



Notice of Privacy Practices

Effective Date: April 14, 2003

This Notice was revised on January 25, 2021

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.

Advanced Health is committed to protecting your information. Please contact our privacy officer if you have any questions about this notice or if you need more information:

Privacy Officer: Advanced Health Privacy Officer
Mailing Address: 289 LaClair Street
Coos Bay, Oregon 97420
Telephone: 541-269-7400 ♦ Toll Free: 1-800-264-0014 ♦ TTY 1-877-769-7400
Fax: 541-269-7789
Email: mike.hale@advancedhealth.com
erica.hubbard@advancedhealth.com

About This Notice

By law we must:

- Protect your health Information
- Give you a Notice explaining our privacy practices
 - This Notice also explains your rights and our responsibilities

What is Protected Health Information?

“Protected Health Information” (PHI) is information that identifies you. This information we create or get from:

- you
- from a health care provider
- health plan
- your employer
- or a health care clearinghouse

How We May Use and Share Your Protected Health Information

For Treatment. We may use or share your PHI for medical treatments or services. We may also use this information to manage your health care.

Example: Your PHI may be provided to another health care system to coordinate care for you.

For payment. We may use or share your PHI to pay for your health care services.

Example: We may give your insurance information to your pharmacy to fill your prescriptions.

For healthcare operations. We may use or give out your information to manage programs and activities.

Example: We may use PHI to review the quality of services you are getting.

Your Rights

This section explains your rights. This section also explains our responsibilities to help you.

To request this notice in another language, large print, Braille or other formats please contact our Customer Service Department. *The notice is currently available in English and in Spanish.*

Right to Inspect and get a copy of health and claims records

- 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:

Advanced Health

Customer Service Department

289 LaClair Street,

Coos Bay, Oregon 97420

541-269-7400 ♦ Toll Free: 1-800-264-0014 ♦ TTY 1-877-769-7400

Ask us to correct health and claims records

- If you think any information in your records is wrong or something is missing:
 - You may request an amendment to your information
 - 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, this may include:
 - if it is not in writing
 - if you do not give us a reason for the request
- If we do not make the change, we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a certain way. For example:
 - your home
 - office phone or
 - to send mail to a different address
- We will review all requests. We will say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for:
 - treatment
 - payment
 - or health care operations.
- We are not required to agree to your request.

Example: We may deny your request if it would affect your care

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

You can ask for a list of the times we have shared your information. These times includes the six years prior to the date you ask. We will tell you who we shared it with and why.

- We will tell you about everything we shared except for:
 - treatment
 - payment
 - health care operations, and
 - certain other disclosures (such as any you asked us to make).

Each year you can have one report of these disclosures for free. Any additional reports each year we will charge a reasonable fee.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time.

Choose someone to act for you

- If you have given someone permission to act for you
 - that person can make decisions for you
 - that person can make choices about your health information
- We will make sure the person has this authority before we:
 - provide any information to them or
 - allow them to act on your behalf.

Your Choices

For certain health information, you can tell us what you want us to share.

You have the right and choice to tell us to:

- Share information with:
 - your family
 - close friends
 - or others involved in your care

Example: We may share your PHI with your spouse when they come with you to our office.

We never share your information for the following purpose without your written authorization.

- Marketing purposes
- Sale of your information
- Mental health
- Most psychotherapy notes
- HIV or substance abuse treatment
- Alcohol abuse treatment
- Genetic testing

Our Uses and Disclosures

We are allowed or required to share your information in other ways that are for the public good. Such as:

- public health
- research

Help with public health and safety issues

We can share health information about you for:

- Preventing disease
Example: If you have the flu. We are required to report this to our local health department.
- Reporting suspected abuse, neglect, or domestic violence
Example: If we suspect abuse, neglect, or domestic violence we are required by law to investigate these reports.
- Preventing or reducing a serious threat to anyone's health or safety
Example: If we had to leave our building because of a fire. If we thought you were in the building we may tell emergency crew members who you are so they can find you.
- Share information during a disaster
Example: For example, if you are unconscious, we may share your information to help you.

Do research

We may use or share your information for research. Most of the information we use does not identify you.

Example: We may try to find out how or why a lot of people got a disease.

Comply with the law

We will share information about you if:

- City
- County
- State
- or federal laws require it.

Example: We would report that you have the flu to the county health department.

Respond to other requests:

We can share health information with:

- businesses that accept organs
- a coroner
- a medical examiner
- or funeral director

Example: We may give information to a coroner to understand the cause of death.

For workers' compensation claims

We may give out your information to worker's compensation programs.

Example: We may share PHI to the Workers' Compensation insurer to pay for your health services

Military, Veterans, National Security and Intelligence:

If you:

- are or were a member of the armed forces
- or part of the national security
- or intelligence communities, we may be required to release health information about you.

Example: If we are required by law to release health information to the military for your enlistment, we will provide the information with your consent.

Respond to lawsuits and legal actions

We may share health information about you in response to a court or administrative order.

Example: If we are subpoenaed we will share all information required by law.

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.

Example: We may take a picture of you and place it on our website. This picture may contain your name.

Health Oversight Activities:

We may share health information to:

- a health oversight agency for audits
- investigations
- inspections
- or licensing purposes.

Example: We may share information with a company that reviews how we provide services to you.

Our Responsibilities

- Maintain the privacy and security of your PHI
- We will let you know if your information is shared incorrectly
- We must follow the rules in this notice
- We must give you a copy of this notice
- We will not use or share your information other than as described in this notice unless you tell us we can in writing.
 - If you tell us we can, you may change your mind at any time.
 - If you change your mind, we will no longer use or share information about you.
 - We cannot take back any uses or sharing that has been made. Let us know in writing if you change your mind.

Changes to the Terms of this Notice

We can change the terms of this notice. The changes will apply to all information we have about you. The new notice will be available:

- upon request
- on our web site
- in our member handbook
- or we can mail a copy to you.
- We will also post a copy in our
 - Customer Service Department
 - And our Supply Store

File a complaint if you feel your rights are violated

To file a complaint or report a problem about how we have used information about you please contact:

Advanced Health

Chief Compliance Officer

289 LaClair Street,

Coos Bay, Oregon 97420

541-269-7400 ♦ Toll Free: 1-800-264-0014 ♦ TTY 1-877-769-7400

Email: mike.hale@advancedhealth.com

marla.smith@advancedhealth.com

or contact:

State of Oregon Department of Human Services

Governor's Advocacy Office

500 Summer St. NE, E17

Salem, Oregon 97301-1097

Fax: 503-378-6532

TTY/TDD: 503-945-6214

Email: GAO.info@state.or.us

Website: <http://www.oregon.gov/dhs/aboutdhs/Pages/gao.aspx>

- **State of Oregon Department of Human Services**

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

- **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/

****IMPORTANT:** *Your insurance benefits will not be affected by any complaints you make. We cannot hold it against you if you:*

- *file a complaint*
- *cooperate in an investigation*
- *refuse to agree to something that you believe to be unlawful*