

**INNER JOURNEY HEALING ARTS CENTER**

**Notice of Privacy Practices for Protected Health Information**

**Effective Date: JANUARY 1, 2020**

**Notice of Privacy Practices**

**Privacy of Your Confidential Member Information**

*This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.*

As your health plan, we care about the privacy of your confidential member information. Federal law also requires all health plans to maintain this privacy. This notice describes our privacy practices, our legal duties, and your rights regarding confidential member information. This notice took effect on April 14, 2003, and will stay in effect until it is updated or changed. We will not make any changes to our privacy practices without letting you know in advance. It may be necessary to revise or update them over time, but we will let you know before the changes go into effect.

**Your Confidential Member Information**

Each member generates confidential information. For example, when you visit a doctor, a record of your visit is made. This record may have details about your symptoms, injury or illness, exam, treatment, test results, and more. Claims sent to INSURANCE COMPANIES may have some of these details. Information about you and the services that you received is called your confidential member information.

In today's health care system, this information is used in a number of ways. For example, it may be used to plan or coordinate your care. As such, it may be shared among your health care providers. Or it may be used to process claims, pay for your health care services, or review services.

**Your Rights**

The law gives you certain rights that pertain to your confidential member information. As an INSURANCE COMPANIES member, you have the right to:

- Request and receive a copy of this privacy notice at any time.
- View or request a copy of your confidential member information. (A copying fee will be applied.)
- Ask for added limits on permitted uses of your confidential member information. There may be reasons we cannot agree to this request. If we agree to your request, we will keep our agreement except to make records available to a provider when necessary for your treatment in a medical emergency or disaster.
- Request and receive a list of third parties we disclose your information to for certain, permitted reasons described in this notice.
- Ask that your confidential member information be sent by reasonable means other than mail or be sent to a different address to avoid putting your life in danger.
- Request to change or add to your confidential member information. We may deny your request if we did not create the information or for certain other reasons. If we deny your request, we will explain why in writing. If you do not agree with our denial, you may send us a written statement of disagreement that will be added to your record.

### **Our Duties**

The law clearly spells out the duties of health plans. INSURANCE COMPANIES must:

- Protect the privacy of your confidential member information.
- Give you a notice of our privacy practices.
- Follow the terms of this privacy notice.
- Fulfill your request to send information by other means or to another address to avoid putting your life in danger. Your request must be reasonable and must state the other address or the means you wish us to use. The alternate address or means must allow us to pay claims and collect dues under your health plan.
- Use and share only the information needed to do our jobs.
- Make sure our business partners agree to protect your information the same way that we do.

We will not use or share your confidential member information except as required by law or described in this notice. Also, we will not ask you to waive your privacy rights in order to enroll in an INSURANCE COMPANIES plan or to receive services.

### **How Confidential Member Information is Used**

*In today's health care system, there are three key areas where we need to use your confidential member information. We may use it for treatment, payment and other health care operations. We may also contract with other parties to do the work for us, as long as they promise to protect your information the same way we do. Each area is described below.*

**Treatment:** This includes services needed to provide, coordinate or manage your health care. As your health plan, we may need to share confidential member information with your doctor or other health care providers for treatment reasons.

**Payment:** We need to pay claims from doctors, hospitals and other providers for the care you receive. This key area includes our efforts to collect dues, see if you are eligible for care, determine the level of coverage, work with other plans to determine benefits, and pay claims.

**Health Care Operations:** We want all INSURANCE COMPANIES members to receive quality health care services. This may include our quality review and improvement activities, case management, care coordination, reviewing provider credentials, setting dues, resolving complaints and appeals, managing our business, and other operations. We may also use your information to send you communications to describe a health-related product or service. This may include information on our participating providers, new health-related products or services available only to INSURANCE COMPANIES members, or to recommend other treatments, health care providers, or settings of care that may be of interest to you.

### **Other Uses of the Information**

*There may be a time when the use of your confidential member information is needed because it benefits you, serves the public interest, or is required by law. In these cases, we will use and share only the confidential member information needed or as required by law. Please read all of these other uses carefully.*

**For Underwriting:** We may receive your confidential member information to create, renew or replace a contract of health insurance or health benefits. We will not use or further disclose this information for any other reasons except as required by law. If the contract of health insurance or health benefits is placed with us, then we will use and share your confidential member information only as described in this notice.

**With Your Written Permission:** You may give us written permission to use your information or share it with someone you name for any purpose. You may withdraw your permission in writing at any time. We will honor your request unless the timing is such that the information has already been shared.

**During an Emergency or Disaster:** During a medical emergency or disaster, if it is believed that disclosure of the information would be in your best interest, then we may disclose it. This would be done to make sure you have access to the services you need or to process payment for those services.

**To Plan Sponsors:** We may disclose your confidential member information -- and the information of others enrolled in your group health plan -- to your plan sponsor or its authorized representative. Employers are often plan sponsors, and this disclosure helps them administer your group health plan. Plan sponsors may use your confidential member information only as permitted or required by law.

**To Report to Authorities:** We may need to share confidential member information if we suspect abuse, neglect or domestic violence. As required by law, we may need to make such a report to the authorities.

**For Research Purposes:** We may use or share information with researchers when their work has been approved by an institutional review board that has gone over the research project and set rules to make sure that your confidential member information is kept private.

**To Comply with the Privacy Law:** We may use or share information as required by the privacy law. For example, to see if we are complying with the law, the U.S. Department of Health and Human Services may review our practices and ask us for some confidential member information.

**For Workers' Compensation:** We may disclose information to comply with laws on workers' compensation or other similar programs.

**For Public Health:** We may share your confidential member information with public health or legal authorities who work to prevent or control disease, injury or disability in the community. For example, we may share information about problems related to food, drugs, supplements and product defects with the U.S. Food and Drug Administration (FDA).

**For Health Oversight:** We may share information with authorities for activities to prevent fraud and abuse, audits, investigations, inspections, licenses and other government activities to monitor health care.

**For Judicial and Administrative Proceedings:** We may share your information in response to a court or administrative order, subpoena or other lawful process, under certain circumstances.

**For Law Enforcement Purposes:** Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may disclose your information to law enforcement officials.

**For Military or National Security Purposes:** Under certain conditions, we may share the confidential member information of armed forces staff with military authorities. We may also share your information with federal officials for intelligence, counterintelligence and other national security activities.



134 SE 5<sup>th</sup> Avenue, Suite C, Hillsboro, OR 97123  
161 St Helens St, Ste 102, St. Helens, OR 97051

**For More Information or to Report a Problem**

If you have questions or would like more information on INSURANCE COMPANIES's privacy practices, you may contact us using the information at the end of this notice.

If you believe your privacy rights have been violated, you may file a complaint with us using the contact information at the end of this notice. You may also send a written complaint to the U.S. Department of Health and Human Services. If you choose to file a complaint, you have our assurance we will not retaliate in any way.

*Thank you for taking the time to review this Notice to INSURANCE COMPANIES Members. As your health plan, we work hard to protect your confidential member information. We know the privacy of this information is important to you, and we take our duties very seriously.*

**Send INSURANCE COMPANIES correspondence to:**

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://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. Updated notices will be available in our office and on our web site: Insurance Companies.org

**FOR MORE INFORMATION ON THIS NOTICE OF PRIVACY PRACTICES:** Contact the Insurance Companies Compliance Officer at 503-416-4760 or toll-free at 888-712-3258

if you have any questions about this notice or if you want more information on privacy. Send U.S. Department of Health and Human Services correspondence to:

U.S. Department of Health and Human Services  
200 Independence Ave., S.W.  
Washington, D.C. 20201  
(202) 619-0257  
Toll free: 1 (877) 696-6775