

# We Care About Your Privacy.

## **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.**

At ODS, we respect the privacy of your protected health information and will maintain its confidentiality in a responsible and professional manner. Protected health information includes any information regarding your health care that can identify you as the recipient of the health care services. We are required by law to provide you with this notice and abide by its terms.

This notice explains how we gather and use information about you and when we can share information with others. It also describes your rights as our valued customer and how you can exercise these rights.

### **HOW WE COLLECT AND PROTECT INFORMATION**

We collect information from enrollment or application forms. Examples of information gathered are: Member name, address and Social Security number, general health status information, employment and other information relevant to coverage. We also collect information from insurance transactions with ODS and our affiliates. This includes information such as claims, service authorization requests, deductible and co-payments. While most information we collect is in writing, we may also gather information in person, by telephone or electronically.

We ensure the security of your information through physical, technical and procedural safeguards. All information collected is treated in a confidential and secure manner whether you are a prospective, current or former customer.

### **HOW WE USE OR SHARE INFORMATION**

We use protected health information and may share it with others to assist in your treatment, payment for your treatment, and our business operations.

- ▶ We will use the information to pay your health care bills that have been submitted to us by dentists, doctors, hospitals and others.
- ▶ We may share your information with healthcare professionals to help them provide medical and dental care to you. For example, we may send medical information about you to a specialist as part of a referral.
- ▶ We may use or share your information with others to help manage your health care. For example, we may talk to your doctor to suggest a disease management or wellness program that could help improve your health.

## Providing Healthcare Information Where It's Needed.

### **WE MAY USE INFORMATION ABOUT YOU**

- ▶ To give you information about alternative medical treatments and programs or about health related products and services you may be interested in. For example, we sometimes send out newsletters to let you know about "healthy living" alternatives such as smoking cessation or weight loss programs.
- ▶ For underwriting or other activities relating to the issuance of a contract for health insurance.

### **WE MAY SHARE YOUR INFORMATION**

- ▶ With a family member or friend to the extent necessary to help with your health care or with payment for your health care when you are unable to provide authorization due to, for example, a medical emergency.
- ▶ With authorized private or public entities to assist in disaster relief efforts.
- ▶ With other individuals or companies who perform business functions on our behalf, for example, a company that does data entry on our behalf.
- ▶ With the plan sponsor, agent or consultant of the employee benefit plan through which you receive health benefits to permit the sponsor to perform plan administration functions.

## Protecting Your Personal Healthcare Information.

### **ADDITIONAL TYPES OF DISCLOSURES**

**We will not use or disclose your protected health information unless we are allowed or required by law to do so. The following are additional types of disclosures we may make:**

- ▶ To state and federal agencies who regulate us. (For example, the US Department of Health and Human Services and the State Insurance Department).
- ▶ To authorized public health agencies. For instance, we may report concerns to the Food and Drug Administration regarding prescription drug and medical device problems.
- ▶ To appropriate authorities if we believe you are a victim of child abuse or neglect, domestic violence or other crimes.
- ▶ To the appropriate agencies if we believe there is

- a serious health or safety threat to you or others.
- ▶ To health oversight agencies for activities authorized by law including audits, criminal investigations, licensure or disciplinary actions.
- ▶ To law enforcement agencies for identification and location of a suspect, fugitive, material witness, crime victim or missing person.
- ▶ To a court or administrative agency in response to a search warrant, subpoena or other lawful process.
- ▶ To coroners, medical examiners and organ procurement entities and for research in limited cases.
- ▶ To military authorities and authorized federal officials for intelligence, counterintelligence, and other national security activities.
- ▶ To the extent necessary to comply with laws relating to worker's compensation or other similar programs.

**Your authorization is required for uses and disclosures other than those allowed or required by law. If you provide authorization for the use and disclosure of your information and later change your mind, you may revoke the authorization.**

# Know Your Rights

## YOUR RIGHTS

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- ▶ You have the right to request that we not use or disclose your protected health information for treatment, payment, or health care operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. The request must be made in writing. While we will consider your request for restrictions, we are not required to agree to these restrictions.
- ▶ You have the right to request that your protected health information be communicated to you in a confidential manner such as sending mail to an address other than your home. The request must be made in writing. We will accommodate reasonable requests.
- ▶ In most cases, you have the right to inspect and obtain a copy of protected health information records that we use to make decisions about your care. Your request must be made in writing. We may charge a reasonable fee for copying and postage.
- ▶ If you believe that the protected health information in your record is incorrect or if important information is missing, you have the right to request that we amend the records. Your request must be in writing and include the basis for your request. We may deny your request if the information was not created by us, if it is not maintained by us, or if we determine that the record is accurate.
- ▶ You have the right to receive an accounting of certain disclosures of your information made by us during the six years prior to your request. The accounting will not include disclosures:
  - ▷For treatment, payment, and health care operations purposes;
  - ▷Made to you;

- ▷Incident to a use or disclosure otherwise permitted;
- ▷Made pursuant to your authorization;
- ▷To persons involved in your care
- ▷For national security or intelligence purposes;
- ▷To correctional institutions or law enforcement agencies
- ▷Made as part of a limited data set for research, public health, or health care operations purposes; and
- ▷Made prior to April 14, 2003.

We will provide at no charge one accounting upon request every 12 months. We may charge a fee for an additional accounting within 12 months. We will inform you in advance of the fee and allow you to withdraw or modify your request.

## EXERCISING YOUR RIGHTS

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- ▶ You have a right to receive a paper copy of this notice upon request at any time. Log on to [www.odscompanies.com](http://www.odscompanies.com) to access this notice.
- ▶ If you have any questions about this notice or about how we use or disclose information, please contact the ODS Privacy Office at 503-243-4492 or 800-852-5195 extension 4492. The office is open Monday through Friday from 8:30 a.m. to 4:30 p.m.
- ▶ If you believe your privacy rights have been violated, you may send a complaint to:  
**The ODS Companies, Privacy Office**  
601 SW 2nd Avenue  
Portland OR 97204

- ▶ You may also file a written complaint with the Department of Health and Human Services (DHHS), Office of Civil Rights. Log on to [www.hhs.gov/ocr](http://www.hhs.gov/ocr) to find the contact information. You may also contact our office for more specific information.
- ▶ We will not take any action against you for filing a complaint.

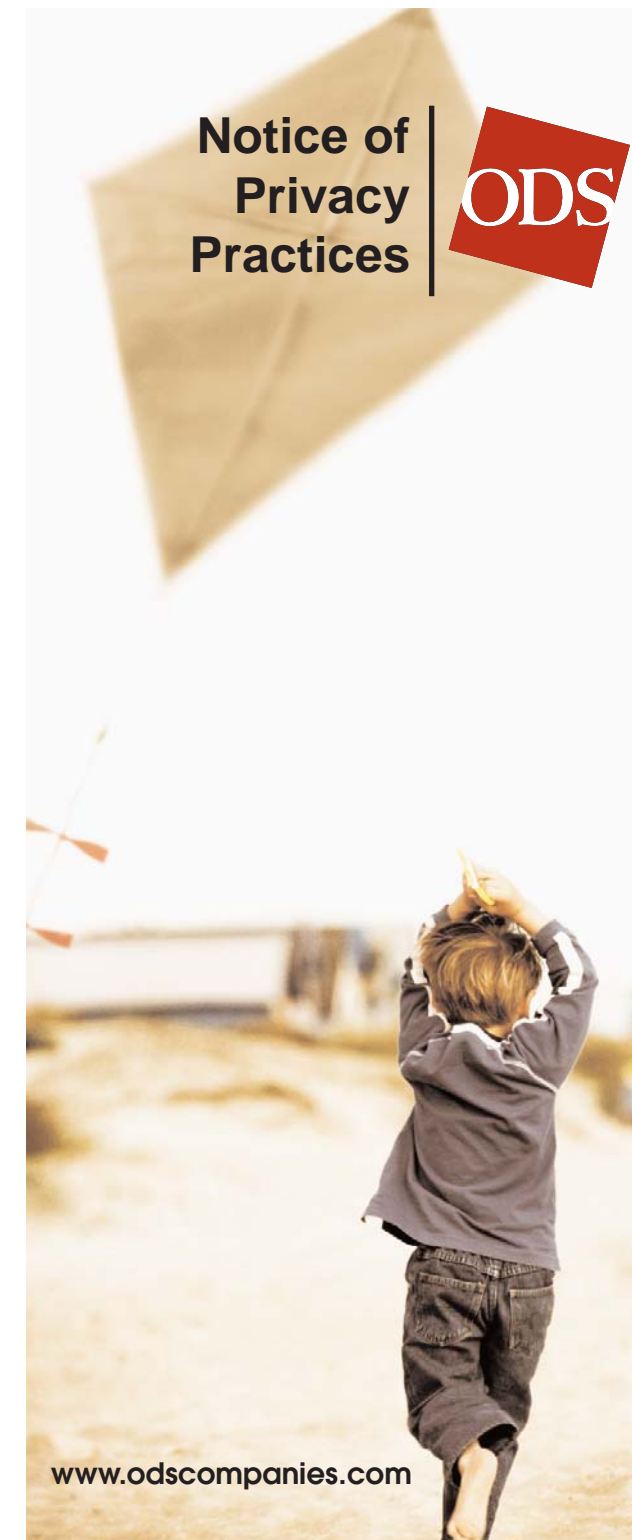
## CHANGES TO OUR NOTICE

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This notice is effective on April 14, 2003. We reserve the right to change the terms of this notice and to make the new notice effective for all protected health information we maintain. Once revised, we will notify you that a change has been made through your member newsletter and post the notice on our web site. [www.odscompanies.com](http://www.odscompanies.com)



Insurance products provided by ODS Health Plan, Inc., Oregon Dental Service and ODS Community Health, Inc.



Notice of  
Privacy  
Practices

ODS

[www.odscompanies.com](http://www.odscompanies.com)