



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.

How ATRIO may use your Protected Health Information:

We use PHI and may share it with others as part of your treatment, payment for your treatment or for our business operations. The following are ways we may use or share information about you:

- **For treatment.** ATRIO may use or share information 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 health care operations.** ATRIO may use or share information during the course of running our health business - that is, during operational activities such as quality assessment and improvement, performance measurement and outcomes assessment; health services research; and preventative health, disease management, case management and care coordination. We may share your information with partners who perform business functions for us. For example, we may need to disclose personal information to administer your health benefits, to coordinate benefits with other health plans, and to determine coverage. We will only share your information if there is a business need to do so and if our business partner agrees to protect the information.
- **For payment.** To make sure that claims are paid correctly and you receive the benefits you are entitled to, we may use and share your PHI to determine plan eligibility and responsibility for coverage and benefits. For example, ATRIO may use your information to facilitate payment for the care you receive from health care providers, coordinate benefits with other plans and facilitate the adjudication or subrogation of health care claims. We may also use or share PHI to review health care services for medical necessity, appropriateness of care or justification for charges, and to facilitate utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review.
- **Disclosures to family, friends, and others who are involved in your medical care.** If you are unable to appoint a representative or you are incapacitated, ATRIO may share information with your family, who are involved in your medical care. You have the right to object to the sharing of this information. You may appoint a representative, by completing the Protected Health Information Disclosure Form. You may contact customer service for this form or go to our website at atriohp.com (from your home page, click on the "Members" tab, then click on Member Forms

- **Additional types of disclosures.** We will not use or share your PHI unless we are allowed or required by law to do so. We may make additional types of disclosures to:
 - State and federal agencies who regulate us. (For example, the U.S. Department of Health and Human Services, Centers for Medicaid and Medicare Services, and the Oregon Department of Financial Regulation.)
 - Authorized public health agencies. For instance, we may report concerns to the Food and Drug Administration regarding prescription drug and medical device problems
 - Appropriate authorities, if we believe you are a victim of child abuse or neglect, domestic violence or other crimes.
 - The appropriate agencies, if we believe there is a serious health or safety threat to you or others.
 - Health oversight agencies for activities authorized by law, including audits, criminal investigations, licensure or disciplinary actions.
 - Law enforcement agencies for identification and location of a suspect, fugitive, material witness, crime victim or missing person.
 - A court or administrative agency in response to a search warrant, subpoena or other lawful process.
 - Coroners, funeral directors, medical examiners and organ procurement entities, and for research in limited cases.
 - Military authorities and authorized federal officials for intelligence, counterintelligence, and other national security activities.
 - The extent necessary to comply with laws relating to worker's compensation or other similar programs.
 - To a public or private entity authorized by law to assist in disaster relief efforts.

Uses and disclosures requiring your written authorization:

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.

Your privacy rights:

You have certain rights with respect to your PHI:

- **Right to request limits on uses or disclosures of PHI.** You have the right to ask that ATRIO limit how your information is used or shared. You must make the request in writing and describe what information you want to limit and to whom you want the limits to apply. While we may honor your request for restrictions, we are not required to agree to these restrictions. You can request that the restriction(s) be terminated in writing or verbally.
- **Right to request confidential communications.** You have the right to ask that ATRIO share information with you in a certain way or in a certain place. For example, you may ask ATRIO to send information to your work address instead of your home address. We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
- **Right to see and get copies of your records.** You have the right to inspect and obtain a copy of information that we maintain about you in a designated record set. A designated record set is defined by the code of federal regulations 45 CFR 164.501 as
 - (1) A group of records maintained by or for a covered entity that is:
 - (i) The medical records and billing records about individuals maintained by or for a covered health care provider;
 - (ii) The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
 - (iii) Used, in whole or in part, by or for the covered entity to make decisions about individuals.
 - (2) For purposes of this paragraph, the term record means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity.
- Your designated record set may include:
 - Your Medical and billing records that we maintain;
 - Your enrollment, payment, claims processing information and case or medical management record systems maintained by or for us; or
 - Used, in whole or in part, by or for ATRIO to make decisions about you.
- However, you may not be permitted to inspect or obtain a copy of information that is:
 - Contained in psychotherapy notes;
 - Compiled in reasonable anticipation of, or for use in a civil criminal or administrative action or proceeding; and
 - Subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. 263a, to the extent the provisions of access to the individual would be prohibited by law or exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 CFR 493.3(a)(2).

Additionally, in certain other situations, we may deny your request to inspect or obtain a copy of your designated record set.

If we deny your request, we will notify you in writing and will provide you with a right to have the denial reviewed. We may require that your request for information be made in writing. We will respond to your request no later than 30 days after we receive it. If we need additional time, we will inform you of the reasons for the delay and the date that we will be able to complete action on your request, which will be no more than 30 additional days. If you request a copy of your designated record set, it will be provided to you in the form and format requested by you if the information is readily producible in that format. We will charge you a reasonable fee based on copying and postage costs.

You may request a copy of the portion of your enrollment and claim record related to an appeal or grievance, free of charge.

- **Right to request a correction or update of your records.** You have the right to ask us to amend information we maintain about you in a designated record set. We may require that your request be in writing and that you provide a reason for your request. We will respond to your request no later than 60 days after we receive it. If we are unable to act within 60 days, we may extend that time by no more than an additional 30 days. If we need to extend this time, we will notify you of the delay and the date by which we will complete action on your request. If we make the amendment, we will notify you that it was made, and we will obtain your agreement to have us notify the relevant persons you have identified with whom the amendment needs to be shared. We will notify these persons, including their business associates, of the amendment. If we deny your request to amend, we will notify you in writing of the reason for the denial. The denial will explain your right to file a written statement of disagreement. We have a right to rebut your statement. However, you have the right to request that your written request, our written denial and your statement of disagreement be included with your information for any future disclosures.
- **Right to get a list of disclosures.** You have the right to receive an accounting of certain disclosures of your information made by us during the six years prior to your request. We will include all the disclosures except for those treatment, payment and healthcare operations purposes and disclosures made:
 - To you
 - Incidental to a use or disclosure otherwise permitted
 - Following your authorization
 - To persons involved in your care
 - For national security or intelligence purposes
 - To correctional institutions or law enforcement agencies
 - As part of a limited data set for research, public health or healthcare operations purposes; and
 - Prior to April 14, 2003

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.

- **Right to choose someone to act for you.** 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 may ask the person you appoint for documentation or for the Protected Health Information Disclosure Form, appointing that person, to be completed and signed by you to make sure the person has this authority. The Protected Health Information Disclosure Form does not allow that person to make choices about your health care.

When the Protected Health Information Form is submitted to ATRIO, a copy of that form will be provided to you.

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.

Complaints:

Private & Confidential Mailing Address

PO Box 12645
Salem, OR 97309
Toll Free: (877) 672-8620
TTY: (800) 735-2900
Fax: (541) 672-8670

Or you may file a complaint on ATRIO Compliance Hotline: 877-309-9952

You may contact our Privacy Officer, Rhonda Saunders-Ricks at (971) 304-0043 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:

Office for Civil Rights
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 this notice:

We reserve the right to change the terms of this notice and to make the new notice effective for all protected health information we maintain. A copy of the new notice will be posted at www.atriohp.com.