



## Your Rights and Responsibilities

This form lists what the Oregon Department of Human Services (ODHS) and the Oregon Health Authority (OHA) agrees to do for you. These are your “rights.” It also lists what you agree to do when you apply for medical assistance. These are your “responsibilities”.

Please read this form carefully. You can ask ODHS staff to explain this form to you. Ask questions if there is something you do not understand. You agree to do certain things when you (and your family) get benefits from ODHS or OHA. You may lose those benefits or need to pay ODHS or OHA back, if you get more than you should.

### **Your rights (*what you can expect from ODHS and OHA*):**

- ODHS and OHA will treat you with respect in a fair and polite way.
- You have the right to ask about and apply for any ODHS or OHA program. We may also refer you to other services you need.
- You can ask for a receipt for any form you turn in to an ODHS or OHA office.
- You can ask for a meeting with a worker. You can also ask to talk with a person in charge.
- You can ask for help to apply, fill out forms, or report changes in your preferred language.
- ODHS or OHA will give you information in a format or language you can understand.
- ODHS or OHA will do its best to meet your special needs if you have a disability. ODHS and OHA follow the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.
- You can ask to see statements about you in your case file.
- If you have “good cause,” you can ask to not work with child support. Good cause means that collection of child support would endanger you or your children. ODHS and OHA will give you forms that explain good cause. These forms tell you how the Oregon Child Support Program may be able to help you get child support, including cash medical support, while keeping you and your children safe. ODHS and OHA can also answer your questions about good cause.
- ODHS and OHA will tell you if you qualify for benefits within the below number of days:
  - » 90 days for a medical decision based on disability (except in unusual circumstances)
  - » 45 days for other health benefits
- You can ask for a hearing if you disagree with an ODHS or OHA decision.
- An ODHS staff member can help you fill out the hearing request. If you receive home and community-based care or nursing home care there is no right for hearing about an estate recovery claim. Learn more in the Estate Recovery Program section. You must ask for a hearing within 90 days if you are receive these benefits.

## **Your responsibilities (*what you must do*):**

If you are in any ODHS or OHA program, you must:

- Give ODHS and OHA true, correct and complete information.
- Give proof of certain things you report. If you cannot get proof, you must let us contact other people or agencies for proof when we need to.
- Allow ODHS and OHA staff to visit your home to get information about your case.
- Report changes to ODHS and OHA.
- Help ODHS and OHA get proof if your case is chosen for a review. Cases are chosen at random to take part in a review.
- Authorize release of your child support records from the Department of Justice, Division of Child Support, to ODHS and OHA, unless you have good cause.
- Apply for and use certain benefits or money for which you qualify. This may include any of the below:
  - » Social Security
  - » Railroad retirement
  - » Veterans' benefits
  - » Lodge and union benefits
  - » No-fault personal injury coverage, which is in all motor vehicle insurance
  - » Workers' compensation insurance
  - » Long-term care insurance
  - » Medical insurance
  - » Medicare
- Take any medical exam you need to complete your application for medical assistance.
- Tell medical providers if you have other health coverage. Examples listed below:
  - » Medicare
  - » Veterans' benefits
  - » Workers compensation insurance
  - » No-fault personal injury coverage which is in all motor vehicle insurance
  - » Other health coverage
- Providers should bill other insurance before they bill ODHS or OHA for your medical care. Give your state issued medical ID number before receiving services.
- If required, make a monthly payment to keep getting medical and service benefits. These amounts may adjust, to changes in your financial situation.
- Report to Personal Injury Liens Unit within 10 days if **you or anyone in your family** do both below:
  - » Get medical assistance or Oregon Health Plan (OHP) benefits.
  - » Have a claim against somebody for an injury they caused.

## **Assignment of payments and liens**

To qualify for medical assistance, you must let ODHS, OHA and your CCO have any money that you or others who receive medical assistance with you, receive or have the right to receive from those legally liable for injury or for medical expenses paid by medical assistance. This includes money from any of the below:

- Private health insurance
- Automobile insurance
- People
- Other sources

This is called “assigning payments” to ODHS or OHA and CCOs. Assigning payments is automatic for anyone who receives medical assistance. To continue to receive medical assistance, you and other family members (which includes any child born in the future) must help ODHS or OHA find and get these payments all the below ways:

- Tell ODHS, OHA and your CCO that a third party injured you or a family member within 10 days.
- Give information about the parties that caused the injury.
- Help with any other information requested. This includes insurance information.

There is a limit on the money ODHS or OHA may take. It cannot be more than the amount paid for medical expenses that the party is legally liable to pay.

We may place a lien for any money paid by a legally liable party to guarantee payment to ODHS, OHA or a CCO.

## **If you have other insurance**

If you or a member of your family have other medical insurance, tell the provider (doctor, clinic, pharmacy or hospital) before you get care. If you have motor vehicle insurance and are injured in a motor vehicle accident tell the provider about your motor vehicle insurance. They must bill the other insurance company before they bill OHA. If ODHS or OHA pays a medical bill that should have been paid by insurance, ODHS or OHA will act to get its money back. For example:

- If ODHS or OHA pays a bill that private insurance should have paid, ODHS or OHA will try to get the money back from the insurance company.
- If ODHS or OHA pays a medical bill and the provider also gets paid by an insurance company, ODHS or OHA will try to get its money back from the provider.
- If ODHS or OHA pays a medical bill and an insurance company sends you a check for it, ODHS or OHA will try to get its money back from you.

## **Income and asset verification**

The information you provide on this form will be subject to review and verification by federal, state and local officials. When we determine your eligibility for medical assistance, ODHS and OHA use the below:

- Income and Eligibility Verification System (IEVS)
- Asset Verification System (AVS)

AVS searches for the below about you and family members required to give financial information when you apply for and receive medical assistance. The AVS searches for the below, whether you report it or not.

- Financial institutions
  - » Bank accounts
  - » Credit union accounts
- Real property records
  - » Homes
  - » Land
- Vehicle records
  - » Vehicles

A legal spouse must provide financial information. ODHS and OHA may also give any information on your application to law enforcement to help them arrest someone who flees from the law.

## Release of information

You must agree that the below can release medical records to insurance companies:

- Medical providers
- Hospitals
- Employers
- Government agencies

This covers records about you and other family members on medical assistance. This will only be done so that ODHS or OHA will get paid back.

## Estate Recovery Program

The Estate Recovery Program is a complex program that applies to the below:

- Medical Assistance
- General Assistance
- Oregon Supplemental Income Program
- Certain people that received both Medicare and Medical Assistance at the same time

The purpose of estate recovery is to seek repayment from the assets of a deceased recipient. Some money is goes back to the federal government. The rest funds programs for other people in need. There are many exceptions to estate recovery.

## The state's right to recover benefits from your estate

**ODHS and OHA may claim money from your estate** (as defined in ORS 416.350) after you die if you fit the situations below.

- If the below happens, the amount of medical benefits may be payable from your estate:
  - » You got state medical benefits after Oct. 1, 2013.
  - » You were older than age 54 and received long-term care benefits.

This includes Oregon Health Plan payments made on your behalf to a managed care plan or payments to a CCO.

- If the below happens, the amount of medical benefits may be payable from your estate:
  - » You got state medical benefits after Oct. 1, 2013.
  - » You were older than age 54, or you have certain kinds of trusts:
    - › Special needs trusts
    - › Income cap trusts
- If you got benefits through any way below, there may be a claim to your estate:
  - » Oregon Supplemental Income Program
  - » Certain General Assistance
  - » The state was required pay a monthly contribution for you because you got both medical assistance and Medicare Part D.

ODHS and OHA will defer a claim for money if your spouse survives you.

**ODHS and OHA do not claim this money from your estate** if any of the below members of your family are still alive:

- Any natural or adopted child of yours is under the age of 21. Note: This does not include step children.
- Any natural or adopted child of yours, of any age, is blind or disabled as defined by Social Security criteria.

**Note:** Laws and rules about claims against an estate may change without notice.

Any person who receives assets from a client's estate may ask ODHS or OHA to waive estate recovery if they meet requirements of a hardship waiver. Instructions on how to request a hardship waiver are in information the Estate Administration Unit sends when it begins the recovery process.

Contact information for the Estate Administration Unit is below:

Estate Administration Unit  
 PO Box 14021  
 Salem, OR 97309-5024  
 503-378-2884  
 1-800-826-5675 (in Oregon only)  
 Fax: 503-378-3137

## Reporting changes

If you get benefits from ODHS or OHA, you must report certain changes that affect you and others who get benefits with you. If you don't report changes as required, you may get too many benefits. Anyone in your home who is age 18 or older could be asked to repay benefits.

When approved for benefits, your notice tells you what you must report and when. Each program has different reporting requirements. What you need to report and when may differ.

When you report a change, the worker will let you know if you need to give proof. If the change affects other benefits you receive, the agency will let you know. If you are not sure if you need to report a change, you can ask a worker.

## Penalty for the transfer of assets

You may be ineligible for some benefits if you transfer an asset for less than its value. When you give away or sell an asset, we say that you transfer the asset. Assets are income and things of value.

Examples are the below:

- Homes
- Property
- Vehicles
- Money

Talk to your worker before you sell or give away any assets.

If you transfer an asset you may be ineligible for the below benefits:

- Long-term care (LTC) services:
  - » Adult foster homes
  - » Assisted living facilities
  - » In-home services
  - » Nursing facilities
  - » Other care settings
- Refugee Medical Assistance

We look back before you applied to see if any transfer of assets results in a penalty.

- For LTC we look back 5 years.
- For Refugee Medical we look back 3 years.

The penalty for a transfer of assets begins when you apply and would be eligible. The penalty will apply only to benefits listed above. The penalty will be that we will deny your request for that benefit. If you transfer an asset while you get benefits there will also be a penalty. The penalty will be to stop that benefit for a time. If your LTC benefits end it could reduce or close your other medical benefits.

## Information for all programs

### Our non-discrimination policy

The Department of Human Services (ODHS) and Oregon Health Authority (OHA) do not discriminate against anyone. This means ODHS and OHA will help all who qualify. ODHS and OHA will not treat anyone differently because of any of the below:

- Age
- Race
- Color
- National origin
- Gender
- Religion
- Disability
- Sexual orientation<sup>†</sup>
- Marital status<sup>‡</sup>

You may file a complaint if you believe ODHS or OHA treated you differently for any of these reasons. To file a complaint, you can call or write the Governor's Advocacy Office:

**Governor's Advocacy Office**  
500 Summer Street NE, E17  
Salem, OR 97301

503-945-6904  
1-800-442-5238  
TTY 711  
Email: [ODHS.info@ODHSoha.state.or.us](mailto:ODHS.info@ODHSoha.state.or.us)

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<sup>†</sup> Sexual orientation has protection from state, but not federal laws.

<sup>‡</sup> Medical clients have protection from marital status discrimination.

## **Equal opportunity is the law!**

We work with the U.S. Department of Agriculture (USDA) and U.S. Health & Human Services (HHS). Both are equal opportunity providers and employers. Auxiliary aids and services are available on request to individuals with disabilities.

To file a complaint with USDA and HHS, please read the “[Client Discrimination Complaint Information form \(ODHS 9001\)](#)”. You can find this form in the “[Information and Referral Packet](#)” (ODHS 6609).

## **Why we need your Social Security number (SSN)**

These federal and state laws and regulations say that anyone applying for medical benefits must provide an SSN, if they have one:

- Federal laws (42 USC 1320b-7(a) and (b), 7 USC 2011-2036, 42 CFR 435.910, 42 CFR 435.920 and 42 CFR 457.340(b))
- Oregon administrative rules: OAR 461-120-0210 and 410-200-0210

If you provide an SSN, it can speed up the application process. If someone doesn't have an SSN, visit [www.ssa.gov](http://www.ssa.gov) for information on how to apply for one.

- ODHS and OHA will use your SSN to help decide if you are eligible for benefits. We will use your SSN to do the below:
  - » Verify your income
  - » Verify other assets
  - » Match other state and federal records such as the below:
    - › Internal Revenue Service (IRS)
    - › Medicaid
    - › Child support
    - › Social Security Administration
    - › Unemployment insurance benefits
    - › Other public assistance programs.
- ODHS/OHA may use your SSN to prepare a collection of information or reports that program funding sources ask for when you apply for or receive benefits.
- ODHS and OHA may use or disclose your SSN:
  - » If we need it is to run the program you apply for or receive benefits from.
  - » To conduct quality assessment and improvement activities.
  - » To verify the correct amount of payments and recover overpaid benefits.
  - » To verify that no one has benefits in more than one household.

## **By my signature (which includes a verbal or electronic signature), I agree with the below:**

- I gave ODHS and OHA true, correct and complete information.
- I sign this application under penalty of perjury. That means, to the best of my knowledge, I gave true answers to all the questions on this form. I know that under federal law if I provide false and or untrue information I may be subject to the below:
  - » Penalties
  - » Liable for overpayments

- ODHS and OHA can review my case. This can include that ODHS comes to my home.
- I will report changes in information I give ODHS and OHA when they require me to.
- I gave true citizenship information about me and others I apply for or get benefits.
- I know that ODHS and OHA will check the immigration status of me and others who I apply for or get benefits.
- I know information ODHS and OHA gets from U.S. Citizenship and Immigration Services (USCIS) could affect who gets benefits. ODHS and OHA will not contact USCIS for anyone who does not seek benefits.
- I authorize release of my child support records to ODHS and OHA from the Department of Justice (DOJ), Division of Child Support (DCS).
- If I do not give ODHS and OHA the Social Security number for someone who wants benefits, that person may not be able to get them.
- ODHS and OHA will not use costs for the below to figure my benefits if I do not report them:
  - » Shelter
  - » Medical
  - » Child care
  - » Court ordered child support
- ODHS and OHA may use computers to check all information on this form. This includes matching records with the below:
  - » Bank
  - » Income
  - » Unemployment insurance benefits
- I understand that ODHS and OHA may use or disclose my SSN and the SSN of each person I apply for.
- ODHS and OHA may give information on this application to:
  - » Federal and state agencies who do reviews.
  - » Law-enforcement officials, to help them arrest someone who flees from the law.
  - » Federal and state agencies and private collection agencies, if I have to repay benefits to ODHS or OHA.
- ODHS and OHA may use my information to administer other public assistance programs that I receive from ODHS or OHA.
- I understand the person who signs this form must repay benefits to ODHS or OHA when there is an overpayment in my case. Those who must apply with me and an authorized representative may also be liable for overpayments.
- I understand some medical services and equipment require prior authorization (PA). I need to have the PA from ODHS or OHA or my coordinated care plan before I can take delivery.
- You and your spouse agree that for any annuity that you report, ODHS or OHA will become a beneficiary.
- I understand the rights and responsibilities as explained on this form.



# Notice of Privacy Practices

## Your Information. Your Rights. Our Responsibilities.

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.**

### Your Rights

#### You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

» **See page 2** for more information on these rights and how to exercise them

### Your Choices

#### You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

» **See page 3** for more information on these choices and how to exercise them

### Our Uses and Disclosures

#### We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

» **See pages 3 and 4** for more information on these choices and how to exercise them

## 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 to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

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

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and 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 for six

years prior to the date you ask, who we shared it with, and why.

- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with 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, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

### In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most psychotherapy notes

## Our Uses and Disclosures

### How do we typically use or share your health information?

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

#### Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

#### Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.

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

#### Pay for your health services

- We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

#### Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

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### **Help with public health and safety issues**

- We can share health information about you for certain situations such as:
  - » Preventing disease
  - » Helping with product recalls
  - » Reporting adverse reactions to medications
  - » Reporting suspected abuse, neglect, or domestic violence
  - » Preventing or reducing 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 state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

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### **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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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 law enforcement purposes or with a law enforcement official
  - » With health oversight agencies for activities authorized by law
  - » For special government functions such as military, national security, and presidential protective services

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### **Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a court order.

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- I. OHA may use or release protected health information (PHI) from enrollment forms to help determine what programs you are eligible for or what kind of coverage you should receive.
  - II. OHA follows the requirements of federal and state privacy laws, including laws about drug and alcohol abuse and treatment and mental health conditions and treatment.
  - III. OHA may use or release substance abuse records if the person or business receiving the records only has a specialized agreement with OHA.
  - IV. If OHA releases information to someone else with your approval, the information may not be protected by the privacy rules and the person receiving the information may not have to protect the information. They may release your information to someone else without your approval.

## Our Responsibilities

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- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices 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.

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. The new notice will be available upon request, on our website, and we will mail a copy to you.

*Approved by Suzanne Hoffman, COO 2-14-2014*

***This Notice of Privacy Practices applies to the Oregon Health Authority and its business associates, including the Oregon Department of Human Services.***

***To use any of the privacy rights listed above you can contact your local OHA office.***

***To request this notice in another language, large print, Braille or other format call 503 -378-3486, Fax 503-373-7690 or TTY 503-378-3523. It is available in English and translated into Spanish, Russian, Vietnamese, Somali, Arabic, Korean, Portuguese, Traditional Chinese, Simplified Chinese, large print, and Braille.***

### **OREGON HEALTH AUTHORITY**

Privacy Officer, 500 Summer Street NE, E-24,  
Salem, OR 97301

**Email:** [DHS.privacyhelp@state.or.us](mailto:DHS.privacyhelp@state.or.us)

**Phone:** 503-945-5780

*This Notice of Privacy Practices is available as a separate publication:*

<https://sharedsystems.ODHSoha.state.or.us/ODHSForms/Served/me2090.pdf>

You can get this document in other languages, large print, braille or a format you prefer. Contact the Publications and Creative Services Office at 503-378-3486, 711 for TTY, or email [DHS-OHA.PublicationRequest@dhssoha.state.or.us](mailto:DHS-OHA.PublicationRequest@dhssoha.state.or.us).

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