

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.

Notice of Privacy Practices

This Notice of Privacy Practices explains how we may use or disclose PHI. By law, we must protect your health information. We must also send you this notice. You have rights relating to PHI. This notice describes those rights.

We have the right to change our privacy practices and our Notice of Privacy Practices. If we make a material change to our practices, we will:

- ✓ Notify you about the change.
- ✓ Post the new notice on our website.
- ✓ Provide you with a copy electronically or through the mail.

We may apply revised practices to existing and new PHI.

How We Use and Disclose your Protected Health Information

We collect, use, and disclose your information to administer our health plans and provide services to our members. We have the right to use or disclose your information for payment, treatment, and health care operations. We have listed some examples. You may want to see the full lists (45 C.F.R. § 164.501). We will not use or disclose any of your genetic information for any of these functions.

- ✓ **Payment**
 - Collecting premiums due to us
 - Determining your coverage
 - Processing service claims
 - Coordinating benefits
 - Determining medical necessity
 - Issuing an explanation of your benefits
 - Pre-authorizing services
 - Determining whether a service is covered
- ✓ **Health care operations**
 - Credentialing health care providers
 - Peer review
 - Business management
 - Accreditation and licensing
 - Utilization review
 - Quality improvement
 - Enrollment

- Underwriting
 - Reinsurance
 - Compliance
 - Auditing
 - Rating
 - Other functions related to your plan
- ✓ **Treatment**
- Disease management
 - Wellness programs
 - Health coverage eligibility
 - Payment for health services
 - Payments due from members
- ✓ **Other uses and disclosures**
- Some activities do not fit the above lists. Examples include:*
- **Business Associates.** We contract with other entities to provide certain services or functions on our behalf. These entities are called Business Associates. Business Associates must protect the privacy of your PHI. They may only use or disclose your information as spelled out in our contract with them.
 - **Other Covered Entities.** We may use or disclose your information to health care providers to help them treat you or to receive payment. We may also disclose your information to other covered entities to help them with their health care operations.
 - **Plan Sponsors.** If your coverage is through a group health plan, we may disclose summary health information to the plan sponsor. We may also share enrollment and disenrollment information with them. We may also disclose other PHI to the group for administrative use if the plan sponsor agrees to restrict use and disclosure. We may share the names of the members who have completed wellness program requirements to help provide rewards or incentives.
 - **Required by Law.** We may disclose your information to any federal or state agency to show our compliance with the Health Insurance Portability and Accountability Act (HIPAA). If an agency asks, we must share your records with them. The U.S. Department of Health and Human Services is one agency that may ask for our records.
 - **Public Health.** We may share PHI with a county health department. This would happen if they ask for data regarding a serious illness.
 - **Abuse or Neglect.** We may share your PHI with government authorities. Those authorities include social services or protective services. By law, we must provide information to them.
 - **Health Oversight.** We may share your PHI for legally permitted activities. These activities include:
 - Licensure
 - Government audits

- Fraud and abuse investigation
- Accreditation
- **Legal Proceedings.** We may disclose your information in response to a court order, subpoena, or search order.
- **Law Enforcement.** We may share limited PHI with the police and other law enforcement agencies. It would be used to help locate a missing person, report a crime, or other similar reasons.
- **Coroners and Funeral Directors.** We may share PHI with a coroner or medical examiner. It would be used to identify someone who died, determine a cause of death, or as required by law. We may also share information with a funeral director for burial purposes.
- **For Purposes of Organ Donation.** We share PHI to meet a member's wishes for organ donation.
- **Research.** We may use or disclose your PHI for research related to the study of diseases or disabilities. This would happen only if the study meets privacy law requirements.
- **Serious Threat to Health or Safety.** We may share your PHI to avoid a serious threat to you, another person, or the public. Your information would be given to health agencies, the police, or other law enforcement agencies. We may also share PHI if there is an emergency or natural disaster.
- **Specialized Government Functions.** We may share your PHI if there is a national crisis. We may also do this to help protect the President of the United States and other officials. Our disclosure would result from a government request.
- **Workers' Compensation.** We may share PHI relevant to job-related injuries or illnesses. That would only happen for workers' compensation coverage under state law.
- **Correctional Institutions or Law Enforcement Officials.** If you are in jail or in law enforcement custody, we may share your PHI. This would happen only if it is needed to:
 - Provide you with health care.
 - Protect your health and safety.
 - Protect the health and safety of others.
 - Keep the facility you are in safe.
- **Data Breach.** We may use your contact information to provide notices of breach of your PHI as required by law. A breach can include unauthorized acquisition, access, or disclosure of your PHI. We may provide this notification directly to you or give notice to the employer or group that sponsors your health coverage.
- **Authorized Use.** Except as described in this notice, we will use or disclose your PHI only if you authorize us to do so in writing. Psychotherapy notes, health plan marketing, and sale of your information are some situations that would require your authorization. If you authorize us to share your PHI, we cannot guarantee that the

person receiving the PHI will not disclose it. You may revoke your authorization at any time, unless we have already acted on it.

- **Required disclosures**

We are required to disclose your PHI:

- To you or someone who has the legal right to act on your behalf (your personal representative). This is done in order to administer your rights as described in our notice.
- To the Secretary of the Department of Health and Human Services, if necessary, to ensure that your privacy is protected.

Individual Rights

You should be especially aware of several important rights that all health plans and providers involved in your care must honor. They are shown in the list below. Your request to exercise these rights must be in writing and signed by you or your representative. We have developed forms to help you. Forms are on our website, or you can call the Member Services Department at the phone number listed on your member ID card to have a form mailed to you.

Your individual rights are described below.

- **Restrictions**

You have the right to ask us to restrict how we use or disclose your information for payment, treatment, and health care operations. We do not have to approve your request. However, we consider all reasonable requests. We have the right to end restrictions we have approved. We will notify you if we approve a restriction then reverse that approval. You have the right to end – orally or in writing – any restriction by contacting our Compliance Office.

- **Confidential communications**

You have the right to ask us to send you information in a confidential way. You may want information in a different manner. You may want information sent to a different address. If our standard approach could cause harm, we will consider reasonable requests to take a different approach.

- **Copies of your information**

You have a right to ask to review or copy your records. We do not have medical records. We do have the following:

- Claims for payment from health care providers
- Enrollment data
- Member Services logs of your calls
- Medical review of requested services
- Complaints or Grievances you filed

Records can be on paper or in electronic form. Electronic records can be sent to you through a computer. Records can be sent to you or your representative. We may charge for records. We may deny your request for records. If that happens, you can ask to have the denial reviewed.

- **Amending information**

You have the right to ask to change information in your records. This happens when something is wrong or incomplete. You have to tell us why you are asking for a change. We may deny your request. If so, you can put a statement in your file. The statement will show why you disagree with our denial.

- **Accounting of disclosures**

You have the right to ask us to tell you about how we disclosed your PHI. When you ask, tell us the time period you want to review. We will not go back more than six years. Your right does not include disclosures related to:

- Payment
- Treatment
- Health care operations
- Information you requested

- **Copies of this notice**

You may ask for a copy of this notice. If you already have an electronic copy, you may ask for a paper copy. You can also find the notice on our website. It is located at www.myrbh.com

Using Your Rights

We will answer any questions about using your rights. Contact us toll-free at 1-866-750-1327.

Or, write to us at:

RBH Privacy Officer
1220 SW Morrison, Suite 600
Portland, Oregon 97205

Filing a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us. Send it to the above address. You may also notify the Secretary of the U.S. Department of Health and Human Services. We will not take any action against you for filing a complaint.

Effective Date

This Notice is revised and effective as of September 23, 2013.