



## NOTICE OF PRIVACY PRACTICES

**Effective Date: April 14, 2003**

**Revised: 9/27/06; 10/31/07; 1/7/10**

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

**This notice is available in other languages and alternative formats that meet the guidelines for the Americans with Disabilities Act (ADA). Contact Lipa at phone 541-485-2155 or fax 541-683-1851.**

**Esta noticia está disponible en otras idiomas y formatos alternativos que van por los reglamentos del Acto de Americanos con Incapacidades. Llame al Lipa al 541-485-2155 o fax al 541-683-1851.**

As your contractor for the Oregon Health Plan (OHP), Lipa provides you with health services. Lipa staff must collect information about you to provide these services. Lipa knows that information we collect about you and your health is private. Lipa is required to protect this information by federal and state law. We call this information "Protected Health Information" (PHI).

The Notice of Privacy Practices tells you how Lipa may use or disclose information about you. Not all situations will be described. Lipa is required to give you notice of our privacy practices for the information we collect and keep about you. Lipa is required to follow the terms of the notice currently in effect.

### **Lipa May Use and Disclose Information Without Your Authorization**

- **For Treatment.** Lipa may use or disclose 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 Payment.** Lipa may use or disclose information to get payment or to pay for the health care services you receive. For example, Lipa may provide PHI to bill the OHP for health care provided to you.
- **For Health Care Operations.** Lipa may use or disclose information in order to manage its programs and activities. For example, Lipa may use PHI to review the quality of services you receive.

- **For Mental Health Treatment.** Lipa may disclose or exchange certain information with other OHP managed care plans for the purpose of treatment activities. This information is limited to: Oregon Health Plan member name; Medicaid recipient number; performing provider number; hospital provider name and attending physician name; diagnosis; dates of service; procedure code; revenue code; quantity of units of service provided; medication prescription and monitoring.
- **Appointments and Other Health Information.** Lipa may send you reminders for medical care checkups. Lipa may send you information about health services that may be of interest to you.
- **For Public Health Activities.** Lipa is a contractor to DHS, the public health agency that keeps and updates vital records, such as births and deaths, and tracks some diseases.
- **For Health Oversight Activities.** Lipa may use or disclose information to inspect or investigate health care providers.
- **As Required by Law and For Law Enforcement.** Lipa will use and disclose information when required or permitted by federal or state law, or by court order.
- **For Abuse Reports and Investigations.** Lipa is required by law to receive and investigate reports of abuse.
- **For Government Programs.** Lipa may use and disclose information for public benefits under other government programs. For example, Lipa may disclose information for the determination of Supplemental Security Income (SSI) benefits.
- **To Avoid Harm.** Lipa may disclose PHI to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.
- **For Research.** Lipa uses information for studies and to develop reports. These reports do not identify specific people.
- **Disclosures to Family, Friends and Others Who Are Involved In Your Medical Care.** Lipa may disclose information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information.

**Other Uses and Disclosures Require Your Written Authorization.** For other situations, Lipa will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. Lipa cannot take back any uses or disclosures already made with your authorization.

**Other Laws Protect PHI.** Many Lipa programs have other laws for the use and disclosure of information about you. For example, you must give your written authorization for Lipa to use and disclose your chemical dependency treatment records.

## Your PHI Privacy Rights

You have the following rights regarding health information Lipa maintains about you:

- **Right to See and Get Copies of Your Records.** In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.
- **Right to Request a Correction or Update of Your Records.** You may ask Lipa to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request.
- **Right to Get a List of Disclosures.** You have the right to ask Lipa for a list of disclosures made within the last six years. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.
- **Right to Request Limits on Uses or Disclosures of PHI.** You have the right to ask that Lipa limit how your information is used or disclosed. You must make the request in writing and tell Lipa what information you want to limit and to whom you want the limits to apply. Lipa is not required to agree to the restriction(s). You can request that the restriction(s) be terminated in writing or verbally.
- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.
- **Right to Choose How We Communicate with You.** You have the right to ask that Lipa share information with you in a certain way or in a certain place. For example, you may ask Lipa to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.
- **Right to File a Complaint.** You have the right to file a complaint if you do not agree with how Lipa has used or disclosed information about you.
- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.

## **How to Contact Lipa to Review, Correct, or Limit Your Protected Health Information (PHI)**

You may contact Lipa or the Lipa Privacy Officer at the address listed at the end of this notice to:

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

Lipa may deny your request to look at, copy or change your records. If Lipa denies your request, Lipa 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 Lipa or with the U.S. Department of Health and Human Services, Office for Civil Rights.

### **How to File a Privacy Complaint or Report a Privacy Problem**

You may contact Lipa at the address, phone numbers or email listed below, or the U.S. Department of Health and Human Services, Office for Civil Rights, if you want to file a complaint or to report a problem with how Lipa has used or disclosed information about you. Your benefits will not be affected by any complaints you make. Lipa cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

#### **Lipa**

Privacy Officer  
P.O. Box 11740  
Eugene, Oregon 97440-1740  
Phone: 541-762-9086  
Toll Free: 877-600-5472  
TTY: 877-600-5473  
Fax: 541-434-1291  
Email: [privacyofficer@lipa.net](mailto:privacyofficer@lipa.net)

#### **Office of Civil Rights**

Department of Health and Human Services  
2201 Sixth Avenue - Mail Stop RX-11  
Seattle, WA 98121  
Phone: 206-615-2290 or toll free 800-368-1019  
TTY: 206-615-2296 or toll free 800-537-7697  
FAX: 206-615-2297

### **For More Information**

If you have any questions about this notice or need more information, please contact the Lipa Privacy Officer.

In the future, Lipa may change its Notice of Privacy Practices. Any changes will apply to information Lipa already has, as well as information Lipa receives in the future. A copy of the new notice will be posted at Lipa as required by law. You may ask for a copy of the current notice any time you visit or contact Lipa, or get it on-line at [www.lipa.net](http://www.lipa.net).