

APPLICATION GUIDE

Your guide to the Application for Oregon Health Plan Coverage

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What can this guide do for you?

In this guide, you'll find detailed instructions on how to fill out the Application for Oregon Health Plan Coverage. You'll also find more information about the Oregon Health Plan (OHP) and other health coverage and resources available to Oregonians.

Want help filling out your application?

Local community partners can help you fill out an application. It's free. Visit www.OregonHealthCare.gov to find community partners in your area. Or, call us at 1-800-699-9075 (TTY 711) to get help or ask for a list of community partners. You can ask for help in a different language, too.

What is the Oregon Health Plan (OHP)?

The Oregon Health Plan (OHP) covers medical care, dental care, mental health care, and outpatient substance abuse treatment for adults and children in Oregon. OHP is also known as Medicaid.

Most adults covered by OHP may have to pay a small amount - up to \$3 - when they see a doctor. This is called a copayment or copay.

For more information about OHP, go to www.OHP.oregon.gov or call us at 1-800-699-9075 (TTY 711).

How long before I know what I qualify for?

After we process your application, we will contact you to let you know what you qualify for. If you do not hear from us within **45 days**, you can request a hearing.

If you have an urgent medical need or are pregnant, please call us at 1-800-699-9075 (TTY 711) any time after you've sent in your application.

STEP 1

TELL US ABOUT YOURSELF

In Step 1, we ask for basic information about you. You will be our primary contact. Please complete Step 1 even if you are only applying for other household members.

2. Maiden or other names used

Please tell us other names you have used including those listed on your birth certificate or immigration documents.

9.-20. Home address and mailing address

9.-14. Please provide a home address, if you have one. Be sure to include your ZIP code. We need the ZIP code for your home address to make sure you enroll in a health plan that serves your area.

15. If you do not have a home address, please provide:

- The county, state and ZIP code where you spend most of your time.

16.-20. Please provide a mailing address if:

- You don't get your mail at your home address; or
 - You don't have a home address or if you have safety concerns, including domestic violence.
-

26.-27. Tax filing questions

These questions will help decide whose information, including income, should be used to determine what you qualify for. We cannot answer specific questions about how you should fill out your tax forms. To discuss questions about how to fill out tax forms, please visit www.irs.gov or consult a tax professional.

32. If you are not a U.S. citizen or national, do you have an eligible immigration status?

If you are not a U.S. citizen or national, you may still qualify for OHP. Answering this question helps us determine what you qualify for.

Use the Eligible Immigration Status list on the next page to answer the question about eligible immigration status. If you see your status in the list, check the box that says "yes." Please note, the Eligible Immigration Status list is to be used only as a guide; you can apply, and may be eligible for emergency services, even if your immigration status is not on this list. Individuals who do not have an eligible immigration status or who are undocumented may still be eligible for emergency services which include pregnancy and delivery related costs.

Eligible immigration status

- Lawful permanent resident (LPR/Green Card holder)
- Asylee
- Refugee
- Cuban or Haitian entrant
- Paroled into the U.S.
- Conditional entrant granted before 1980
- Battered spouse, child, or parent
- Victim of trafficking and his or her spouse, child, sibling, or parent
- Individual with non-immigrant status (including worker visas, student visas, and citizens of Micronesia, the Marshall Islands, and Palau)
- Temporary Protected Status (TPS)
- Deferred Enforced Departure (DED)
- Deferred Action Status*
- Certain individuals with employment authorization document
- Registry applicants
 - Order of supervision
 - Applicant for Cancellation of Removal or Suspension of Deportation
 - Applicant for Legalization under IRCA
 - Applicant for Temporary Protected Status (TPS)
 - Legalization under the LIFE Act
- Granted Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention against Torture (CAT)
- Applicant for:
 - Special Immigrant Juvenile Status
 - Adjustment to Lawful Permanent Resident Status with an approved visa petition
 - Victim of trafficking visa
 - Asylum who has either been granted employment authorization, or is under 14 years of age and has had an application for asylum pending for at least 180 days.
 - Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention against Torture (CAT) who has either been granted employment authorization, or is under 14 years of age and has had an application for withholding of deportation or withholding of removal under the immigration laws or under the CAT pending for at least 180 days.
- Lawful temporary resident
- Granted an administrative stay of removal by the Department of Homeland Security (DHS)
- Member of a federally recognized Indian tribe or American Indian born in Canada
- Resident of American Samoa

* Deferred Action for Childhood Arrivals (DACA) isn't an eligible immigration status for applying for health coverage.

Immigration document type and document ID

See the list below for some common document types and their ID #. If the document you have isn't listed, you can still write its name. If you don't have all of the information, you can leave the document type or document ID # questions blank. If needed, we will send you a letter to get more information.

If you have this document type:	List these for the document ID #:
Permanent Resident Card, "Green Card" (I-551)	Alien registration number Card number
Reentry Permit (I-327)	Alien registration number
Refugee Travel Document (I-571)	Alien registration number
Employment Authorization Card (I-766)	Alien registration number Card number Expiration date Category code
Machine Readable Immigrant Visa (with temporary I-551 language)	Alien registration number Passport number
Temporary I-551 Stamp (on passport or 1-94/1-94A)	Alien registration number
Arrival/Departure Record (I-94/I-94A)	I-94 number
Arrival/Departure Record in foreign passport (I-94)	I-94 number Passport number Expiration date Country of issuance
Foreign passport	Passport number Expiration date Country of issuance
Certificate of Eligibility for Nonimmigrant Student Status (I-20)	SEVIS ID
Certificate of Eligibility for Exchange Visitor Status (DS2019)	SEVIS ID
Notice of Action (I-797)	Alien registration number or an I-94 number
Other	Alien registration number or an I-94 number Description of the type or name of the document

For more eligible immigration documents or statuses, continue to the next page.

You can also list these documents or statuses:

- Document indicating a member of a federally recognized Indian tribe or American Indian born in Canada (Note: This is considered an eligible immigration status for Medicaid, but not for a Qualified Health Plan [QHP].)
- Office of Refugee Resettlement (ORR) eligibility letter (if under 18)
- Document indicating withholding of removal
- Administrative order staying removal issued by the Department of Homeland Security (DHS)
- Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
- Cuban or Haitian entrant
- Resident of American Samoa

33. Primary caretaker

The primary caretaker is a caretaker who is related to the child or children and who assumes primary responsibility for the child(ren)'s care. In some cases, you may qualify for OHP if you are the primary caretaker for a child or children under age 19 who: 1) live with you and 2) are related to you but are not your own children.

STEP 2 ADDITIONAL HOUSEHOLD MEMBER

In Step 2, we ask for basic information about other members of your household.

2. Maiden or other names used

Please tell us other names members of your household have used including those listed on birth certificates or immigration documents.

9.-10. Tax filing questions

These questions will help decide whose information, including income, should be used to determine what you qualify for. We cannot answer specific questions about how you should fill out your tax forms. To discuss questions about how to fill out tax forms, please visit www.irs.gov or consult a tax professional.

15. If other members of your household are not a U.S. citizen or national, do they have an eligible immigration status?

See page 4, # 32.

16. Primary caretaker

The primary caretaker is a caretaker who is related to the child or children and who assumes primary responsibility for the child(ren)'s care. In some cases, you may qualify for OHP if you are the primary caretaker for a child or children under age 19 who: 1) live with you and 2) are related to you but are not your own children.

STEP 3

INCOME AND DEDUCTIONS

In Step 3, we ask for information about your income and deductions.

2. Income from job(s)

Please tell us how much money you (and anyone else in your household) expect to make from work this month, next month and for all of 2015. If you don't know what the amount will be, you can give an estimate of the total.

- If employed by someone else, please enter "gross" income -- the amount earned **before** any taxes or other deductions are taken out.
 - If you are self-employed, please enter "net" profit -- the amount earned **after** all business costs are deducted. You can read more about self-employment, net profit and which costs can be deducted at www.irs.gov/individuals/Self-Employed.
-

3. Other income

Tell us about income you will receive from sources other than a job. You don't need to tell us about child support, veteran's payments, or Supplemental Security Income (SSI) because they are not taxable.

Taxable Tribal Income – The tribal income types listed below may not be counted for the Oregon Health Plan eligibility determination, but you should still include this income on the "Taxable Tribal Income" row:

- Per capita payments from a tribe that come from natural resources, usage rights, leases or royalties (not including per capita payments from casinos)
- Payments from natural resources, farming, ranching, fishing, leases or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations)
- Money from selling things that have cultural significance

Note: If you receive income from a tribe that is a per capita payment from a casino, enter that income in the "Per capita payments from casinos" line.

4. Deductions

Tell us about deductions that will be claimed on your federal income tax return. In general, if you are claiming a credit on your federal income tax return you cannot also deduct that expense in the same taxable year. Visit www.irs.gov for more information related to your specific situation.

STEP 4

ADDITIONAL HOUSEHOLD QUESTIONS

Answer questions 1-2 for **everyone** listed on your application, whether they are applying for health coverage or not, even if the answer is no.

1. Are you pregnant?

If you do not know your due date, you should provide your best guess or estimate of when your due date is. If you know how many babies you are expecting, list that number. If you do not know, leave it blank and we will determine your eligibility based on "1". If your due date or the number of babies you are expecting changes you can call to let us know.

Answer questions 3-9 only for people listed on your application who are applying for health coverage in your household, even if the answer is no.

3-4. Tribal Information

Providing information about tribal status will help us determine if you qualify for certain enrollment rights (see page 13).

5. Legally blind

Some people with disabilities qualify for additional health coverage. If you are receiving SSI or Medicare, or are over 65, the Aging and People with Disabilities (APD) program may send you information about other benefits. Please answer these questions to help us determine if you might qualify for this additional health coverage.

6-7. Disability-related questions

Some people with disabilities qualify for additional health coverage. If you are receiving SSI or Medicare, or are over 65, the Aging and People with Disabilities (APD) program may send you information about other benefits. Please answer these questions to help us determine if you might qualify for this additional health coverage.

9. Unpaid medical bills

If you qualify for OHP, you may be eligible for coverage if you have unpaid medical bills or received free medical services within the past three months.

If you answer this question "yes", we will contact you for more information and to determine if you qualify for past coverage.

STEP 5

CURRENT HEALTH INSURANCE

This section is only for the people in your household who are applying for OHP coverage.

Tell us if anyone who is applying for coverage has:

- Private health insurance that you or someone else pays for, including court-ordered insurance;
- Insurance you get or can get through an employer;
- Insurance provided by an absent parent;
- Insurance received as a retirement benefit (such as military);
- Insurance you receive through school;
- Any insurance you are covered by even if you can't access it in the area where you live;
- Medicaid or CHIP benefits (like the Oregon Health Plan).

STEP 6

READ AND SIGN

When you sign the application, you are agreeing to all statements in Step 6

When you apply, you have a right to:

- Ask questions about our programs, payments and services
- Talk to a person in charge
- Ask for a receipt for papers you give us
- Receive a decision about your eligibility within 45 days
- Ask for an appeal if you disagree with a decision on your Eligibility Notice
- You have 90 days from the date on the Eligibility Notice to ask for an appeal. To do this, you should use the Administrative Hearing Request form (MSC 0443). You can find this form online by visiting: <https://apps.state.or.us/Forms/Served/me0443.pdf> or get a copy of the form by calling us.
- Tell health providers if you have other health insurance. They should bill the other insurance before they bill OHP for your health care.
- Apply for and use other benefits and money you qualify for. This also applies to other people you are getting help for.
- Authorize release of your child support records from the Department of Justice and Division of Child Support to the Oregon Health Authority (on behalf of OHP).

- When you receive health coverage, you may be required to work with the state’s Child Support Program if you have a child who has an absent parent. This includes working with the Child Support Program to get cash medical support and health coverage to help pay for your child’s health expenses from a parent who does not live with them.

Important: You can ask not to work with child support if you have “good cause.” This means working with child support would be a danger for you or your children. We will give you forms that explain “good cause”. These forms tell you how the Oregon Child Support Program may be able to help you get child support and still keep you and your children safe. If you need to talk about “good cause” or have questions, please call us at 1-800-699-9075 (TTY 711).

- The things you tell the Oregon Health Authority (OHA) will be kept *private* and *confidential*. OHA follows the “Notice of Privacy Practices” shown at the end of this guide.

Estate Recovery

The Estate Recovery Program was designed for clients receiving long-term care services. Under that program, when a Medicaid client dies, in certain limited circumstances OHA will recover from the client’s estate some or all of the money spent on their long-term care services, support and medical benefits. The money recovered by the Estate Recovery Program is put back into OHA/DHS programs to help other people.

How the program works – starting October 1, 2013 – *For care provided before October 1, 2013, contact the DHS Estate Administration Unit.*

If the client was:

- **Under** 55 years, and
- In a nursing facility or intermediate care facility for individuals with intellectual or developmental disabilities for at least six months immediately prior to death.

Estate recovery will seek to recover only the benefits paid to the facility where the client lived.

If the client was:

- 55 years **or older**, and
- Receiving Medicaid to pay some or all of the cost of long-term care.*

Estate recovery will seek to recover **all** health care benefits, including OHP and the cost of the long term care that were paid during the time the client was receiving benefits to pay some or all of the cost of listed long term care. OHP benefits may include services received on a fee-for-service basis or monthly fees paid to a coordinated care organization.

* *Long term care includes assisted living facilities, residential care facilities, adult foster homes, in-home care, nursing facilities, intermediate care facilities for individuals with intellectual or developmental disabilities, and other similar long-term care.*

Medicare Part D prescription drug coverage

The federal government charges OHA a monthly payment for Medicare Part D prescription drug coverage for clients who receive both OHP and Medicare. OHA may recover this amount from the estates of these clients. Payments made to the federal government on or after January 1, 2014, will be recoverable only if the client was 55 or older when the payments were made.

Surviving spouses and children

OHA will not make a claim against an estate until the surviving spouse* dies. When the spouse passes away the claim may be submitted to the spouse's estate. OHA will not recover from the estate if the client is survived by a child younger than 18, or a child of any age who is blind or permanently and totally disabled. The disability must meet Social Security Administration criteria for permanent and total disability. The child must be a natural or legally adopted child of the Medicaid recipient.

Any person receiving assets from the client's estate may ask OHA to waive estate recovery if they meet the requirements of a hardship waiver. Instructions on how to request a hardship waiver are included in the information that the Estate Recovery Unit sends when it begins the recovery process.

** For information about how same-sex domestic partnerships or same-sex marriages may affect estate recovery, call the Estate Administration Unit.*

DHS Estate Administration Unit

PO Box 14021

Salem, OR 97303

1-800-826-5675 (toll-free inside Oregon)

503-378-2884

Fax: 503-378-3137 (Salem)

APPENDIX A

Oregon Health Plan – Choose a CCO and/or dental plan

You can use Appendix A to choose a coordinated care organization (CCO) and a dental plan. Some CCOs provide dental services. If the one you choose does not, you also have to choose a dental plan. To find a list of CCOs and dental plans in your area and to find out more about them, go to www.ohp.oregon.gov or see the list of plans that came with your application.

If you are a tribal member and eligible for OHP and you do not complete Appendix A, you will be covered by an open card until you choose to enroll in a CCO and dental plan. If you are not a tribal member, a plan will be selected for you based on where you live.

About CCOs and dental plans

All CCOs and all dental plans provide the same basic services. The doctors, nurse practitioners and other providers in the plan you choose will work together to meet your health care needs.

Tips for choosing a CCO and dental plan

- Call the doctor or clinic you have now (if you have one). Ask which plan they take.
- Find out if the providers in the plan are near where you live.
- Find the plans listed for your area. Call the plans or go to their websites to learn which doctors, nurse practitioners, clinics, hospitals, pharmacies, dentists, and mental health providers are in the plan.
- The phone numbers and website addresses for each plan are on the Comparison Chart that came with your application. They are also online at: www.ohp.oregon.gov.
- Call the plan's member services department to learn the rules for going to a specialist.

Tribal information

American Indians, Alaska Natives and people who have access to care through Indian Health Services may choose to enroll in a CCO (where available). If they enroll in a CCO, they can still access services at Indian Health Services, Urban Indian programs or tribal health clinics.

We define American Indians or Alaska Natives as one of the following:

- A member of a federally recognized Indian tribe, band, or group.
- An Eskimo or Aleut or other Alaska Native enrolled by the Secretary of the Interior under the Alaska Native Claims Settlement Act, 43 U.S.C. 1601.
- A person who is considered by the Secretary of the Interior to be an Indian for any purpose.

If you meet one of the definitions listed above and want to enroll into a CCO or dental plan you need to tell us what plan you would like. List the name of the plan in the boxes provided on Appendix A.

If you have Medicare

If you have Medicare coverage, you do not have to be in a CCO. You can ask to change your enrollment to an “open card” or fee-for-service at any time. This means that you can see any provider who accepts Oregon Health Plan members. Be sure they also accept Medicare coverage as well since Medicare is the primary payer before OHP. Please call us at 1-800-699-9075 (TTY 711) if you have any questions about this.



MEDICAL ASSISTANCE AND
PREMIUM ASSISTANCE PROGRAMS

500 Summer St. NE, E-24 Salem, OR 97301
Phone: 503-945-5780
Email: dhs.privacyhelp@state.or.us
www.oregon.gov/OHA/Pages/index.aspx

**Your Information.
Your Rights.
Our Responsibilities.**

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.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- 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've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

» **See page 2** 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
- Provide disaster relief
- Market our services and sell your information

» **See page 3** for more information on these choices and how to exercise them

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do 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, and other government requests
- Respond to lawsuits and legal actions

» **See pages 3 and 4** for more information on these choices and how to exercise them

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, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- 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

- 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.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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 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 are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- 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/.
- We will not retaliate against you for filing a complaint.

Your Choices

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

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most psychotherapy notes

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.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

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

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

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 adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

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

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

Address workers’ 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 oversight agencies for activities authorized 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, or in response to a court order.

- I. OHA may use or release protected health information (PHI) from enrollment forms to help determine what programs you are eligible for or what kind of coverage you should receive.
- II. OHA follows the requirements of federal and state privacy laws, including laws about drug and alcohol abuse and treatment and mental health conditions and treatment.
- III. OHA may use or release substance abuse records if the person or business receiving the records only has a specialized agreement with OHA.
- IV. If OHA releases information to someone else with your approval, the information may not be protected by the privacy rules and the person receiving the information may not have to protect the information. They may release your information to someone else without your approval.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- 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.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you.

Approved by Suzanne Hoffman, COO 2-14-2014

This Notice of Privacy Practices applies to the Oregon Health Authority and its business associates, including the Oregon Department of Human Services.

To use any of the privacy rights listed above you can contact your local OHA office.

To request this notice in another language, large print, Braille or other format call 503-378-3486, Fax 503-373-7690 or TTY 503-378-3523. It is available in English and translated into Spanish, Russian, Vietnamese, Somali, Arabic, Burmese, Bosnian, Cambodian, Korean, Laotian, Portuguese, Chinese, large print, and Braille.

OREGON HEALTH AUTHORITY

Privacy Officer, 500 Summer Street NE, E-24,
Salem, OR 97301

Email: dhs.privacyhelp@state.or.us

Phone: 503-945-5780

Fax: 503-947-5396