

# OPI-M Financial Eligibility Renewal Notice



OREGON DEPARTMENT OF  
**Human Services**  
Aging and People with Disabilities

Date:



**Action Required By:**

Case ID:

Hello,

This notice is to inform you that the Oregon Project Independence-Medicaid (OPI-M) case for the individual listed below is due for financial review of eligibility. A service eligibility review will be completed later, and a separate notice will be sent when that is due.

## **Action required to complete financial eligibility renewal for OPI-M:**

This individual requires an interview to complete their financial review for OPI-M. A completed application and a signature may also be required. If you do not complete the process, benefits may end or be reduced.

Contact us **as soon as possible** to prevent possible delays or gaps in benefits. If an application and signature are required, it can be completed over the phone, through a secure digital signature platform, or you can request a paper application be mailed. The following ways can be used to initiate the financial renewal process:



**Call or Visit Us:** Weekdays 8:00 AM to 5:00 PM PST



# OPI-M Financial Eligibility Renewal Notice



OREGON DEPARTMENT OF  
**Human Services**  
Aging and People with Disabilities



**Case Manager** can help you with questions about your OPI-M services.

## **If you need urgent help with something other than your OPI-M benefits, please contact:**

- 211 Info for emergency food, childcare assistance, and other needs
- Aging and Disability Resource Connection 1-855-ORE-ADRC (673-2372)
- Oregon Abuse Reporting Helpline 1-855-503-SAFE (7233)
- 988 Suicide and Crisis Lifeline or text 988 or chat online at <https://988lifeline.org/>

## **To receive this notice in other formats:**

Call the local office to get this letter in other languages, large print, braille, or a format you prefer. You can also ask for an interpreter. This help is free. We also accept relay calls.

## 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).

**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

**Do research**

- We can use or share your information for health research.

**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.

**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.

**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

**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.

- 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, Burmese, Bosnian, Cambodian, Korean, Laotian, Portuguese, 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

**Fax:** 503-947-5396





## Client Complaint Information

We want to help you with any complaint you may have with the Oregon Department of Human Services (ODHS). You may tell your complaint to your worker or a manager. For assistance in reviewing a problem you may be having with an ODHS program or service you may also contact:

### **Governor's Advocacy Office**

500 Summer Street NE, E17

Salem, OR 97301

Phone: 1-800-442-5238 (TTY 711) Email: [GAO.Info@odhs.oregon.gov](mailto:GAO.Info@odhs.oregon.gov).

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## Complaints Involving Discrimination

ODHS follows and observes state and federal civil rights laws that prohibit discrimination. All applicants and clients that qualify for services will receive assistance and will not be denied based on age, race, color, national origin, sex (including gender identity and sexual orientation), religion, political beliefs<sup>1</sup>, disability or reprisal or retaliation for prior civil rights activity.

Complaints concerning discrimination (being treated differently than others) by the Supplemental Nutrition Assistance Program (SNAP) can be filed with ODHS or the federal office for the USDA Office of Civil Rights.

### **For Supplemental Nutrition Assistance Program (SNAP):**

U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410

202-690-7442 (fax)

Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

### **Filing federal complaints involving other ODHS programs:**

Centralized Case Management Operations U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Room 509F HHH Bldg.

Washington, DC 20201

1-800-368-1019 (telephone)

Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

### **Discrimination complaints may be filed with ODHS:**

Oregon Department of Human Services

Customer Service & Discrimination Complaints

500 Summer Street NE, E- 17

Salem, Oregon 97301-1079

1-800-442-5238 (telephone)

Email: [GAO.Info@odhs.oregon.gov](mailto:GAO.Info@odhs.oregon.gov)

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You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact your local Self-Sufficiency Program office. We accept all relay calls or you can dial 711 for TTY. For a list of local offices please see <https://www.oregon.gov/DHS/Offices/Pages/index.aspx>.

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<sup>1</sup>SNAP clients are protected against political belief discrimination.