



**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 have questions about this notice, please contact:

**Jim Kelly**  
**Compliance Manager**

**WHO WILL FOLLOW THIS NOTICE:**

This notice describes Samaritan Health Plan Operations (SHPO) use and disclosure of your medical information and that of:

- Any Samaritan InterCommunity Health Network (IHN) employee or affiliate that uses or discloses "protected health information" (PHI).
- Any Samaritan Advantage Health Plan (SAHP) employee or affiliate that uses or discloses "protected health information" (PHI).
- Any COHO employee or affiliate that uses or discloses "protected health information" (PHI).
- Any Samaritan Choice employee or affiliate that uses or discloses "protected health information" (PHI).
- Any Samaritan Healthy KidsConnect employee or affiliate that uses or discloses "protected health information" (PHI).

**OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that your health and medical information is personal, and we are committed to protecting your medical information.

This notice describes the ways in which we may use and disclose medical information about you. We also describe your rights and the obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** We may use medical information about you to coordinate medical treatment or services. We may disclose medical information about you to doctors, nurses,

technicians, medical and paramedical students, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments share medical information about you in order to coordinate the different things you need, such as prescriptions and medical supplies or services. We also may disclose medical information about you to those who may be involved in your medical care after you leave the hospital; such as family members, clergy, or others who provide services that are part of your care.

**For Payment.** We may use and disclose medical information about you to determine whether the treatment and services you receive will be paid for. For example, we may need to receive information about surgery you received at the hospital, so that we can submit payment to the provider. We may also receive information about a treatment that you are going to receive so that we can authorize prior approval or to determine whether we will cover the treatment.

**For Health Care Operations.** We may use and disclose medical information about you for operations. These uses and disclosures are necessary to run the managed care office and for us to make sure that all of our members receive quality care. For example, we may use medical information to review your treatment and services and to evaluate the performance of staff caring for you. We may also combine the medical information we have with medical information from other offices to compare how we are doing and to

ascertain where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information, so that others may use it to study health care and health care delivery without learning who the specific patients are.

**Treatment Alternatives:** We may use and disclose medical information so that we can recommend possible treatment options, or alternatives that may be of interest to you.

**Health-Related Benefits and Services:** We may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. You do have the right to object to the sharing of this information.

**Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who receive another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information. The process balances the

research needs with the patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are.

**As Required by Law.** We will disclose medical information about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety, the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Written Authorization.** For any other disclosure SHPO will ask for your written permission before using or disclosing information. You may cancel this permission at any time in writing, but SHPO cannot take back any uses or disclosures already made with your permission. There are many programs that have their own laws for the use and disclosure of information about you, which we too must follow. For example, you must give your written permission for SHPO to use and disclose your mental health and chemical dependency treatment records.

## **SPECIAL SITUATIONS**

**Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command

authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers Compensation.** We may release medical information about you for workers compensation or similar programs. These programs provide benefits for work related injuries or illness.

**Public Health Risk.** We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** We may release medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to

tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

**Coroners, Medical Examiners, and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons,

foreign heads of state, or conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary:

- For the institution to provide you with health care;
- To protect your health and safety or the health and safety of others; or
- For the safety and security of the correctional institution.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to SHPO. If you request a copy of the information, we may charge a fee for the costs of copying and mailing it to you.

We may deny your request to inspect and copy in certain, very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by SHPO will review your request and the denial. The person conducting the review will

not be the person who denied your original request. We will comply with the outcome of the second review.

**Right to Amend.** If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for SHPO.

To request an amendment your request must be made in writing and submitted to SHPO. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by SHPO;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If we do deny your request, SHPO will send you a letter that tells you why your request is being denied and how you can appeal the denial. You will also receive information about how to file a complaint with SHPO.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you.

To request an accounting of disclosures, you must submit your

request in writing to SHPO. Your request must state a time period, which may not be longer than six years and may not include dates before April 1, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

**We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to SHPO. In your request, you must tell us:

- What information you want to limit;
- Whether you want to limit our use, disclosure or both; and
- To whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you at work or by mail.

To request confidential communications you must make your request in writing to SHPO. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice by contacting SHPO.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Samaritan Health Plan Operations by plan. Please refer to your Member Handbook or Evidence of Coverage for contact information.

All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future.

## **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**If you have questions about this notice, or need this information in a different format, such as larger font, Braille, audiotape or in another language, please call:**

- (541) 768-4550
- 1-800-832-4580
- TTY 1-800-735-2900

**Or, write to:  
Samaritan Health Plans  
815 NW Ninth Street, Suite 101  
Corvallis, OR 97339**