ Address government requests
- ▶ Respond to lawsuits and legal actions
- ▶ Respond to organ and tissue donation requests
- ▶ Help with public health and safety issues
- ▶ Work with a medical examiner or funeral director

## Your rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our duties to help you.

### Get an electronic or paper copy of your medical records

- ▶ You can ask us for a copy of your medical records and other health information we have about you. Ask us how to do this.
- ▶ We will provide a copy or a summary of your health information. We can usually do this within 30 days of your request. We may charge a fair fee for this service.

### Ask us to correct your medical record

- ▶ You can ask us to fix health information you think is wrong or incomplete. Ask us how to do this.
- ▶ We are allowed to say “no.” If we do, we’ll tell you why, in writing, within 60 days.

### Request confidential communications

- ▶ You can ask us to contact you in a certain way. This includes telling us which phone or email to use, or which street address. You can ask us orally or in writing. **Our contact information is on Page 1.**
- ▶ We will say “yes” to all reasonable requests.
- ▶ You can ask us not to leave messages when we call you to:
  - Welcome you to our health plan
  - Remind you of an appointment
  - Talk to you about a treatment plan

### Ask us to limit what we use or share

- ▶ You can ask us not to use or share information for treatment, payment, or our operations. You can also ask us not to share your health information with certain people. To request limits:
  - Tell us in writing
  - Tell us exactly which information not to share
  - Name which people we should not share your information with
- ▶ We are not required to say yes. And we may say “no” if it would affect your care.
- ▶ You might pay the full amount for a service or health care item out of your own pocket. If so, you can ask us not to share that information for payment or operational purposes. We will say “yes,” unless a law says we cannot.

### Get a list of those with whom we’ve shared information

- ▶ You may ask for a list (accounting) of the times we’ve shared your health information over the past six years. You can ask who we shared it with and why.
- ▶ We are allowed to leave out some disclosures:
  - Treatment, payment and health plan operations
  - Family members and friends involved in your care
  - Correctional, law enforcement or national security purposes
- ▶ We give you one accounting a year for free.
- ▶ If you ask for another one within 12 months, we are allowed to charge a fair fee for this service.

### Get a copy of this privacy notice

- ▶ You can choose to get an electronic version of this notice. You can get a paper copy, too, any time you ask.

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## Your rights (continued)

### Choose someone to act for you

- ▶ You may have given someone medical power of attorney. Or, someone may be your legal guardian. This person can make choices about your health and your health information.
- ▶ If someone tries to act for you, we will make sure the person has the legal authority to do so.

### File a complaint if you feel your rights are violated

- ▶ You can complain to the government if you feel we have violated your rights. **Our contact information is on page 1.**
- ▶ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Send the complaint letter to 200 Independence Ave, S.W., Washington, D.C. 20201. You can also call 877-696-6775, or visit [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear choice for what you want us to do, tell us and we will do that.

### You have both the right and choice to tell us your wishes in cases like these

- ▶ Share information with your family, close friends or others involved in your care
- ▶ Share information in a disaster relief situation

*Sometimes you may not be able to tell us your choices – like if you are unconscious. Then, we may act in a way we believe is in your best interest. We may also share your information if it helps reduce a serious and immediate threat to health or safety.*

### In these cases, we never share your information unless you tell us in writing that we may

- ▶ Most sharing of psychotherapy notes
- ▶ Any conditions not covered in this notice

## Our uses and disclosures

**We typically use your health information in many ways.**

<b>Manage your care</b>	Examples: A case manager works with you. Or, we work with a partner company that helps you get the care you need.
<b>Work with your providers</b>	Examples: We get information from providers, pharmacists and facilities about your care.
<b>Run our health plan</b>	Examples: We contact you about getting care or tell you about other treatments. To improve the quality of care we offer. To pay providers for your care.

**How else can we use or share your health information?** We are allowed – sometimes even required – to share your information in certain ways. Usually these involve the public good, such as public health and research. We have to follow many legal rules before we can share your information in these cases. For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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## Our uses and disclosures (continued)

### Help with public health and safety issues

- ▶ We can share health information about you for certain situations to:
  - Prevent disease
  - Help with product recalls
  - Report adverse reactions to medications
  - Report suspected abuse, neglect or domestic violence
  - Report possible fraud to government agencies
  - Prevent or reduce a serious threat to anyone's health or safety

### Do research

- ▶ We can use or share your information for health research.

### Comply with the law

- ▶ We will share information about you when state or federal laws say we must, even if it is just to show that we are following this privacy law.

### Respond to organ and tissue donation requests

- ▶ We can share health information about you with groups that seek organ donations.

### Work with a medical examiner or funeral director

- ▶ We can share health information with a coroner, medical examiner or funeral director when a person dies.

### Address workers' compensation, law enforcement and other government requests

- ▶ We can use or share health information about you:
  - For workers' compensation claims
  - For official law enforcement purposes
  - With health oversight agencies as allowed by law
  - For military, national security and presidential protective services

### Respond to lawsuits and legal actions

- ▶ We can share health information about you when a court orders us to share it.

### Be responsible to you

- ▶ We are required by law to keep your protected health information safe and private.
- ▶ We will tell you quickly if something happens that causes your information not to be safe and private.
- ▶ We must follow the duties and privacy rules outlined in this notice and give you a copy of it.
- ▶ We will not use or share your information except as stated here, unless you tell us in writing that we may. If you tell us we may share your information, you may change your mind any time. Tell us in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. Updated notices will be available in our office and on our web site: [colpachealth.org](http://colpachealth.org)

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

Contact the Columbia Pacific CCO Compliance Officer at 503-416-4760 or toll-free at 888-712-3258 if you have any questions about this notice or if you want more information on privacy.