



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.

We know that your health information is personal and we work hard to keep it private. There are also laws that protect you and your health information. The law requires us to explain what we have to do and how we will do it. We will:

- (1) Control who can access the health information and personal identifiable information we create or receive;
- (2) Give you this notice describing how we may use and share your health information;
- (3) Tell you if there is a breach (your health information is shared or used in a way that is not allowed); and
- (4) Follow the terms of this notice.

Use Your Rights or Ask Questions

We are here to help you understand and use your rights.

UHA Customer Care

If you want to use any of the rights listed in this notice, call UHA Customer Care. Monday through Friday, 8am to 5pm, at 541-229-4UHA | 541-229-4842.

UHA Compliance Department

If you have any questions about this notice, please contact our Compliance Department at 541-229-7081 or compliance@umpquahealth.com.

Make a Complaint

You have the right to complain if you think your privacy rights have been violated. UHA will not retaliate against you for complaining. You can complain to UHA or to the U.S. Department of Health and Human Services Office for Civil Rights.

UHA Customer Care

If you would like to make a complaint, contact the UHA Grievance Coordinator. Phone: 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

U.S. Department of Health and Human Services Office for Civil Rights

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at this website: <https://www.hhs.gov/hipaa/filing-a-complaint>.

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 who we shared your information with.
- Get a copy of this notice, even if you agreed to get it electronically.
- Choose someone to act for you.
- File a complaint if your privacy rights are violated.

➤ *See page 3 of this notice for more about your rights.*

Your Choices

You have choices in the way that we use and share information.

You can tell us how you would like us to:

- Answer questions from your family and friends.
- Help when there is a disaster.
- Use your information for marketing or sell your information.

➤ *See page 4 of this notice for more about these choices.*

Using and Sharing Information

We may use and share your information as we:

- Manage your healthcare.
- Run our organization.
- Pay for your health services.
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests.
- Work with a medical examiner or a funeral director.
- Address workers' compensation
- Follow orders from law enforcement or the government.
- Address lawsuits and legal actions.

➤ *See page 5 of this notice for more about how we use and release information.*

YOUR RIGHTS	MORE INFORMATION ABOUT HOW IT WORKS
Get copies of your health and claims records.	<ul style="list-style-type: none"> • You can ask to see or get a copy of your health and claims records. We will send you a copy or a summary. Usually, we 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. In some of those situations, you can then ask us to review if you still disagree.
Ask us to fix health and claim records.	<ul style="list-style-type: none"> • If you think your record has a mistake or is incomplete, you can ask to have it updated. • We may say “no” and explain why in writing within 60 days.
Request confidential communications.	<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.
Ask us to limit what we use or share.	<ul style="list-style-type: none"> • You can ask us not to use or share certain information for treatment, payment, or our operations. To do this, fill out the Request for Restriction of Health Information form. • We do not have to agree to your request. We may say “no” if it would affect your care.
Choose someone to act for you.	<ul style="list-style-type: none"> • If you give 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 before we do anything.
Get a list of who we shared your information with.	<ul style="list-style-type: none"> • You can ask for a list of the times we shared your information. It will say who we shared it with and why. • The list will not include times we shared or used your information: <ul style="list-style-type: none"> ○ For treatment, payment, or healthcare operations; ○ With your permission; or ○ 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 agreed to receive the notice electronically. • We will send you a paper copy promptly.
File a complaint if you feel your rights have been violated.	<ul style="list-style-type: none"> • You can complain if you think we violated your rights. To complain to UHA, contact us using the information on page 1.

YOUR CHOICES	MORE INFORMATION ABOUT HOW IT WORKS
In these cases, you can tell us if you don't want us to share information.	<p>We will share information with your family, close friends, or others involved in paying for your care if:</p> <ul style="list-style-type: none"> • You tell us it's okay. • We think it's in your best interest and that you would be okay with it. This could happen if you can't tell us because you are unavailable or unconscious. We will only tell them information related to that person's role in your care. <p>We will share information with people looking for you after a disaster if:</p> <ul style="list-style-type: none"> • We think it's in your best interest and that you would be okay with it. We would let them know where you are or how you are doing. We could also share this information with a disaster relief group.
In these cases, we will ask you before we use or share your information.	<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 for sale, unless you tell us in writing that it's okay. • Sale of your information. <ul style="list-style-type: none"> ○ We will not sell your health information, unless you tell us in writing that it's okay. • Psychotherapy notes. <ul style="list-style-type: none"> ○ In most cases, we may not share your psychotherapy notes, unless you tell us in writing that it's okay. • 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).

HOW WE USE AND SHARE YOUR INFORMATION	MORE ABOUT HOW IT WORKS
Share information at your request.	You can ask us to share your information with someone. The person who gets the information may not have to keep it private. It is important to understand that they could share your information without asking you if it's okay.
Help manage the health care treatment you receive.	<p>We may use and share your health information to manage your healthcare and related services. This includes:</p> <ul style="list-style-type: none"> • Healthcare professionals • Hospitals, pharmacies, or home health agencies <p>Example: We may use details about your diagnosis and treatment plan to set up extra services for you.</p>
Pay for your health services.	<p>We use your health information so that we can pay for the services you get.</p> <p>Example: Your doctor tells us about your medical condition and treatment plan. We use that information to determine if your health plan covers the treatment.</p>
Run our organization.	<p>We use and share your health information to run OHA.</p> <p>Example: We may use and share your health information to coordinate care when you see more than one doctor. We may also use or share it to develop better services for our members.</p>
Give appointment Reminders.	We may use your health information to remind you of upcoming appointments.
Give treatment alternatives and related services.	We may use and share your health information to talk to you about treatment options. There might be other treatments or services that could help you.
Do research.	We may use or share your information for research under certain circumstances.
Comply with the law.	We will share information when federal, state, or local law requires it.
Respond to lawsuits and legal actions.	We may have to share health information about you if we get a court or administrative order, or subpoena.
Deal with workers' compensation.	We may use or share health information about you for workers' compensation claims.
Address law enforcement, government requests, and other special circumstances.	<p>We may use or share health information about you:</p> <ul style="list-style-type: none"> • To help law enforcement with crimes. • To help health oversight agencies. <p>To help military operations, national security, jails and prisons, and government benefit programs.</p>
Respond to organ and tissue donation requests.	We may share your health information with organ donor groups or organizations.

HOW WE USE AND SHARE YOUR INFORMATION	MORE ABOUT HOW IT WORKS
Help with public health and safety issues.	<p>We may share information for certain public health activities:</p> <ul style="list-style-type: none"> • To prevent or control disease. • To prevent injury or disability. • To report births. • To report deaths. • To report suspected abuse, neglect, domestic violence, or injuries that are not accidents. • To report medication reactions or product problems. • To help with product recalls. • To prevent or reduce serious threats to health or safety.
Work with a medical examiner or funeral director.	<p>We can share health information with a coroner, medical examiner, or funeral director when someone dies.</p>
Share personal data.	<p><i>Data Collection.</i> The Oregon Health Authority has us ask you some questions. They want to know your race, language, disabilities, sexual orientation, and gender identity. You don't have to answer. It's your choice. If you can't answer, someone else, like a family member, can answer for you. We keep your answers confidential. It's not part of the information we have to disclose under Oregon Revised Statutes (ORS) 192.311 to 192.478.</p> <p><i>Managing Access.</i> We work hard to protect your privacy. We have devices and media that can be used to look at your information or that store it. We keep track of where those devices are. When it is time to get rid of them, we are very careful.</p> <p><i>Use of Data.</i> We might use your information to:</p> <ul style="list-style-type: none"> • Look at healthcare differences • Start programs to help people • Give you information • Let healthcare workers know about language needs and pronouns.
Deal with highly confidential information.	<p>There are extra protections for special information.</p> <ul style="list-style-type: none"> • We cannot help with investigations or legal proceedings that have to do with looking for, getting, or giving legal reproductive healthcare. • Substance use disorder treatment records from Part 2 programs cannot be used or shared for legal proceedings unless you give written consent or we are required to by a court. • We are not allowed to use genetic information to decide if we will give you coverage or how much it will cost.

Changes to This Notice

We can change the terms of this notice. The new terms would apply to all health information we already have about you and any information we get later. You can see the updated notice at our website: <https://www.umpquahealth.com/members/rights/your-privacy/> or you can ask us for a copy. Once a year, we will mail out a copy.

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).