

Effective Date: September 8, 2023

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND SHARED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE TAKE THE TIME TO REVIEW IT CAREFULLY.

If you have any questions about this notice of privacy practices, please contact our Compliance Department at 541-229-7081.

We recognize that your health information, including factors like your race/ethnicity, language, gender identity, and sexual orientation, is deeply personal. We place a strong emphasis on safeguarding the privacy of our members and those we assist. It is important to note that the law mandates certain requirements, including:

- (1) Protect the privacy and manage access of the health information and personal identifiable information we create or receive;
- (2) Provide you with this notice describing how we may use and share your health information; and
- (3) Follow the terms of this notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records.
 - Ask us to 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 have shared your information.
 - Get a copy of this notice, even if you agreed to receive it electronically.
 - Choose someone to act for you.
 - File a complaint if you believe your privacy rights have been violated.
- See pages 2, 3 and 9 for more information on these rights and how to exercise them.

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.
- Help when there is a disaster.
- Use your information for marketing or sell your information.

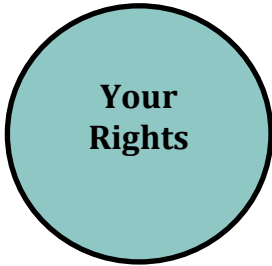
➤ See pages 4 and 5 for more information on these choices and how to exercise them.

Our Uses and Disclosures

We may use and share your information as we:

- To help manage your healthcare.
- Run our organization.
- Pay for your health services.
- To manage the details of your plan.
- Help with public health and safety issues.
- To conduct 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, other government requests, and other unique situations.
- To address lawsuits and legal actions.

➤ See pages 5 through 8 for more information on these uses and disclosures.



When it comes to your health information, you have certain rights.

You have specific rights related to your health information. To exercise these rights, you should complete a written request form available from Umpqua Health’s Compliance & Privacy Office. Sometimes, there might be a fee for the materials. If you want to know more about how to use your rights and any costs, contact the Umpqua Health Compliance & Privacy Office at 541-229-7081 or compliance@umpquahealth.com.

<p>Copies of your health and claims records.</p>	<ul style="list-style-type: none"> • You can ask to see or get a copy of your health and claims records and other health information we have about you. • We will give you a copy or a summary of your health and claims records. After you request this information, we will usually send it within 30 days. We may charge you a reasonable fee to cover costs. • We might have to say “no” to your request in certain situations. But if you do not agree with our decision, in some cases you may ask that the decision be reviewed.
<p>Ask us to correct health and claim records.</p>	<ul style="list-style-type: none"> • You can ask us to correct your health and claims records if you think they are incorrect or incomplete. • We may say “no” to your request, but we will tell you why in writing within 60 days. Please ask Customer Care for the Request for Restriction of Health Information form.
<p>Request confidential communications.</p>	<ul style="list-style-type: none"> • You can ask us to contact you in a specific way (for example, home or office 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.
<p>Ask us to limit what we use or share.</p>	<ul style="list-style-type: none"> • 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” if it would affect your care. Please ask Customer Care for the Request for Restriction of Health Information form.
<p>Get a list of who we have shared your information</p>	<ul style="list-style-type: none"> • You can ask for a list of the times we have shared your health information. The list can have up to six years of health history, who we shared it with, and why. • The list will have all the disclosures, except: <ul style="list-style-type: none"> ○ Treatment, payment, and health care operations; ○ Disclosures made with your permission; and ○ Disclosures made more than six years before your request. • We will give you one list a year for free. We will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this notice.	<ul style="list-style-type: none"> You can ask for a paper copy of this notice at any time. You can ask even if you have agreed to receive the notice electronically. We will give you a paper copy promptly.
Choose someone to act for you.	<ul style="list-style-type: none"> If you have given someone the authority to make medical decisions for you or if someone is legally responsible for you, that person can use 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 have been violated.	<ul style="list-style-type: none"> You can complain if you feel we have violated your rights. To complain, contact us using the information on page 9. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You can send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201. You can call 1-877-696-6775. Or you can visit www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not take any action against you if you decide to file a complaint.

**Your
Choices**

For certain health information, you can tell us your choices about what we share.

Tell us if you have a clear preference for how we share your information. Tell us what you want us to do, and we will follow your instructions.

<p>In these cases, you have both the right and choice to tell us to:</p>	<ul style="list-style-type: none"> • Share information with your family, close friends, or others involved in paying for your care. • Share information in a disaster relief situation. <p>We may share your health information with your family, close friends, or others involved in your care or helping pay for it, but only if you give us permission. We may also share your health information if we think it is the right thing to do based on the situation and our professional judgment, and we believe you would not object. If you cannot give approval or say no (for example, if you are unavailable or unconscious), we may share your health information related to that person’s role in your care, but only if we believe it is in your best interest.</p> <p>We might also share your health information to let your family, close friends, or those looking after you know where you are or how you are doing. For instance, during a natural disaster or emergency, we could share your health information with a disaster relief group to help inform your family about where you are and your general well-being.</p>
<p>In these cases, we will obtain your consent prior to using or disclosing your information.</p>	<ul style="list-style-type: none"> • Marketing purposes. <ul style="list-style-type: none"> ○ We will not use or share your health information to promote things you can buy, like products or services, unless you give us your written permission. • Sale of your information. <ul style="list-style-type: none"> ○ We will not sell your health information without your written permission. • Psychotherapy notes. <ul style="list-style-type: none"> ○ In most cases, we may not share your psychotherapy notes without your written permission. • HIV Test Results. <ul style="list-style-type: none"> ○ In specific situations, we need your written permission to share your test results for human immunodeficiency virus (HIV).

Our Uses and Disclosures

How do we typically use or share your health information?

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

<p>Help manage the health care treatment you receive.</p>	<ul style="list-style-type: none"> We may use and share your health information and data to help coordinate or manage your health care and any related services. This could involve sharing your health information with healthcare professionals such as doctors, nurses, technicians, and others involved in your care. This also includes third parties such as hospitals, pharmacies, or home health agencies. 	<p>Example: We may use details about your diagnosis and treatment plan, which your doctor has shared, to set up extra services for you.</p>
<p>Pay for your health services.</p>	<ul style="list-style-type: none"> We use your data so that we may pay for the health care services provided to you. We may also share your health information so that your providers can bill and be paid for your health care services. 	<p>Example: Your doctor shares information about your medical condition and treatment plan with us. We use that information to determine if your health plan covers the treatment of your condition.</p>
<p>Run our organization.</p>	<ul style="list-style-type: none"> We may use and share your health information to run our organization and reach out to you when needed. We are not permitted to use genetic information to determine whether we will provide you with coverage or how much it will cost. 	<p>Example: We may use and share your health information to coordinate care by multiple health care providers. We may also use or share your health information to develop better services for our members.</p>

How else can we use or share your health information?

We can and, sometimes, must share your information in different ways. These are usually for the greater good of the public, like public health and research. However, we must follow strict rules in the law before we can share your information for these reasons.

Appointment Reminders.	<ul style="list-style-type: none"> • We may use your health information to remind you of an upcoming appointment.
Treatment Alternatives and Related Services.	<ul style="list-style-type: none"> • We may use and share your health information to talk to you about different treatment options. This could include other treatments you could consider or services that could be helpful for your health.
Help with public health and safety issues.	<ul style="list-style-type: none"> • We may share your health information for certain public health activities such as: <ul style="list-style-type: none"> ○ Prevent or control disease. ○ Injury or Disability. ○ Report births. ○ Report deaths. Your information might be given to coroners, medical examiners, or funeral directors. ○ Report suspected abuse, neglect, domestic violence, or non-accidental physical injuries. ○ Report reactions to medications or problems with products. ○ Help with product recalls. ○ Prevent or reduce a serious threat to anyone's health or safety.
Do research.	<ul style="list-style-type: none"> • We may use or share your information for health research under certain limited circumstances.
Comply with the law.	<ul style="list-style-type: none"> • We will share your health information as required by federal, state, or local laws.
Responding to organ and tissue donation requests	<ul style="list-style-type: none"> • We may share your health information with organ donor groups or organizations that deal with organ, eye, or tissue donation or transplants to support these important medical procedures.
Work with a medical examiner or funeral director.	<ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation.	<ul style="list-style-type: none"> • We may use or share health information about you for workers' compensation claims.
Address law enforcement, other government requests, and special circumstances.	<ul style="list-style-type: none"> • We may use or share health information about you: <ul style="list-style-type: none"> ○ Assisting law enforcement in reporting or investigating crimes ○ Cooperating with health oversight agencies as authorized by law, such as investigations or audits. ○ Participating in special government activities such as military operations, national security, managing jails or prisons, and government benefit programs.
Respond to lawsuits and legal actions.	<ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order, or subpoena if certain requirements are met.

- UHA adheres to both federal and state laws. These laws encompass areas such as drug and alcohol abuse treatment and the care of mental health conditions, ensuring your information is kept confidential and secure.
- UHA can only share records related to substance abuse treatment with individuals or organizations that have a specific agreement in place with UHA for handling such records.
- When UHA shares your information with someone you have given permission to, that information might not have the same privacy protections. The person who gets the information may not have to keep it private. It is important to understand that they could share your information with others without asking for your permission.

<p>Use and disclosure of health information for fundraising activities.</p>	<ul style="list-style-type: none"> • We may use and share a limited amount of your health information to reach out to you for fundraising purposes. Any fundraising messages you get from us will provide information on how you can choose not to receive such communications.
<p>Use and disclosure of your race/ethnicity, the languages you speak and write, disability status, gender identity and sexual orientation data.</p>	<p>This data is collected, managed, and used as described below:</p> <ul style="list-style-type: none"> • <i>Data Collection.</i> The Oregon Health Authority mandates us to ask our members about their race, language, any disabilities they may have, as well as their sexual orientation and gender identity. We collect this data when you respond to our questions. Remember, you don't have to answer if you don't want to; it's your choice. If you can't answer, someone you trust, like a family member or advocate, can answer for you. Information collected is confidential. It is not subject to disclosure under Oregon Revised Statutes (ORS) 192.311 to 192.478. • <i>Managing Access.</i> We take the protection of your sensitive information very seriously at UHA. We closely monitor the handling and control of devices and media that contain this information or can be used to access it. This includes tracking the movement, storage, disposal, and reuse of these devices. • <i>Use of Data.</i> The details we collect from you, like your age and where you live, can only be used and shared the way we told you about in this privacy notice. We may use this information to understand healthcare differences, develop programs to assist people, create materials to communicate, and let healthcare workers know about language needs and pronouns. Most importantly, we will not use this information to deny you services or take them away from you.

Our Responsibilities

- We must, according to the law, keep your protected health information private and secure.
- We will inform you quickly if there is ever a situation where your information's privacy or security might have been compromised.
- 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 here 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.

Changes to This Notice

We can change the terms of this notice, and the terms will apply to all health information we already have about you, as well as any information we receive in the future. The new notice will be available on our website and upon request. We also mail out copies each year.

To use any of the privacy rights listed above you can contact UHA's Customer Care Department Monday through Friday 8am to 5pm at Phone: 541-229-4UHA | 541-229-4842.

Questions or Complaints

- If you have any questions about this notice or believe your privacy rights have been violated, please contact our Compliance Department at 541-229-7081 or compliance@umpquahealth.com.
- **Make (or file) a complaint with UHA:**
 - Phone:** Call our Grievance Coordinator at 541-229-4842 (TTY 711) or TTY 541-440-6304
 - Fax:** 541-677-5881
 - Mail:** Umpqua Health Alliance
Attention: Grievance Coordinator
3031 NE Stephens St
Roseburg, OR 97470
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by following the instructions at <https://www.hhs.gov/hipaa/filing-a-complaint>.
- We will not take any action against you if you decide to file a complaint.

To get this notice in another language, large print, Braille, or other format call 541-229-4UHA | 541-229-4842, TTY: 541-440-6304 | Toll Free: 866-672-1551

Obtenga esta información de forma gratuita en cualquier idioma o formato. Todos los servicios de interpretación son gratuitos. Llame al 541-229-4842 (TTY 711).