

# Notice of privacy practices

Your information. Your rights. Our responsibilities.



Samaritan  
Health Plans

This notice describes how we use and share your health information and how you can get a copy of it.  
**Please review it carefully.**

## Who does this notice apply to?

This notice will be followed by Samaritan Health Plans (SHP), its employees, physicians, volunteers, students, contractors or other workforce members, and any other entity affiliated with SHP through participation in an organized health care arrangement.

## 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 for a copy of the health information we have about you. Ask us how to do this.
- We will provide a copy or summary of your records, usually within 30 days of your request. We may charge a small fee to cover our costs.

### Ask us to correct health and claims records

- You can ask us to fix your health information if you think it is wrong or something is missing. Ask us how to do this.
- We may say “no” to your request. If we say “no,” we’ll tell you why, in writing, within 60 days.

### Request confidential communications

- You can ask us to contact you in a different way. For example, you can give us a different phone number, address or email address to contact you.
- We will contact you in your preferred method, as long as it is reasonable. If contacting you in a certain way would put you in danger, let us know.

### Ask us to limit what we use or share

- You can ask us **not** to share your health information with certain people. You can ask us not to use or share your health information for some of the reasons described in this notice.
- We are not required to say “yes.” 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 over the last six years. The list would include who we shared your information with, when we shared it and why.
- We can exclude some of the times we’ve shared your information from the list. These include when we’ve shared your information:
  - To treat you, to pay for your care or to run our health plan.
  - With some government agencies to make sure we are following the law.
  - When we gave you a copy of your health information, or you allowed us to share it with others.
- We will give you one list every 12 months for free. If you ask for a second list in the same 12-month period, we can charge you a small fee to cover our costs.

## Your rights (continued)

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| <b>Get a copy of this privacy notice</b>                     | <ul style="list-style-type: none"><li>You can ask for a paper or electronic copy of this notice at any time. Just ask us, and we'll give you the copy, usually within 30 days.</li></ul>   |
| <b>Choose someone to act for you</b>                         | <ul style="list-style-type: none"><li>Someone might be your "medical power of attorney" or your "legal guardian." This person can make choices about your health care or allow us to share your health information. We will make sure the person has the legal right to act for you before we take any action.</li></ul>   |
| <b>File a complaint if you feel your rights are violated</b> | <ul style="list-style-type: none"><li>You can file a complaint with us at any time if you think your rights have been violated. To make a complaint, call Customer Service at 541-768-4550, or toll free 800-832-4580 (TTY: 800-735-2900).</li><li>You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights: 200 Independence Ave. SW, Washington, D.C. 20201; 877-969-6775, <a href="https://www.hhs.gov/ocr/privacy/HIPAA/complaints/">hhs.gov/ocr/privacy/HIPAA/complaints/</a>.</li><li>We will never take away your insurance or keep you from getting care just because you've filed a complaint.</li></ul> |

## Your choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear choice for how you want us to handle your information, tell us, and we will follow your wishes.

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| <b>In these cases, you have the right and choice to tell us to:</b>                                  | <ul style="list-style-type: none"><li>Share information with your family, friends or others involved in your care.</li><li>Share information in a disaster relief situation.</li></ul> <p>Sometimes you might be unable to tell us your choices (like if you are unconscious). If you can't tell us your choices, we might share your information if we think it is in your best interest. We might also share your information to lessen a threat to your health or safety.</p> |
| <b>In these cases, we never use or share your information unless you give us written permission:</b> | <ul style="list-style-type: none"><li>Sell your information to others so they can advertise their products or services.</li><li>Use your genetic information to decide whether you will get coverage.</li><li>Share HIV/AIDS test results, or even that you may have been tested for HIV/AIDS.</li><li>Share information that we may receive from alcohol or substance abuse treatment programs.</li></ul>   |

## Our uses and disclosures

We typically use or share your health information in the following ways:

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### Help manage the health care treatment you receive

- We can share your health information with providers who are treating you.
- We have nurse case managers who may contact you to assist in your care.

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**Example:** We may contact you to help coordinate services for you.

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### Run our organization

- We can use and share your health information to run our health plan.

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**Example:** We use health information about you to develop better services for you.

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### Pay for your health services

- We can use and share your health information as we pay for your care.

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**Example:** We will use information from your doctor to pay them for the care that you receive.

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### How else can we use or share your health information?

Below are some of the other ways we may use or share your information. We must meet certain requirements before we can share your information for these reasons.

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### Help with public health and safety issues

We can share health information about you to help:

- Prevent disease.
  - Track product recalls.
  - Report adverse reactions to medications.
  - Report suspected abuse, neglect or domestic violence.
  - Prevent or reduce 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 laws require it. This might include sharing your information with the government to show we are following this Notice of Privacy Practices.
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### Respond to organ and tissue donation requests

- We can share health information about you with groups that help with organ donations.
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### Work with a medical examiner or funeral director

- If you die, we can share your information with a coroner, medical examiner or funeral director.
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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 some law enforcement purposes.
  - With health oversight agencies.
  - For military, national security and presidential protective services.
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## Our uses and disclosures (continued)

### Respond to lawsuits and legal actions

- We may be required to share health information about you when a court orders us to share it.

### Share your information over Health Information Exchanges

- We can make your health information available over electronic Health Information Exchanges so others who are involved in your care have timely access to your information. We will still follow the rules described in this notice to make sure your information remains private and secure.

## Our responsibilities

- We are required to keep your health information private and secure.
- We will let you know quickly if something happens to your information that makes it unsafe or known to someone who should not have it.
- We must follow the requirements 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.

### Changes to the terms of this notice

We can change the terms of this notice at any time. If we change it, the changes will apply to all information we have about you. The most current notice will be available on our web site and by request. We will also mail a copy to you.

### For questions or more information:

If you have questions about this notice, or to tell us about your choices, please contact Customer Service at 541-768-4550, or toll free 800-832-4580 (TTY: 800-735-2900). Customer Service is available:

- **Oct. 1 to March 31:** Daily from 8 a.m. to 8 p.m.
- **April 1 to Sept. 30:** Monday through Friday from 8 a.m. to 8 p.m.

You can also contact our Privacy Officer at 541-768-6218 or email [privacy@samhealth.org](mailto:privacy@samhealth.org).

For more information about your rights or our responsibilities visit:

[hhs.gov/ocr/privacy/hipaa/understanding/consumers](https://hhs.gov/ocr/privacy/hipaa/understanding/consumers).