



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

ATRIO Health Plans respects the privacy and confidentiality of your Protected Health Information (PHI) and will maintain its confidentiality in a responsible and professional manner. PHI includes any information regarding your healthcare that can identify you as the recipient of the healthcare services.

We are required by law to maintain the privacy of your PHI, provide you with this notice, abide by the terms of this notice, and to notify you if a breach of your unsecured PHI occurs. Should any of our privacy practices change, we reserve the right to change the terms of this notice and to make the new notice effective for all PHI we maintain.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared 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

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research

- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Your Rights

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

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims 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 and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office, or mobile 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

- 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,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- We must agree to your request not to share information about a health care item or service if you (or someone other than the health plan, on your behalf) have paid for that item or service in full and the disclosure is not otherwise required by law.

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

- 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.
- For your substance use disorder records subject to 42 CFR part 2, the accounting covers disclosures we made with your consent – and for treatment, payment, and health care operations, disclosures made through an electronic health record – during the three years before the date of your request.

Get a copy of this privacy notice

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.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your 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

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201; calling 1-877-696-6775; or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- 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 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:

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

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We will not share your mental health, substance use disorder treatment, HIV status, genetic information, or communicable disease billing records without your written consent unless it is for treatment or another law requires us to share the information. If we use or share your information for any reasons other than the above, we will first get your written permission. For example, we will get your authorization:

- For marketing purposes that are unrelated to your benefit plan(s);
- Before disclosures of psychotherapy notes (exceptions exist such as disclosures required by law or disclosures in the defense of a legal proceeding brought by you);
- Related to the sale of your health information;
- For other reasons as required by law.

If you give us written permission and change your mind, you may revoke or change your written permission at any time. We will honor the revocation except to the extent that we have already relied on your permission.

NOTE: If we share information as a result of your written permission, it may be re-shared by the receiving party and may no longer be protected by state and federal privacy rules. However, federal or state laws may restrict re-disclosure of additional information such as HIV/AIDS information, mental health information, genetic information and drug/alcohol diagnosis, treatment or referral information.

We typically use or share your health information in the following ways:

1. Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

2. Run our organization

- 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.

Example: We use health information about you to develop better services for you.

3. Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

4. Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. And in all cases, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing 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 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

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or response to a subpoena. This general rule does not apply to substance use disorder patient records protected by 42 CFR part 2.

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 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. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

How to Contact ATRIO to Review, Correct or Limit Your PHI

You may contact ATRIO's Customer Service Department or the ATRIO Privacy Officer at the address listed below to:

- Ask to look at or copy your records;
- Ask to limit how information about you is used or shared;
- Ask to cancel your authorization;
- Ask to correct or change your records; or
- Ask for a list of the times ATRIO shared information about you.

ATRIO may deny your request to look at, copy or change your records. If ATRIO denies your request, ATRIO will send you a letter that tells you why the 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 ATRIO or with the U.S. Department of Health and Human Services.

Exercising your rights

If you want additional information regarding our Privacy Practices, or if you believe we have violated any of your rights listed in this notice, you may contact ATRIO at the address or phone numbers listed below. Your benefits will not be affected by any complaints you make. ATRIO cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

<u>Complaints:</u> Private & Confidential Mailing Address PO Box 12645 Salem, OR 97309 Toll Free: (877) 672-8620 TTY: (800) 735-2900 Fax: (541) 672-8670	<u>ATRIO Compliance Hotline:</u> 1-877-309-9952 You may contact our Privacy Officer, Donna Alexander at 1-971-209-4340 or compliance@atriohp.com for further information about the complaint process.
You also may notify the Office for Civil Rights, U.S. Department of Health and Human Services of your complaint. We will not take any action against you for filing a complaint. You may contact the Office for Civil Rights at: U.S. Department of Health and Human Services Office for Civil Rights 200 Independence Avenue, S.W. Washington, D.C. 20201 Phone: 1-877-696-6775 Website: www.hhs.gov/ocr/privacy/hipaa/complaints/	

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, on our web site, and we will mail a copy to you.