

OHP Renewal Guide

Use this guide to help you complete your OHP Renewal Part 2 form.

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You can get this document in other languages, large print, braille or a format you prefer. Call us at 1-800-699-9075. We accept all relay calls or you can dial 711.



GETTING STARTED

Tips for completing your renewal

- Sign the renewal before sending it.
- Print clearly.
- Double check your answers.
- Make sure you answer all required questions.
- Write all dates in the correct format. For example, *MM/DD/YYYY*.
- Never use “?” as an answer.

Need help filling out your renewal?

Trained community partners across the state can help you fill out your renewal. It's free.

You can find community partners who can help you apply on [OregonHealthCare.gov](https://www.oregonhealthcare.gov).

Call us at 1-800-699-9075 (TTY 711) to get help or ask for a list of community partners in your area. You can ask for help in a different language, too.

Who is in your household?

We need you to tell us about yourself and everyone else in your household. Your household includes the people below:

- You.
- Your legal spouse.
- Your children. Include children of all ages who you claim as dependents on your taxes.
- Your live-in partner if you have a child together.
- Anyone else you include on your federal income tax return; even if they do not live with you.

Important: Is someone living with you who is not on the list above? If they want health coverage, they must fill out a separate application.

People who are separated from their spouse

Are you separated from your spouse and don't know how they will file taxes? Even if you filed as “married filing jointly” in the past, answer these tax questions in the way that you yourself will file taxes for this year. If you will not file a tax return of your own, tell us that.

If you know that your spouse will include you on their federal income tax return, then you and your spouse share a tax filing group. You must include everyone that is part of your tax filing group on your renewal.

We need income information for everyone in your tax filing group. People who are part of your tax filing group, but not part of your household, will not have access to your case information.

GETTING STARTED

Where can I find my Case ID number?

Your Case ID number is listed on the letter that came with this packet. You will find it in the box on the first page:

Important: This is your case ID: **XXXXXX**

Please write this number on anything you send us. Without your case number there may be delays.

When will I know if I qualify?

We will tell you if you qualify for OHP as soon as we can make a decision. If your renewal is not complete, we may not be able to make a decision. We will send you a letter if we need more information. Please respond to our request as soon as possible.

If you do not hear from us within **45 days**, you can request a hearing. To do this, use the Administrative Hearing Request form (MSC 0443). You can find this form at: <https://apps.state.or.us/Forms/Served/me0443.pdf>. You can also call us for a copy of the form.

Do you have an urgent medical need or are you pregnant? If so, we can process your renewal faster. Make sure to complete question 2 on the first page of your renewal. If you have already sent your renewal, you can call us at 1-800-699-9075 (TTY 711).

STEP 1

In Step 1, please tell us about anyone:

- **You are adding to your household.** This would be someone who is not listed on your letter. For example, you've gotten married or had a baby sometime after you applied for OHP last year; OR
- **You are removing from your household.** This means you want to remove someone from your household that is listed on your letter. For example, you've gotten divorced sometime after you applied for OHP last year; OR
- **Who is part of your household now, but does not currently receive benefits.** This means they are listed on your letter, but they currently do not receive OHP benefits. For example, when you applied for OHP last year, you applied for coverage only for your children and now you would also like to receive OHP benefits for yourself.

1. Are you adding or removing someone from your household or are you requesting benefits for someone in your household who is not currently receiving benefits?

See page 2 for information about who to include in your household.

3. If this person is applying for OHP coverage, do they have a Social Security number (SSN)?

Providing an SSN is optional if you are not applying, but providing an SSN can speed up the application process. An SSN is required for everyone who is applying for health coverage and who has one.

If you need help getting an SSN, please call us at 1-800-699-9075 (TTY 711).

8. Is this person pregnant?

If you do not know this person's due date, provide your best guess or estimate of their due date. If you know how many babies this person is expecting, list that number. If you do not know, leave it blank and we will determine their eligibility based on "1". If their due date or the number of babies expected changes, call to let us know. Call us at 1-800-699-9075 (TTY 711).

11. Is this person an American Indian or Alaska Native?

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.

See other special rules for American Indians and Alaska Natives:

- Step 1, question 16 on page 5.
- Step 4, question 3 on page 10.

14. Does this person have an eligible immigration status?

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

Use the list on page 14 of this guide to answer the question about eligible immigration status. If you see this person's status in the list, check "YES."

Note: The list on page 14 is to be used only as a guide. This person may be eligible for emergency services, even if their immigration status is not listed on page 14. If this person does not have an eligible immigration status or they are undocumented, they may still be eligible for emergency services. Emergency services include pregnancy and delivery related costs.

16. Tell us which coordinated care organization (CCO) this person chooses

A coordinated care organization (CCO) is a network of health care providers like doctors, dentists and counselors in your area. These providers work together to make sure your care focuses on you.

To find a list of CCOs in your area and to find out more about them, go to OHP.Oregon.gov.

If this person is a tribal member and does not choose a CCO, they will be covered by an open card until they choose to enroll in a CCO. If they are not a tribal member, a CCO will be selected for them based on where they live.

Open card or "fee for service" means that they can see any provider who accepts Oregon Health Plan members.

Tips for choosing a CCO

- Call the doctor or clinic this person uses now (if they have one). Ask which CCO they take.
- Find out if the providers in the CCO are near where this person lives.
- Find the CCOs listed for this person's area. Call the CCOs or go to their websites to learn which doctors, nurse practitioners, clinics, hospitals, pharmacies, dentists, and mental health providers are in the CCO.
- The phone numbers and website addresses for each CCO are online at OHP.Oregon.gov.
- Call the CCO'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 this person meets one of the definitions listed above and wants to enroll into a CCO they need to tell us what CCO they would like.

Medicare

If this person has Medicare coverage, they do not have to be in a CCO. They can ask to change their enrollment to open card at any time. Be sure the provider also accepts 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.

STEP 1

17. Primary caretaker

This person may qualify for OHP if they are the primary caretaker for a child under age 19 who is not their own child. The child must live with them and be related to them. The primary caretaker is the main person responsible for the child's care.

18. Unpaid medical bills

Does this person have any medical bills from the past three months that they need help paying? If so, they could qualify for OHP, to help pay for these bills, for up to three months before they apply.

By medical bills, we mean the amount you have to pay for:

- Doctor or dentist visits;
- Hearing aids, eyeglasses or other durable medical supplies;
- Medicines prescribed by a doctor;
- Hospital visits;
- Health insurance premiums, fees, copayments, deductibles, and other payments;
- Transportation to medical appointments.

Note: OHP can only pay **providers** for health services. OHP cannot pay this person back for any bills they have already paid.

21/22/23. Disability related questions

Some people with disabilities qualify for additional health coverage. If this person is receiving SSI or Medicare, or is over 65, the Aging and People with Disabilities (APD) program or Area Agency on Aging (AAA) may send you information about other benefits.

STEP 2

Please answer the questions in Step 2 for the people listed on your OHP Renewal Part 1 letter.

1. Has your home address changed?

If your home address has changed, please give us your new 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.

If you do not have a home address, please tell us the state, ZIP code and county where you spend most of your time.

2. Has your mailing address changed?

If your mailing address has changed, please give us your new address, if you have one.

Give a mailing address if:

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

Note: Your mailing address can be any address where you can receive mail. This could be the address of a friend, family member, organization, etc.

5. Is anyone in your household 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.

10. Do you want to change your coordinated care organization (CCO)?

You can change your CCO when you renew your coverage.

To find a list of CCOs in your area and to find out more about them, go to OHP.Oregon.gov.

Tips for choosing a CCO

- Call the doctor or clinic you use now (if you have one). Ask which CCO they take.
- Find out if the providers in the CCO are near where you live.
- Call a CCO or go to their website to learn which doctors, nurse practitioners, clinics, hospitals, pharmacies, dentists, and mental health providers are in the CCO.
- Call the CCO's member services department to learn the rules for going to a specialist.

Note: If you are an American Indian or Alaska Native or have Medicare coverage, you can join, change or leave a CCO at any time.

STEP 3

1. Does anyone listed on your OHP Renewal need to report a change to their tax filing status OR are you adding someone to your household?

See page 2 of this guide for information about who to include in your household.

A change includes anything that is different from what you told us before. For example: a change between married filing jointly vs. filing as single; claiming more or fewer dependents than before; someone was a tax dependent but will not be anymore.

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 [IRS.gov](https://www.irs.gov) or ask a tax professional.

Are you separated from your spouse and don't know how they will file taxes?

Are you separated from your spouse and don't know how they will file taxes? Even if you filed as "married filing jointly" in the past, answer these tax questions in the way that you yourself will file taxes for this year. If you will not file a tax return of your own, tell us that.

If you know that your spouse will include you on their federal income tax return, then you and your spouse share a tax filing group. You must include everyone that is part of your tax filing group on your application.

STEP 4

In Step 4, we need you to tell us about income from a job, self-employment income, other taxable income and the types of deductions you claim on your federal tax return.

We need income information for everyone in your household. See page 2 of this guide for information about who to include in your household. If you are not adding someone to your household and your income/deductions have not changed since you applied last year, answer No to the questions in Step 4.

IMPORTANT: Sending proof

Sending proof of income with your renewal may help us process your information faster. Please send proof if:

- Your income has changed in the past two months, or if you expect it to change within the next month.
- You are self-employed.

If you do not send proof and we need it, we will send you a follow-up letter.

If the proof you send does not match the amount you list in Step 4, tell us why. For example, “My pay stub is from last month and I now work less,” or “I am self-employed and last month I had more work.”

For each proof of income you send, list the name and birthdate of the person who earned it.

1. Does anyone listed on your OHP Renewal need to report a change to their taxable income from a job OR are you adding someone to your household who earns taxable money from a job?

Please tell us how much money you and anyone else in your household currently make from work. See page 2 of this guide for information about who to include in your household.

Please list your “gross” income – the amount earned **before** any taxes or other deductions are taken out. If the amount of your wages changes each week, enter how much you expect to earn for the whole month, or enter the amount you will earn based on the average number of hours you are working right now.

Examples of proof you can send: most recent pay stubs or a letter from your employer.

2. Does anyone listed on your OHP Renewal need to report a change to their self-employment OR are you adding someone to your household who earns money from self-employment?

Please tell us how much money you and anyone else in your household currently make from self-employment. See page 2 of this guide for information about who to include in your household.

Please list the “gross” amount – the amount earned **before** all business costs are deducted. You can read more about self-employment, profit and which costs can be deducted at [IRS.gov/individuals/Self-Employed](https://www.irs.gov/individuals/self-employed). Please send proof for any changes in self employment.

Examples of proof you can send:

- Tax forms. It is OK if the tax forms are from the previous year. For example, if you have not filed your 2015 tax forms, you can send your 2014 tax forms (filed in 2015). If income for the previous year is not the same as this year, include a note that explains why. For example, “I didn’t have as many clients this year.”
- Copies of bookkeeping records, contracts, work agreements and sales receipts.
- Invoices if they show the date your business received payment.
- Calendars with dollar amounts written on dates the business received payments.
- Handwritten statements from your clients stating how much was paid as an amount or on specific dates.

STEP 4

3. Does anyone listed on your OHP Renewal need to report a change to their other taxable income that is not from a job or self-employment OR are you adding someone to your household who receives other taxable income that is not from a job or self-employment?

Please tell us about income you and anyone else in your household currently receive from sources other than a job. See page 2 of this guide for information about who to include in your household.

Do not include child support, foster care income, veteran's payments, Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI).

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 in this section and tell us the type of tribal income it is. Include:

- 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 and write "Per capita payments from casinos" for the "Type of other income."

Examples of proof you can send: check stubs, award letters or other written proof.

4. Does anyone listed on your OHP Renewal or anyone you are adding to your household receive income from Social Security Benefits (SSB) or Social Security Disability Insurance benefits (SSDI)?

Please tell us about income you and anyone else in your household currently receive from Social Security Benefits (SSB) or Social Security Disability Insurance (SSDI) benefits. Please list both the taxable and non-taxable amounts. See page 2 of this guide for information about who to include in your household.

Examples of proof you can send: check stubs, award letters or other written proof.

5. Does anyone listed on your OHP Renewal need to report a change to the deductions they claim on their federal tax return or other allowable deductions OR are you adding someone to your household who claims an allowable deduction?

Tell us about deductions that you and anyone in your household will claim on your federal income tax return. See page 2 of this guide for information about who to include in your household.

In general, if you claim a credit on your federal income tax return you cannot also deduct it as an expense in the same tax year. Visit www.irs.gov to learn more.

Deductions include things like: alimony paid; student loan interest; educator expenses; school tuition and fees; and American Indian/Alaska Native income.

We cannot answer specific questions about how you should fill out your tax forms. For questions about how to fill out tax forms or what deductions/expenses are allowable, please visit www.irs.gov or talk with a tax professional.

STEP 5 Other health coverage

1. **Has anyone listed on your OHP Renewal had a change to health insurance (not OHP coverage) that they are covered by, offered or eligible for OR are you adding someone to your household who is covered by, offered or eligible for health insurance?**

Examples of other health coverage include:

- 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 Children's Health Insurance Program (CHIP) benefits from another state.

STEP 6

If you have an employer who offers health coverage, please fill out Step 6. If you have questions about how to fill out the form, please contact your employer.

If anyone in your household has employer coverage and is found eligible for OHP, the State of Oregon may be able to pay you back for the portion of the premium you pay. Please complete Step 6 so we can determine if you might qualify to be paid back. If we need more information we will contact you.

STEP 7

When you sign the renewal, you are agreeing to all statements in Step 7.

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 (OHA) on behalf of OHP.
- The things you tell the OHA will be kept *private* and *confidential*. OHA follows the "Notice of Privacy Practices" shown at the end of this guide.

STEP 7

Cooperating with medical support

By accepting medical assistance, you allow the Oregon Child Support Program to enforce medical support from the child's absent parent (a parent who does not live with the child). 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 an absent parent.

You must help the Child Support Program find the absent parent unless there is a good reason not to do so, such as domestic violence. This is called having a "good cause" exception. If it is decided that you have to work with the Child Support Program to establish or enforce child support and you do not, you may lose medical assistance.

To ask for a "good cause" or if you have questions about "good cause," call us at 1-800-699-9075 (TTY 711). This means working with child support would be a danger for you or your children.

Estate Recovery

The Estate Recovery Program was designed for members receiving long-term care services. Under that program, when a Medicaid member dies, in certain limited circumstances OHA will recover from the member'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 and DHS programs to help other people.

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

If the member was in a nursing facility or intermediate care facility for people with intellectual or developmental disabilities for at least six months immediately prior to death:

The Estate Recovery Program will seek to recover only the benefits paid to the facility where the member lived prior to the member turning age 55.

If the member was 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 member was receiving benefits to pay some or all of the cost of listed long-term care from age 55 on. OHP benefits may include services received on a fee-for-service basis or monthly fees paid to a CCO.

* *Long-term care includes assisted living facilities, residential care facilities, adult foster homes, in-home care, nursing facilities, intermediate care facilities for people 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 member who receive both OHP and Medicare. OHA may recover this amount from the estates of these member. Payments made to the federal government on or after Jan. 1, 2014, will be recoverable only if the member was 55 or older when the payments were made.

Surviving spouses and children

The Estate Recovery Program 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. The Estate Recovery Program will not recover from the estate if the member is survived by a child younger than 21, 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 member.

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

Hardship waivers

Any person receiving assets from the member'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.

DHS Estate Administration Unit

PO Box 14021
Salem, OR 97301

1-800-826-5675 (toll-free inside Oregon)
503-378-2884
Fax: 503-378-3137 (Salem)

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
 - Person 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 (Deferred Action for Childhood Arrivals [DACA] isn't an eligible immigration status for applying for health coverage)
 - Certain people 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
-

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

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 on the application. If you don't have all of the information, you can leave the document type or document ID # questions.

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.

Immigration document type and document ID #, continued

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
-



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.

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- 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

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

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- 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.

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- 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.

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- 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

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- 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.

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- 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