



# PRIVACY POLICY AND PROCEDURE

In this document, CCC is referenced in place of CCC and CHA.

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**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

Terms not defined in the DEFINITIONS section of this document may be found in the Glossary.

## 1 PURPOSE

- 1.1 This policy and procedure describes the privacy of member Protected Health Information (PHI) and the choices and rights of members related to privacy and CCC's use of information and responsibilities in protecting member PHI.
- 1.2 This policy outlines the process of maintaining a public Privacy Notice to be shared with members and included in the Member Handbook. This policy relates references to *Confidentiality.PP07005*.

## 2 SCOPE

- 2.1 This policy applies to all Cascade Comprehensive Care (CCC) staff, members, vendors, providers, and subcontractors, and provider and subcontractor staff for the benefit of the member.

## 3 POLICY STATEMENT

- 3.1 CCC must maintain a public Privacy Notice that is at minimum included in the official Member Handbook published by the plan. This Privacy Notice must include CCC's confidentiality processes and member's rights and choices in CCC's sharing of information.
- 3.2 CCC will maintain a single language appropriate Privacy Notice which will be made available in two formats, standalone (PP07023.01) and in the Member Handbook (PP07023.02), with the standalone Notice acting as the master Notice for purposes of updating members of any necessary changes.

## 4 PROCEDURE

- 4.1 CCC's Privacy Notice will consist of the following sections, outlining how the organization uses health information, what information is not shared, the organization's responsibilities in protecting information, and members rights and choices in these information practices.
- 4.2 Member Choices

### Confidentiality Statement

This Privacy Policy and Procedure along with all attachments hereto shall be considered Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information



**Cascade Health Alliance, LLC**



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- 4.2.1 Members have the right and choice to tell CCC to share information with family, close friends, and others involved in their care;
- 4.2.2 Members have the right and choice to tell CCC to share information as appropriate during a disaster;
- 4.2.3 CCC may share Member Health Information if in the member's best interest and having not been explicitly restricted from doing so by the member, pursuant to policy section 4.3.
- 4.3 CCC may use Member Health Information in the following ways:
  - 4.3.1 Treatment, administration, oversight, and payment of health services;
    - 4.3.1.1 Help in managing health care treatments, such as in the processing of Prior Authorizations or approval of health care treatment referrals;
    - 4.3.1.2 Run our organization;
    - 4.3.1.3 Pay for health services received;
    - 4.3.1.4 Administer Oregon Health Plan benefits;
    - 4.3.1.5 Provide oversight of contracted providers which may include review of provider-maintained member health records.
  - 4.3.2 Information not personally identifiable;
  - 4.3.3 Respond to lawsuits and legal actions as outlined in court or administrative orders;
  - 4.3.4 Comply with federal and state laws;
  - 4.3.5 Conduct health research;
    - 4.3.5.1 CCC must ask members for permission if research is not being conducted by a CCC employee.
  - 4.3.6 Help with public health and safety issues, as may be required in preventing disease, helping with product recalls, reporting bad reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to health or safety of others;
  - 4.3.7 Respond to organ and tissue donation requests and in working with a medical examiner or funeral director;
  - 4.3.8 Address worker's compensation, law enforcement or other government official.
- 4.4 Members have rights and responsibilities in regards to their health information, as outlined:
  - 4.4.1 Get a copy of health information and claims records;
    - 4.4.1.1 CCC must respond to records requests within 30 days, as outlined in *Dissemination of Information.PP07011*.
  - 4.4.2 Request confidential communication, such as in asking communication be sent to a different address or via secure email;
  - 4.4.3 Ask CCC to limit the information that is shared;
  - 4.4.4 Ask CCC or providers to correct health and claims records;
  - 4.4.5 Choose someone to act on their behalf, such as when a representative is given medical power of attorney;

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- 4.4.5.1 Legal guardians can exercise a member's rights and make choices about health information.
- 4.4.6 Ask for a list (accounting) of whom CCC has shared member information with and why;
- 4.4.7 File a complaint if a member feels their rights have been violated;
  - 4.4.7.1 Complaints may be addressed to either or both of the following via mail, phone, or electronically:
    - 4.4.7.1.1 CCC's Privacy Officer or Compliance Officer, or;
    - 4.4.7.1.2 Department of Health and Human Services  
Office for Civil Rights  
200 Independence Avenue SW  
Washington D.C. 20201  
1-877-696-6775  
[www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)
- 4.4.8 Change preferences of how CCC shares and uses information at any time;
- 4.4.9 Request a copy of CCC's Privacy Notice at any time;
- 4.4.10 Request a copy of CCC's Privacy Notice in another language, large print, or other format.
- 4.5 CCC's responsibilities in responding to member privacy requests and in protecting Member Health Information:
  - 4.5.1 CCC's role in protecting health information:
    - 4.5.1.1 Legal requirements to protect privacy and safety of health information, including chart notes, claim records, and other health related records, pursuant to *Confidentiality.PP07005*;
    - 4.5.1.2 Legal obligation to promptly notify members in the event the privacy or security of health information may have been exposed;
    - 4.5.1.3 Follow the practices described in this policy and *Confidentiality.PP07005*;
    - 4.5.1.4 Restrict use or sharing of health information in all other ways expect for those described in this policy and those allowable under HIPAA;
    - 4.5.1.5 Verify member representatives, those with medical powers of attorney, and legal guardians have the right to act on behalf of the member.
  - 4.5.2 CCC's role in responding to member privacy and health information requests:
    - 4.5.2.1 CCC may charge a reasonable fee when asked to provide a copy or summary of health and/or claims records;
    - 4.5.2.2 CCC must respond to all health information requests within 30 days;
    - 4.5.2.3 Consider all reasonable confidential communication requests, and;
      - 4.5.2.3.1 Must comply if the member advises they would be in danger if CCC did not approve request.
    - 4.5.2.4 While CCC is not required to agree to sharing or usage limitation requests from members, CCC will comply with the request whenever possible. CCC is not likely to limit requests that may affect care or access to health services;

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- 4.5.2.5 CCC must review and respond to health and/or claim records correction requests in writing within 60 days, and may deny requests if it is not in writing or there is not documentation to support the request;
- 4.5.2.6 Provide, upon request, an accounting of member health information shared, except for when shared for the purposes of treatment, payment, and health care operations, for free once per 12 months. All other requests within a single 12-month period may be subject to a reasonable fee.
- 4.5.3 CCC's limitations:
  - 4.5.3.1 CCC follows federal and state privacy laws, which may protect and limit CCC's ability to alter protections or the ways information is used or shared related to substance use disorder, mental health conditions, and related treatments;
  - 4.5.3.2 CCC's privacy or confidentiality policies and practices may not protect information that was shared by a member's representative as this person may protect it or may give this information to another party without the member's permission.
- 4.5.4 Changes to terms of the Privacy Notice:
  - 4.5.4.1 CCC can change the terms of the Privacy Notice at which time any revisions will apply to all member health information;
  - 4.5.4.2 CCC must send notification of Privacy Notice changes or mail a new Privacy Notice to members following substantive changes;
  - 4.5.4.3 CCC must make the Privacy Notice available on its website and in its offices;
  - 4.5.4.4 CCC must maintain the current revision date in the lower right corner of the Privacy Notice.

## **5 RESPONSIBILITIES**

### **Compliance, Monitoring and Review**

- 5.1 The Executive Approval Committee will review this policy and procedure for compliance with OHA contract and guidelines at least once a year, or as applicable.

### **Reporting**

- 5.2 No additional reporting is required.

### **Records Management**

- 5.3 Team Members must maintain all records relevant to administering this policy and procedure in the recognized record management system.

## **6 RELATED LEGISLATION AND DOCUMENTS**

- 6.1 42 CFR Section 438.10 Information requirements
- 6.2 42 CFR Section 438.100 Enrollee rights
- 6.3 OAR 410-141-3300
- 6.4 HIPAA & Confidentiality.PP07005
- 6.5 [Health Insurance Portability and Accountability Act \(HIPAA\)](#)

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6.6 [Oregon Health Authority \(OHA\): Coordinated Care Organizations \(CCO\)](#)

## 7 FEEDBACK

7.1 Team Members may provide feedback about this document by emailing [policyfeedback@casadecomp.com](mailto:policyfeedback@casadecomp.com).

## 8 APPROVAL AND REVIEW DETAILS

Approval and Review	Details
Advisory Committee to Approval	Executive Review Committee
Committee Review Dates	08/01/2019
Approval Dates	08/01/2019

## 9 APPENDICES

9.1 *Privacy Notice PP07023.01*

9.2 *Handbook Privacy Notice PP07023.02*

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## Your Choices

You can tell us your choices about what we share for certain health information.

You have both the right and choice to tell us to:	We <i>never</i> share or use your information for:
<ul style="list-style-type: none"><li>• Share information with your family, close friends, and others involved with your care</li><li>• Share information during a disaster</li></ul>	<ul style="list-style-type: none"><li>• Marketing purposes</li><li>• Sale of your information</li><li>• Most psychotherapy notes</li></ul>

*We may share your information if we believe it is in your best interest, if you have not told us not to.*

## How We Use Your Information

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

Help manage the health care treatment you receive

- We may use your health information for Prior Approval or Authorization of treatment or services.
- We can use your health information and share it with professionals who are treating you.

Run our organization

- We can use and share your information to run our organization.

Pay for your health services

- We can use and share your health information as we pay for your health services.

Administer your plan

- We share your health information to Oregon Health Plan for plan administration.

Information not personally identifiable

- We may use or share your health information if it does not identify or tell who you are.

Comply with the law

- We will share information about you if state or federal laws require it, including the Oregon Health Authority (OHA), if it wants to see that we are complying with federal privacy law.

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order.

Do research

- We can use your information for health research. We will ask you for your permission if the researcher does not work for Cascade Health Alliance.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
  - Preventing disease;
  - Helping with product recalls;
  - Reporting bad reactions to medications;
  - Reporting suspected abuse, neglect, or domestic violence;
  - Preventing or reducing a serious threat to anyone's health or safety including your own.

Respond to organ and tissue donations requests and work with a medical examiner or funeral director

- We can share health information about you with organ donor organizations.
- We can share health information with a coroner, medical examiner, or funeral director when a person dies.

Address worker's compensation, law enforcement, and other government requests

- We can use or share health information about you:
  - For workers' compensation claims;
  - For law enforcement purposes or with a law enforcement official;
  - With health agencies for activities required by law;
  - For special government functions such as military, national security, and presidential protective services.

## Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable fee for these records.

Request confidential communication

- 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. We will not ask you the reason for your request.

Ask us to limit what we use or share

- 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. If we do agree, we will comply with your request whenever possible.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records kept by this office if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.
- We may say “no” to your request if your request is not in writing or does not include a reason to support the request.

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 will verify this person has the right to act for you before we take any action.

Get a list of those whom we have shared your information

- You can ask for a list (accounting) of the times we have shared your health information, who we shared it with, and why.
- We will show you all the releases except for those about treatment, payment, and health care operations. We will provide one accounting each year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting our Privacy Officer or Compliance Officer at 541-883-2947.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- You cannot lose your job, lose your coverage or be threatened, harassed or discriminated against for reporting.

## Our Responsibilities

This section describes how Cascade Health Alliance (CHA) protects your information.

### Our Role

- We are required by law to protect the privacy and safety of your health information. This includes chart notes, claim records, and other health related records.
- We will let you know promptly if the privacy or security of your information may have been exposed.
- We must follow the 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.

### Our Limitations

- CHA follows federal and state privacy laws. These laws protect the privacy of substance use disorder, mental health conditions, and related treatments.
- These privacy rules may not protect information you ask us to give to someone else. The person who gets your information may not have to protect it. They might give your information to someone else without asking you.

### Changes to the Terms of this Notice

- We can change the terms of this notice and changes will apply to all information we have about you. If we make a change, we will mail a copy to you. The new notice will be available on our website and in our office. The date will always be in the lower right corner. You can ask for a copy of the latest notice.
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**This Privacy Notice applies to Cascade Health Alliance and its contracted providers and organizations.**

**You can ask for a paper copy of this notice at any time.**

**To request this notice in another language, large print, or other format call 541-883-2947 or 1-888-989-7846.**



# Privacy Notice

This notice describes how medical information about you may be used and shared and how you can get this information. **Please review it carefully.**  
If you have any questions about this notice, contact our Privacy Officer at 541-883-2947.

## Your Choices

You can tell us your choices about what we share for certain health information.

<b>You have both the right and choice to tell us to:</b> <ul style="list-style-type: none"><li>• Share information with your family, close friends, and others involved with your care</li><li>• Share information during a disaster</li></ul>	<b>We <i>never</i> share or use your information for:</b> <ul style="list-style-type: none"><li>• Marketing purposes</li><li>• Sale of your information</li><li>• Most psychotherapy notes</li></ul>
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We may share your information if we believe it is in your best interest, if you have not told us not to.

## How We Use Your Information

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

### Help manage the health care treatment you receive

- We may use your health information for Prior Approval or Authorizations of treatment or services.
- We can use your health information and share it with professionals who are treating you.

### Run our organization

- We can use and share your information to run our organization.

### Pay for your health services

- We can use and share your health information as we pay for your health services.

### Administer your plan

- We share your health information to Oregon Health Plan for plan administration.

### Information not personally identifiable

- We may use or share your health information if it does not identify or tell who you are.

### Help with public health and safety issues

*We can share health information about you for certain situations such as:*

- Preventing disease;
- Helping with product recalls;
- Reporting bad reactions to medications;
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- Preventing or reducing a serious threat to anyone's health or safety including your own.

### Do research

- We can use your information for health research. We will ask you for your permission if the researcher does not work for Cascade Health Alliance.

### Comply with the law

- We will share information about you if state or federal laws require it, including the Oregon Health Authority (OHA), if it wants to see that we are complying with federal privacy law.

### Respond to organ and tissue donations requests and work with a medical examiner or funeral director

- We can share health information about you with organ donor organizations.
- We can share health information with a coroner, medical examiner, or funeral director when a person dies.

### Address worker's compensation, law enforcement, and other government requests

*We can use or share health information about you:*

- For workers' compensation claims;
- For law enforcement purposes or with a law enforcement official;

# Privacy Notice

- With health agencies for activities required by law;
- For special government functions such as military, national security, and presidential protective services.

## Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order.

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When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

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- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable fee for these records.

### Request confidential communication

- 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. We will not ask you the reason for your request.

### Ask us to limit what we use or share

- 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. If we do agree, we will comply with your request whenever possible.

### 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 will verify this person has the right to act for you before we take any action.

### Ask us to correct health and claims records

- You can ask us to correct your health and claims records kept by this office if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.
- We may say “no” to your request if your request is not in writing or does not include a reason to support the request.

### Get a list of those whom we have shared your information

- You can ask for a list (accounting) of the times we have shared your health information, who we shared it with, and why.
- We will show you all the releases except for those about treatment, payment, and health care operations. We will provide one accounting each year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting our Privacy Officer or Compliance Officer at 541-883-2947.
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- You cannot lose your job, lose your coverage or be threatened, harassed or discriminated against for reporting.

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- We will let you know promptly if the privacy or security of your information may have been exposed.
- We must follow the 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.

### Our Limitations

- CHA follows federal and state privacy laws. These laws protect the privacy of substance use disorder, mental health conditions, and related treatments.
- These privacy rules may not protect information you ask us to give to someone else. The person who gets your information may not have to protect it. They might give your information to someone else without asking you.

### Changes to the Terms of this Notice

- We can change the terms of this notice and changes will apply to all information we have about you. If we make a change, we will mail a copy to you. The new notice will be available on our website and in our office. The date will always be in the lower right corner. You can ask for a copy of the latest notice.

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