



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.**

This Notice of Privacy Practices applies to Advanced Health and its business associates, including DOCS Management Services, LLC., and Southwest Oregon IPA.

Advanced Health collects and maintains oral, written, and electronic information to administer our business and to provide products, services, and information of importance to our members. We maintain physical, electronic, and procedural security safeguards in the handling and maintenance of our members' information, in accordance with applicable state and federal standards, to protect against risks, such as loss, destruction, or misuse. We know that your health information is personal and we work hard to keep it private. There are also laws that protect you and your health information. The law requires us to explain what we have to do and how we will do it. We will:

- Control who can access the health information and personal identifiable information we create or receive;
- Give you this notice describing how we may use and share your health information;
- Tell you if there is a breach (your health information is shared or used in a way that is not allowed); and
- Follow the terms of this notice.

The terms "information" or "health information" in this notice include any information we maintain or receive that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of healthcare to you, or the payment for such healthcare. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

File a Complaint

You have the right to complain if you think your privacy rights have been violated. Advanced Health will not retaliate against you for complaining. To file a complaint or report a problem about how we have used information about you, please contact:

Advanced Health
Privacy Officer: Advanced Health Privacy Officer
Mailing Address: 289 LaClair St., Coos Bay, Oregon 97420
Telephone: 541-269-7400 • Toll Free: 1-800-264-0014 • TTY 711
Fax: 541-269-7789



Email: cco.compliance@advancedhealth.com

U.S. Department of Health and Human Services Office for Civil Rights
 You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at this website: <https://www.hhs.gov/hipaa/filing-a-complaint>

Office for Civil Rights-Medical Privacy, Complaint Division
 U.S. Department of Health and Human Services 200 Independence Ave., SW
 Washington, D.C. 20201
 Phone: 1-866-696-6775, TTY: 1-866-788-4989
 Website: www.hhs.gov/ocr/privacy/hipaa/complaints/

State of Oregon Department of Human Services
 ATTN: Privacy Officer
 500 Summer Street NE, E24 Salem, Oregon 97301
 Phone: 1-503-945-5780
 Toll Free: 1-800-442-5238
 Email: dhs.privacyhelp@state.or.us
 Website: www.oregon.gov/OHA/Pages/index.aspx

****IMPORTANT:** *Your insurance benefits will not be affected by any complaints you make. We will not retaliate against you for filing a complaint.***

<h2><u>Your Rights</u></h2>	
Get a copy of your health and claims records	<p>You can ask to see or get a copy of your health and claims records we have about you. (We may charge a reasonable fee). To request a copy of your records, please contact our Customer Service department:</p> <p style="text-align: center;">Email: customerservice@advancedhealth.com Phone: 541-269-7400 • Toll Free: 1-800-264-0014 • TTY 711</p>
Ask us to correct health and claims records	<p>If you think any information in your records is wrong or something is missing:</p> <p>You may request an amendment to your information by sending us a letter that states:</p> <ul style="list-style-type: none"> what you want to amend and why you want the amendment <p>We may deny your request in certain cases, this may include:</p> <ul style="list-style-type: none"> if it is not in writing

	<ul style="list-style-type: none"> • if you do not give us a reason for the request <p>If we do not make the change, we will tell you why in writing within 60 days.</p>
Request confidential communications	<ul style="list-style-type: none"> • You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	<ul style="list-style-type: none"> • You can ask us not to use or share certain health information for treatment, payment, or our operations. • We are not required to agree to your request, and we may say “no” if it would affect your care.
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none"> • You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	<p>You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</p>
Choose someone to act for you	<ul style="list-style-type: none"> • If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"> • You can file a complaint if you think we have violated your rights. To complain to UHA, please contact us using the information on page 1. <p>**IMPORTANT: <i>Your insurance benefits will not be affected by any complaints you make. We will not retaliate against you for filing a complaint.**</i></p>

Your Choices

For certain health information, you can tell us your choices about what we share. *If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.*

In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none"> Share information with your family, close friends, or others involved in payment for your care. Share information in a disaster relief situation.
In these cases, we <u>NEVER</u> share your information unless you give us written permission	<ul style="list-style-type: none"> Marketing purposes Sale of your information Most psychotherapy notes HIV or substance abuse treatment Alcohol abuse treatment Genetic testing

Our Uses and Disclosures

How we use and share your information	How do we typically use or share your health information?	
Share information at your request	You can ask us to share your information with someone. The person who gets the information may not have to keep it private. It is important to understand that they could share your information without asking you if it's okay.	
Run our organization	<ul style="list-style-type: none"> We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans. 	<i>Example: We use health information about you to develop better services for you.</i>
Help manage the health care treatment you receive	<ul style="list-style-type: none"> While we do not provide on-site treatment services, we may use or disclose health information about you for the treatment purposes of other healthcare providers. 	<i>Example: We share information about you with your dental plan to coordinate</i>

	<ul style="list-style-type: none"> We may also disclose information about you to coordinate your care among healthcare providers. 	<i>payment for your dental work.</i>
Pay for your health services	We can use and disclose your health information as we pay for your health services.	Example: <i>We share information about you with your dental plan to coordinate payment for your dental work.</i>
Help with public health and safety issues	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> Preventing disease Helping with product recalls Reporting adverse reactions to medications Reporting suspected abuse, neglect, or domestic violence <p>Preventing or reducing a serious threat to anyone’s health or safety</p>	
Do research	We can use or share your information for health research.	
Comply with the law	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.	
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	<ul style="list-style-type: none"> We can share health information about you with organ procurement organizations. <p>We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</p>	
Address workers’ compensation claims, law enforcement, and other government requests	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> For workers’ compensation claims For law enforcement purposes or with a law enforcement official With health oversight agencies for activities authorized by law <p>For special government functions such as military, national security, and presidential protective services</p>	
Photos, Quotes, Stories	If we take your picture, quote your words or story for any of our projects we will ask you for your written consent.	



Respond to lawsuits and legal actions	We can share health information about you in response to a court or administrative order, or in response to a court order.	Example: <i>If we are subpoenaed, we will share all information required by law.</i>
Health Oversight Activities	We may share health information with a health oversight agency for audits, investigations, inspections and/or licensing purposes.	Example: <i>We may share information with a company that reviews how we provide services to you.</i>
Uses & disclosures of SUD records	<p>Federal law (42 CFR Part 2) provides extra protection for records related to your substance use disorder (SUD) treatment. These records include any information that directly or indirectly identify you as having or having had a substance use disorder.</p> <p>We may receive these records when you receive services from an in-network or out-of-network Part 2 Program provider When we receive Substance Use Disorder (SUD) records from a Part 2 Program subject to 42 CFR Part 2, and the Advanced Health member has provided a single consent (42 CFR § 2.31) authorizing use and disclosure by the recipient (treating providers, health plans, third-party payers, and people helping to operate the Part 2 Program) for treatment, payment, and health care operations (TPO), we may use and disclose those records and/or data in accordance with HIPAA, for, but not limited to, record requests by a member’s healthcare representative if allowed, care coordination, case management, grievance and appeals, paying for covered services, with business associates/subcontractors who may need records to do work on behalf of Advanced Health, and Advanced Health’s health care operations defined under 45 CFR § 164.501 and as outlined under section Our Uses and Disclosures, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against you unless based on specific written consent or a court order.</p> <p>Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to the member or the holder of the record, where required by 42 U.S.C. 290dd-2 and this 42 CFR Part 2; and</p> <p>A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.</p>	

	<p>If records are received pursuant to a specific authorization, we will use and disclose them only as permitted by that authorization. You may cancel (revoke) your consent at any time in writing and send it to the Advanced Health HIPAA Privacy and Security Officer.</p> <p>Advanced Health may disclose Part 2 records within its possession without a member’s consent consistent with 42 CFR Part 2 Subparts D and E for the following reasons:</p> <ul style="list-style-type: none"> • Medical emergencies. • Scientific Research. • Management audits, financial audits, and program evaluation. • Disclosure for public health. • Court orders authorizing use and disclosure. • Confidential communications. <p>If you have any questions or concerns related to your privacy rights under the Part 2 Program, please reach out to your Part 2 Program provider.</p>
Share personal data	<p><i>Data Collection.</i> The Oregon Health Authority has us ask you some questions. They want to know your race, language, disabilities, sexual orientation, and gender identity. You don’t have to answer. It’s your choice. If you can’t answer, someone else, like a family member, can answer for you. We will keep your answers confidential. It’s not part of the information we have to disclose under Oregon Revised Statutes (ORS) 192.311 to 192.478.</p> <p><i>Managing Access.</i> We work hard to protect your privacy. We have devices and media that can be used to look at your information or that store it. We keep track of where those devices are. When it is time to get rid of them, we are very careful.</p> <p><i>Use of Data.</i> We might use your information to look at healthcare differences, start programs to help people, give you information, or let healthcare workers know about language needs and pronouns.</p>

- Advanced Health may use or release protected health information (PHI) from enrollment forms to help determine what programs you are eligible for or what kind of coverage you should receive.



- Advanced Health follows the requirements of Federal and State privacy laws, including laws about drug and alcohol abuse and treatment and mental health conditions and treatment. Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you.
- “Highly confidential information” may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information, as well as State laws that often protect the following types of information:
 - HIV/AIDS related records
 - Mental health
 - Genetic testing information
 - Alcohol and drug diagnosis, treatment, or referral information
 - Child or adult abuse or neglect, including sexual assault
- If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.
- Advanced Health may use or release substance abuse records only if the person or business receiving the records has a specialized agreement with Advanced Health that complies with 42 CFR Part 2.
- If Advanced Health releases information to someone else with your approval, the information may not be protected by the privacy rules and the person receiving the information may not have to protect the information. They may release your information to someone else without your approval.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
 - We cannot take back any previous uses or sharing that has been made. Let us know in writing if you change your mind.



289 LaClair St. | Coos Bay, OR 97420
Main: 541-269-7400
Toll Free: 800-264-0014
TTY: 711 / 800-735-1232

- If there is a breach of your information, you will be notified without reasonable delay and no later than 60 days from the date the breach was discovered. (Discovery means the day the breach is known or reasonably should have been known).
 - You will be notified by first-class mail
 - If the breach affects 500 or more individuals, we will provide notification to the Media within 60 days of discovery.

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. The new notice will be available upon request (we can email or mail a copy to you), in our Member Handbook, in our lobby, and posted on our website.

To use any of the privacy rights listed above, please contact Advanced Health's Customer Service 541-269-7400 or TTY 711 or customerservice@advancedhealth.com.

To request this notice in another language, large print, Braille, or another format, please call Customer Service 541-269-7400 or TTY 711. You may also request an interpreter; this help is free.

Advanced Health is committed to protecting your information. Please contact our HIPAA Privacy and Security Officer if you have any questions about this notice or if you need more information:

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