

Trillium Community Health Plan

Notice of Privacy Practices

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.

Effective 3.13.2023

For help to translate or understand this, please call 1-877-600-5472.

Hearing impaired TTY 1-877-600-5473.

Si necesita ayuda para traducir o entender este texto, por favor llame al telefono. 1-877-600-5472. TTY 1-877-600-5473

Covered Entity Duties:

Trillium Community Health Plan (Trillium) is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Trillium is required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices related to your PHI, abide by the terms of the Notice currently in effect and notify you in the event of a breach of your unsecured PHI.

This Notice describes how we may use and disclose your PHI. It also describes your rights to access, amend and manage your PHI and how to exercise those rights. All other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization.

Trillium reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI we already have as well as your PHI we receive in the future. Trillium promptly revises and distributes this Notice whenever there is a material change to the following:

- The Uses or Disclosures
- Your rights
- Our legal duties
- Other privacy practices stated in the notice.

We make revised Notices available on our website or through a separate mailing.

Internal Protections of Oral, Written and Electronic PHI:

Trillium protects your PHI. We have privacy and security processes to help.

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for a business reason with people who need to know.
- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

Permissible Uses and Disclosures of Your PHI:

The following is a list of how we may use or disclose your PHI without your permission or authorization:

- **Treatment** - We may use or disclose your PHI to a physician or other health care provider providing treatment to you, to coordinate your treatment, or to assist us in making prior authorization decisions related to your benefits.
- **Payment**- We may use and disclose your PHI to make benefit payments for the health care services provided to you. We may disclose your PHI to another health plan, to a health care provider, or other entity subject to the federal Privacy Rules for their payment purposes. Payment activities may include
 - processing claims
 - determining eligibility or coverage for claims
 - issuing premium billings
 - reviewing services for medical necessity
 - performing utilization review of claims
- **HealthCare Operations** - We may use and disclose your PHI, including race, ethnicity and language, sexual orientation and gender identity, to perform our healthcare operations. These activities may include:
 - providing customer service
 - responding to complaints and appeals
 - providing case management and care coordination
 - conducting medical review of claims and other quality assessment improvement activities
 - designing intervention programs
 - designing and directing outreach materials
 - informing health care practitioners and providers about your language needs
 - assessing health care disparities

In our healthcare operations, we may disclose PHI to business associates. We have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity subject to the federal Privacy Rules. The entity must also have a relationship with you for its healthcare operations. This includes the following:

- quality assessment and improvement activities
- reviewing the competence or qualifications of healthcare professionals
- case management and care coordination
- detecting or preventing healthcare fraud and abuse.

Other Permitted or Required Disclosures of Your PHI:

- **Appointment Reminders/Treatment Alternatives** - We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us or to provide you with information regarding treatment alternatives or other health-related benefits and services, such as information on how to stop smoking or lose weight.

- **As Required by Law** - If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI information to the extent that the use or disclosure complies with such law and is limited to the requirements of such law. If two or more laws or regulations governing the same use or disclosure conflict, we will comply with the more restrictive laws or regulations.
- **Public Health Activities** - We may disclose your PHI to a public health authority for the purpose of preventing or controlling disease, injury, or disability. We may disclose your PHI to the Food and Drug Administration (FDA) to ensure the quality, safety or effectiveness products or services under the jurisdiction of the FDA.
- **Victims of Abuse and Neglect** - We may disclose your PHI to a local, state, or federal government authority, including social services or a protective services agency authorized by law to receive such reports if we have a reasonable belief of abuse, neglect or domestic violence.
- **Judicial and Administrative Proceedings** - We may disclose your PHI in judicial and administrative proceedings. We may also disclose it in response to the following:
 - an order of a court
 - administrative tribunal
 - subpoena
 - summons
 - warrant
 - discovery request
 - similar legal request.
- **Law Enforcement** - We may disclose your relevant PHI to law enforcement when required to do so. For example, in response to a:
 - court order
 - court-ordered warrant
 - subpoena
 - summons issued by a judicial officer
 - grand jury subpoena

We may also disclose your relevant PHI to identify or locate a suspect, fugitive, material witness, or missing person.

- **Coroners, Medical Examiners and Funeral Directors** - We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as necessary, to carry out their duties.
- **Organ, Eye and Tissue Donation** – We may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking or transplantation of cadaveric organs, eyes, or other tissues.
- **Threats to Health and Safety** - We may use or disclose your PHI if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
- **Specialized Government Functions** - If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI:

- to authorized federal officials for national security
 - to intelligence activities
 - the Department of State for medical suitability determinations
 - for protective services of the President or other authorized persons
- **Workers' Compensation** - We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law, which provide benefits for work-related injuries or illness without regard to fault.
 - **Emergency Situations** – We may disclose your PHI in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previously identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interest. If the disclosure is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.
 - **Inmates** - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with health care; to protect your health or safety; the health or safety of others; or for the safety and security of the correctional institution.
 - **Research** - Under certain circumstances, we may disclose your PHI to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your PHI.

Uses and Disclosures of Your PHI Requiring Written Authorization

We are required to obtain your written authorization to use or disclose your PHI, with limited exceptions, for the following reasons:

Sale of PHI – We request your written authorization before we make any disclosure that is deemed a sale of your PHI, meaning that we are receiving compensation for disclosing the PHI in this manner.

Marketing – We request your written authorization to use or disclose your PHI for marketing purposed with limited exceptions, such as when we have face-to-face marketing communications with you or when we provide promotional gifts of nominal value.

Psychotherapy Notes – We request your written authorization to use or disclose any of your psychotherapy notes we may have on file with limited exception, such as for certain treatment, payment or healthcare operation functions.

Individual Rights

The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us using the information at the end of this Notice.

- **Race, Ethnicity, Language, Sexual Orientation and Gender Identity Information-** You have the right to keep your race, ethnicity and language, sexual orientation and gender identity confidential. Trillium uses some of the following methods to protect your information:

- We maintain paper documents in locked file cabinets
- We keep information about you on our computers secure
- We use password protection and limit who can see your information
- We train and monitor those who can access your data

We will never use your REL and SOGI for underwriting, rate setting or benefit determinations or disclose your REL or SOGI to unauthorized individuals.

- **Right to Request Restrictions** - You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment or healthcare operations, as well as disclosures to persons involved in your care or payment of your care, such as family members or close friends. Your request should state the restrictions you are requesting and state to whom the restriction applies. We are not required to agree to this request. If we agree, we comply with your restriction request unless the information is needed to provide you with emergency treatment. However, we restrict the use or disclosure of PHI for payment or health care operations to a health plan when you have paid for the service or item out of pocket in full.
- **Right to Request Confidential Communications** - You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the reason is for your request, but you must state that the information could endanger you if the communication means or location is not changed. We must accommodate your request if it is reasonable and specifies the alternative means or location where you PHI should be delivered.
- **Right to Access and Receive a Copy of your PHI** - You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. If we deny your request, we provide you a written explanation and tell you if the reasons for the denial can be reviewed and how to ask for such a review or if the denial cannot be reviewed.
- **Right to Amend your PHI** - You have the right to request that we amend, or change, your PHI if you believe it contains incorrect information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request for certain reasons, for example, if we did not create the information you want amended and the creator of the PHI is able to perform the amendment. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision and we will attach your statement to the PHI you request that we amend. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.
- **Right to Receive an Accounting of Disclosures** - You have the right to receive a list of instances within the last 6 years period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, health care operations, or disclosures you authorized and certain other activities. If you request this accounting more than once in a 12-month period, we may

charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fees at the time of your request.

- **Right to File a Complaint** - If you believe your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us in writing or by phone using the contact information at the end of this Notice.

You may also file a complaint with the Secretary of 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 or calling 1-800-368-1019, (TTY: 1-866-788-4989) or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

WE DO NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.

- **Right to Receive a Copy of this Notice** - You may request a copy of our Notice at any time by using the contact information list at the end of the Notice. If you receive this Notice on our web site or by electronic mail (e-mail), you are also entitled to request a paper copy of the Notice.

NON-DISCRIMINATION NOTICE

Do you think Trillium Community Health Plan (Trillium) has treated you unfairly?

Trillium must follow state and federal civil rights laws. It cannot treat people unfairly in any of its programs or activities because of a person's:

- Age
- Color
- Disability
- Gender identity
- Marital status
- National Origin
- Race
- Religion
- Sex
- Sexual orientation
- Health Status
- Need for services

You have a right to enter, exit, and use buildings and services. You have the right to get information in a way you understand. Trillium will make reasonable changes to policies, practices, and procedures by talking with you about your needs.

To report concerns, get help filing a complaint or to get more information, please contact Member Services at 541-485-2155; Toll Free: 1-877-600-5472; TTY: 1-877-600-5473, Monday through Friday, 8:00 a.m. to 5:00 p.m. You can leave a message at other times, including weekends and federal holidays. We will return your call the next business day. The call is free.

If you believe you have been discriminated against, you may also contact:

Levi Welbourne, Senior Manager, Grievance & Appeals
555 International Way, Building B Springfield, OR 97477
Phone: 541-485-2155 Toll-free 1-877-600-5472 (TTY 711)
Email: grievances@trilliumchp.com
Web: www.trilliumohp.com/members/oregon-health-plan/for-members/member-satisfaction.html

You have a right to file a civil rights complaint with these organizations:

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

Web: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Phone: (800) 368-1019, (800) 537-7697 (TDD)

Email: OCRComplaint@hhs.gov

Mail: Office for Civil Rights, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201

Oregon Health Authority (OHA) Civil Rights

Web: www.oregon.gov/OHA/EI

Email: OHA.PublicCivilRights@odhsoha.oregon.gov

Phone: (844) 882-7889, 711 TTY

Mail: Office of Equity and Inclusion Division, 421 SW Oak St., Suite 750, Portland, OR 97204

Bureau of Labor and Industries Civil Rights Division

Phone: (971) 673-0764

Email: boli_help@boli.oregon.gov

Mail: Bureau of Labor and Industries Civil Rights Division, 800 NE Oregon St., Suite 1045, Portland, OR 97232

You can get this letter in another language, large print, or another way that is best for you. You can also have a language interpreter. This help is free. Call 1-877-600-5472 (TTY/TDD 711).

Puede recibir esta carta en otro idioma, en letra grande o en el formato que sea mejor para usted. También puede tener un intérprete de idiomas. Esta ayuda es gratuita. Llame al 1-877-600-5472 (TTY/TDD 711).

English:

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-600-5472; TTY: 1-877-600-5473.

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-600-5472; TTY: 1-877-600-5473.

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-600-5472; TTY: 1-877-600-5473.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-600-5472; TTY: 1-877-600-5473.

Arabic:

تنبيه: إذا كنت تتحدث اللغة العربية فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بـ على رقم 1-877-600-5472. رقم هاتف الصم والبكم: 1-877-600-5473.

Somali:

OGAYSIIN: Haddii aanad ku hadal Ingiriisi, luqadda adeegyada kaalmada, bilaash ah, ayaa adiga lagu heli karaa. Soo wac 1-877-600-5472; TTY: 1-877-600-5473.

Chinese Simplified:

敬请注意：如果您不会说英文，您可以致电如下号码，获得免费的语言援助服务：1-877-600-5472；TTY：1-877-600-5473。

Chinese Traditional:

請注意：如果您不講英文，您可以致電以下號碼以獲得免費的語言支援服務：1-877-600-5472；TTY：1-877-600-5473。

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-600-5472; TTY: 1-877-600-5473.

Hmong:

សម្គាល់:ប្រសិនបើអ្នកមិននិយាយភាសាអង់គ្លេសទេសេវាជំនួយផ្នែកភាសាមានផ្តល់ជូនអ្នកដោយមិនគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខ 1-877-600-5472; TTY: 1-877-600-5473 ។

Marshallese:

KÖJJELÄ: Elaññe kwōjab jelä Kajin Pälle, ewōr riukok ñan jibañ eok l'm ejjelok wonen. Kūrlök 1-877-600-5472; TTY: 1-877-600-5473.

Chuukese:

ASINEI NGENI KEMI: Ika pwe kose kan kapas fosun Merika, angangen aninisin fosun fonu kena, ese wor momon, ra kawor ngonuk. Kori 1-877-600-5472; TTY: 1-877-600-5473.

Tagalog:

ATENSIYON: Kung hindi ka nagsasalita ng Ingles, magagamit mo ang mga serbisyong tulong sa wika nang walang bayad. Tumawag sa 1-877-600-5472; TTY: 1-877-600-5473.

German:

ACHTUNG: Wenn Sie kein Deutsch sprechen, stehen Ihnen kostenlose telefonische Sprachhilfen zur Verfügung. Rufen Sie an unter 1-877-600-5472; Fernschreiber: 1-877-600-5473.

Portuguese:

ATENÇÃO: Caso você não fale inglês, existem serviços de assistência linguística gratuitos. Ligue para 1-877-600-5472; TTY: 1-877-600-5473.

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-600-5472; TTY: 1-877-600-5473. まで、電話にてご連絡ください

Українська (Ukrainian)

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером. 1-877-600-5472; TTY: 1-877-600-5473