

## NOTICE OF PRIVACY PRACTICES

Effective Date: March 31, 2003

Revised Date: July 25, 2006

November 2007

September 2010

**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 letter is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA).**

**Available formats include: Large Print, Braille, Audio Tape Recording, Electronic Format and Oral Presentation.**

**Contact THA at: Phone 503-844-8104, 1-866-575-8104, TTY 1-800-735-2900 or fax 503-681-1927.**

Tuality Health Alliance (THA) is required to tell you about our privacy practices for health information. The Notice of Privacy Practices will tell you how THA may use or disclose information about you. Not all situations will be described. THA is required to give you a notice of our privacy practices for the information we collect and keep about you. THA is required to follow the terms of the notice currently in effect.

**THA May Use and Disclose Information Without Your Authorization:**

**For Treatment.** THA may use or disclose PHI with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.

**For Payment.** THA may use or disclose PHI to get payment or to pay for the health care services you receive. For example, THA may request PHI to pay for health care provided to you.

**For Health Care Operations.** THA may use or disclose PHI in order to manage its programs and activities. For example, THA may use PHI to review the quality of services you receive.

**Appointments and Other Health Information.** THA may send you reminders for medical care or checkups. THA may send you information about health services that may be of interest to you.

**For Public Health Activities.** DHS is the public health agency that keeps and updates vital records, such as births and deaths, and tracks some diseases.

**For Health Oversight Activities.** THA may use or disclose PHI for healthcare oversight activities. Examples are audits, investigations, inspections and licenses.

**As Required by Law and For Law Enforcement.** THA will disclose PHI for law enforcement and other purposes required or permitted by federal or state law or by a court order. THA will disclose PHI in response to an administrative order. If you are involved in a lawsuit or dispute, THA may share your information in response to legal requirements.

**For Worker's Compensation.** THA may disclose PHI as allowed by law to worker's compensation or like programs.

**For Abuse Reports and Investigations.** THA is required by law to receive and investigate reports of abuse. It is also required to investigate reports of abuse.

**For Government Programs.** THA may use and disclose PHI for public benefits under other government programs. For example, THA may disclose information for the determination of Supplemental Security Income (SSI) benefits.

**To Avoid Harm.** THA may disclose PHI in order to avoid a serious threat to your health and safety or the health and safety of a person or the public.

**For Research.** THA uses PHI for studies and to develop reports. These reports do not identify specific people.

**Disclosures to Family, Friends, and Others.** THA may disclose PHI to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information.

**Other Uses and Disclosures Require Your Written Authorization**

For other situations, THA will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. THA cannot take back any uses or disclosures already made with your permission.

**Other Laws Protect PHI.** Many THA programs have other laws for the use and disclosure of information about you. For example, usually you must give your written permission for THA to use and disclose your mental health and chemical dependency treatment records.

## **Your PHI Privacy Rights**

When information is maintained by THA as a public health agency, the public health records are governed by other State and Federal laws and is not subject to the rights described below.

**Right to See and Get Copies of Your Records.** In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.

**Right to Request a Correction or Update of Your Records.** You may ask THA to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request. THA may deny your request in certain circumstances.

**Right to Get a List of Disclosures.** You have the right to ask THA for a list of disclosures made after April 14, 2003. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization. If you request a list more than once during a 12-month period, you may be charged a fee.

**Right to Request Limits on Uses or Disclosures of PHI.** You have the right to ask that THA limit how your information is used or disclosed. You must make the request in writing and tell THA what information you want to limit and to whom you want the limits to apply. THA is not required to agree to the restriction. You can request that the restrictions be ended in writing or verbally.

**Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.

**Right to Choose How We Communicate with you.** You have the right to ask that THA share information with you in a certain way or in a certain place. For example, you may ask THA to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.

**Right to File a Complaint.** You have the right to file a complaint if you do not agree with how THA has used or disclosed PHI about you.

**Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.

**How to contact THA to use your privacy rights:**

You may contact THA at the address listed at the end of this notice to:

- Ask to look at or copy your records
- Ask to correct or change your records
- Ask to limit how information about you
- Ask for a list of the times THA disclosed information about you
- Ask to cancel your authorization

THA may deny your request to look at, copy or change your records. If THA denies your request, THA will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with THA or with the Department of Human Services (DHS), or the U.S. Department of Health and Human Services, Office for Civil Rights.

**How to File a Complaint or Report a Problem**

You may contact any of the people listed below if you want to file a complaint or to report a problem with how THA has used or disclosed information about you. Your benefits will not be affected by any complaints you make. THA cannot hold it against you for filing a complaint. THA cannot hold it against you if you cooperate in an investigation. THA cannot hold it against you if you refuse to agree to something that you believe to be unlawful.

**Tuality Health Alliance**

P.O. Box 925  
Hillsboro, OR. 97123  
Phone: 503-844-8104  
or 1-866-575-8104  
or TTY 1-800-735-2900

**State of Oregon Department of Human Services**

Governor's Advocacy Office  
500 Summer St. NE, E17  
Salem, Oregon 97301-1097  
Phone: 1-800-442-5238 Fax: 503-378-6532 Email: GAO.info@state.or.us

**State of Oregon Department of Human Services**

Privacy Officer  
500 Summer Street NE, E24  
Salem, Oregon 97301  
Phone: 1-503-945-5780  
Fax: 1-503-947-5396  
email: dhs.privacyhelp@state.or.us

**Office for Civil Rights**-Medical Privacy, Complaint Division  
U.S. Department of Health and Human Services  
200 Independence Ave., SW HHH Building, Room 509H  
Washington, D.C. 20201

Phone: 866-627-7748 TTY: 866—788-4989 Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

**For More Information**

If you have any questions about this notice or need more information, please contact THA at the above address or phone at 503-681-1018 or 1-800-681-1901 or TTY 1-800-735-2900.

In the future, THA may change its Notice of Privacy Practices. Any changes will apply to information THA already has, as well as any information THA receives in the future. A copy of the new notice will be posted on THA's website and provided as required by law. You can also get a copy of the current notice on-line at [www.tualityhealthalliance.org](http://www.tualityhealthalliance.org).