

**NOTICE OF PRIVACY PRACTICES  
FOR THE CITY OF SALEM, OREGON HEALTH PLANS  
(Regulations Section 164.520(b))**

**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.**

**You are receiving this Privacy Notice because you are enrolled in a City of Salem, Oregon Health Plan (“The Health Plan”).** The Health Plan is committed to protecting the confidentiality of any health information we collect about you. This Notice describes how the Health Plan may use and disclose your “protected health information” (PHI). PHI is any information created or received by a health care provider, health plan, employer or health care clearinghouse that relates to your past, present or future physical or mental health or condition, or provision of or payment for health care. PHI is information that identifies the individual or may reasonably be used to identify the individual.

Employees of the plan sponsor who administer and manage this Health Plan may use your PHI only for appropriate plan purposes (such as payment or health care operations), but not for purposes of other benefits not provided by this plan, and not for employment related purposes of the plan sponsor. These people must comply with the same requirements that apply to the Health Plan to protect the confidentiality of PHI.

The Health Plan is required by the Health Insurance Portability and Accountability Act (HIPAA) to provide this Notice to you. Additionally, the Health Plan is required by law to:

- Maintain the privacy of your “protected health information” (PHI), and
- Provide you with a Privacy Notice of its legal duties and privacy practices with respect to your PHI, and
- Follow the terms of the Privacy Notice that is currently in effect.

If you have questions about any part of this Privacy Notice or if you want more information about the privacy practices of the Health Plan, please contact the Privacy Officer listed at the end of this Notice.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)**

The Health Plan is permitted by law to use and disclose your protected health information (PHI) in certain ways. These are described below, with examples of permitted uses. This Notice does not list every permitted use or disclosure the Health Plan may make.

However, all the ways The Health Plan is permitted to use or disclose PHI will fall within one of the categories below.

- 1. Treatment Purposes:** The Health Plan may disclose PHI to a health care provider for the health care provider's treatment purposes, although it is more likely a health care provider would receive your PHI from another health care provider than from the Health Plan. For example, if your treating medical provider refers you to a specialist for treatment, the Health Plan can disclose your PHI so the specialist to whom you have been referred so (s)he can become familiar with your medical condition, prior diagnoses and treatment, and prognosis.
- 2. Payment Purposes:** The Health Plan may use your PHI to evaluate and process any requests for coverage and claims for benefits you make, and may review PHI included with claims to reimburse providers for treatment and services rendered. Additionally, the Health Plan may disclose PHI to another group health plan or to a health care provider for the payment purposes of this Health Plan, the other group health plan, or the health care provider. For example, the Health Plan can disclose your PHI to another health plan or payer for purposes of coordinating payment of benefits.
- 3. Health Care Operations Purposes:** The Health Plan may use PHI for its own health care operations and may disclose PHI to another group health plan, a health care provider, a medical group or a hospital for the health care operations purposes of this Health Plan, or for certain health care operations purposes of the other entities. Examples of this Health Plan's "health care operations" include underwriting, premium rating and other activities related to plan coverage; conducting quality assessment and improvement activities; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and business planning, management and general administration of Health Plan.
- 4. To a Business Associate of the Health Plan:** The Health Plan may disclose PHI to a Business Associate (BA) of the Health Plan, if a valid Business Associate Agreement is in place between the Business Associate and the Health Plan. A Business Associate is an entity that performs a function on behalf of the Health Plan and that uses PHI in doing so, or provides services to the Health Plan such as legal, actuarial, accounting, consulting or administrative services. Examples of Business Associates include The Health Plan's Third-Party Administrator (TPA), Administrative Services Only (ASO) and broker.
- 5. To the Health Plan Sponsor:** The Health Plan may disclose PHI to the sponsor if the sponsor has amended its plan document as required by the Privacy Rule, certified to the Health Plan as required by the Privacy Rule, and established certain safeguards and firewalls to limit the classes of employees who will have access to PHI and to limit the use of PHI to plan purposes and not for non-permissible purposes. Any disclosures to the plan sponsor must be for purposes

of administering the Health Plan. Examples would include: for claims appeals to the Plan's Benefits Appeal Committee, for case management purposes, or to Human Resources representatives of the plan sponsor who are assisting plan members in getting their claims resolved.

The Health Plan may also disclose enrollment/disenrollment information to the plan sponsor, for enrollment or disenrollment purposes only, and may disclose "summary health information", as defined under the HIPAA medical privacy regulations, to the plan sponsor for the purpose of obtaining premium bids or modifying or terminating the plan.

6. **Where Required by Law or Requested as Part of a Regulatory or Legal Proceeding:** The Health Plan may disclose PHI as required by law or when requested as part of a regulatory or legal proceeding. For example, the Health Plan may disclose medical information when required by a court order in a litigation proceeding, or pursuant to a subpoena, or as necessary to comply with Workers' Compensation laws.
7. **For Public Health Activities or to avert a Serious Threat to Health or Safety:** The Health Plan may disclose PHI to public health authorities for purposes such as preventing or controlling diseases, injury or disability; reporting abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration on products and reactions to medications; and reporting disease or infection exposure.
8. **For Law Enforcement or Specific Government Functions:** The Health Plan may disclose PHI to law enforcement Human Resources for purposes such as identifying or locating a suspect, fugitive, material witness or missing person; complying with a court order or subpoena; and other law enforcement purposes.

Other uses and disclosures will be made only with your written authorization or that of your legal representative, and you may revoke such authorization as provided by section 164.508(b)(5) of the Privacy Rule. Any disclosures that were made when your Authorization was in effect will not be taken back.

## **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights with respect to your PHI. To submit one of the requests listed below, you must submit a written request to the Benefits Manager, City of Salem Human Resources Department, 555 Liberty Street SE, Salem, OR 97301.

1. The right to inspect and copy PHI, as provided by section 164.524 of the Privacy regulations.

2. The right to request restrictions on certain uses and disclosures of PHI, as provided by section 164.522(a) of the Privacy regulations (although the Group Health Plan is not required to agree to a requested restriction).
3. The right to receive confidential communications of PHI, if you believe The Health Plan's usual method of communicating PHI may endanger you, as provided by section 164.522(a) of the Privacy regulations.
4. The right to amend PHI you feel is incorrect, as provided by section 164.526 of the Privacy regulations.
5. The right to receive an accounting of disclosures we have made of your PHI, as provided by section 164.528 of the Privacy regulations. We are not required to, and we will not, account for disclosures made for treatment, payment or health care operations, national security, law enforcement or to corrections to Human Resources, pursuant to your Authorization, or to you. Please note the time period for which you want an accounting, and the format in which you wish to receive it (e.g. paper or electronically). Note that we will not account for disclosures made more than six years prior to your request, nor for disclosures made before HIPAA became effective for Health Plan, April 14, 2003. We will provide one accounting of disclosures free of charge once every twelve months.
6. The right to file a complaint if you feel your privacy rights have been violated. For details, see subsequent section of this Privacy Notice entitled "The Health Plan's Appeal Procedures."
7. The right to receive a paper copy of this Notice of Privacy Practices upon request to the Group Health Plan, even if you have previously agreed to receive this Notice electronically.

### **THE HEALTH PLAN'S RESPONSIBILITIES REGARDING YOUR PHI**

The Health Plan is a "covered entity" (CE) and has responsibility under HIPAA regarding use and disclosure of PHI. The Health Plan has a legal obligation to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices with respect to PHI. The Health Plan is required to abide by the terms of the current Notice of Privacy Practices (the "Notice"). The Health Plan reserves the right to change the terms of this Notice at any time and to make the revised Notice provisions effective for all PHI the Health Plan maintains, even PHI obtained prior to the effective date of the revisions. If the Health Plan revises its Notice, it will notify you of these changes by mailing the revised Notice by first class mail and by noting on the City of Salem intranet web site provided such site is available at the time of revision.

### **THE GROUP HEALTH PLAN'S APPEAL PROCEDURE**

If you believe your PHI has been impermissibly used or disclosed, or that your privacy rights have been violated in any way, you may file a complaint with the Health Plan or with the Secretary of Health and Human Services (HHS). To file a complaint, you must state your complaint, in writing, to the City of Salem Director of Human Resources, as

shown below. The complaint must provide as much detail as possible including dates of alleged violation(s). The complaint must be filed within thirty days from the date of the suspected violation or of your first knowledge of the suspected violation. The complaint may be filed with:

City of Salem  
Director of Human Resources  
555 Liberty Street SE Room 225  
Salem, OR 97301  
Email: [cmunnell@cityofsalem.net](mailto:cmunnell@cityofsalem.net)  
Telephone 503-588-6162 ext. 7250

Or to:

Department of Health and Human Services  
2201 Sixth Avenue-M/S: RX-11  
Seattle, WA 98121-1831  
(206) 615-2290  
Email: [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)

You will not be retaliated against for filing a complaint.

### **EFFECTIVE DATE OF THIS NOTICE**

This notice is effective April 14, 2003.