

NOTICE OF PRIVACY PRACTICES & REQUIRED DISCLOSURES

(Effective Date: 03/10/2023)

THIS NOTICE DESCRIBES HOW PROTECTED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION, ALONG WITH DISCLOSURES WE ARE REQUIRED TO PROVIDE. PLEASE REVIEW IT CAREFULLY.

PURPOSE OF THIS NOTICE

This Notice of Privacy Practices (“Notice”) is intended to comply with the Health Insurance Portability and Accountability Act (“HIPAA”) and the Gramm-Leach-Bliley Act (“GLBA”). This Notice describes our privacy practices with regards to individually identifiable health information protected by HIPAA and non-public personal financial and health information protected by GLBA (“Your Protected Information”).

OUR PRIVACY OBLIGATIONS

We are required by federal and state law to protect the privacy of Your Protected Information and to provide you with this Notice of our legal duties and privacy practices. When we use or disclose Your Protected Information, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use of disclosure).

HOW WE PROTECT YOUR PROTECTED INFORMATION

We treat Your Protected Information in a confidential manner. Our employees are trained and required to protect the confidentiality of Your Protected Information. Employees may access Your Protected Information only when there is an appropriate reason to do so, such as to administer or offer our products or services. We also maintain physical, electronic and procedural safeguards to protect Your Protected Information as required by applicable laws. Our employees are required to comply with our established policies.

HOW WE COLLECT YOUR PROTECTED INFORMATION AND THE TYPES OF YOUR PROTECTED INFORMATION WE COLLECT

The information that you give us when applying for our products or services generally provides all of Your Protected Information we will need. If we need to verify Your Protected Information or need additional information, we may obtain Your Protected Information from third parties such as Medicare, adult family members, employers, other insurers, consumer reporting agencies, physicians, hospitals, and other medical personnel. Your Protected Information collected may relate to your finances, employment, health, avocations or other personal characteristics as well as transactions with us or with others.

OUR USES AND DISCLOSURES OF YOUR PROTECTED INFORMATION

How We Use Your Protected Information: We collect and use Your Protected Information for business purposes with respect to our products, services and other business relationships involving you. We may disclose any of Your Protected Information, within acceptable regulatory limitations, when we believe it necessary for the conduct of our business, or where disclosure is required or permitted by law. For example, Your Protected GLBA Information may be disclosed to others, including to our service providers to help us process your applications or service your accounts. Our service providers may include Insurance Carriers, the Department of Health and Human Services, Medicare, the Federally Facilitated Health Insurance Marketplace, or any other agency involved in obtaining the insurance coverage you have chosen. Your Protected GLBA Information may be disclosed to others that are outside of our company, such as companies that provide technical, computer or marketing services for us. We may also provide your name and address to companies that perform marketing services on our behalf, limited to only that information which we deem appropriate for these service providers to carry out their functions. We do not provide Your Protected GLBA Information to any company whose products and services are being marketed unless you authorize us to do so. These companies are not allowed to use this information for purposes beyond your specific authorization.

Uses and Disclosures of Your Protected Information for Payment and Healthcare Operations: We may use and disclose Your Protected Information to others as necessary to pay your healthcare provider(s) for health benefits covered by your plan or for other healthcare operations necessary to provide these health benefits to you, without your express, implied or specific consent or authorization. In addition, and without limitation, we may use and disclose Your Protected Information to others as follows:

1. *Payment.* We may use and disclose Your Protected Information to obtain payment of our commissions or other compensation and to determine and fulfill our responsibility to provide health benefits under your plan—for example, to assist in the administration of benefits or facilitate payment of claims.
2. *Business Operations.* We may use and disclose Your Protected Information for our business operations—for example, to do business planning, provide customer service and conduct quality assessment and improvement activities.

We are prohibited, by federal law, from using or disclosing genetic information for underwriting purposes in all circumstances.

Uses or Disclosures of Your Protected Information with Your Authorization: Outside of the requirements for payment, healthcare operations and treatment, most uses and disclosures of Your Protected Information will only be made if you give us your written authorization (“Your Authorization”). This includes most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes (including subsidized treatment communications), disclosures that are considered a sale of Your Protected Information, and any other uses and disclosures not described below. You may revoke Your Authorization, except to the extent that we have acted in reliance on it, by delivering a written revocation statement to our Privacy Officer.

Uses and Disclosures of Your Protected Information Without Your Consent or Authorization:

As Required by Law. We will use or disclose Your Protected Information when required to do so by federal, state or local law.

Business Associates. We may disclose Your Protected Information to our Business Associates that perform functions on our behalf or provide us with such functions or services. For example, we may use another company to perform computer or technical services for us. All of our Business Associates are obligated by law and under contracts with us to protect the privacy of Your Protected Information and are not allowed to use or disclose any information other than as specified in our contract.

Marketing Communications. We may use and disclose Your Protected Information for marketing communications made by us to you only as permitted by law.

Public Health Activities. We may disclose Your Protected Information for the following public health activities and purposes: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse or neglect to the government authority authorized by law to receive such reports; and (3) to alert a person who may have been exposed to a communicable disease.

Victims of Abuse, Neglect or Domestic Violence. We may disclose Your Protected Information if we reasonably believe you are a victim of abuse, neglect or domestic violence to the appropriate state agency as required or permitted by applicable state law.

Health Oversight Activities. We may disclose Your Protected Information to a government agency that oversees the healthcare system or ensures compliance with the rules of government health programs such as Medicare or Medicaid.

Lawsuits and Disputes. We may disclose Your Protected Information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

Law Enforcement. We may disclose Your Protected Information to a law enforcement official as required by law or in compliance with a court order or other lawful process.

Health or Safety. We may disclose Your Protected Information to prevent or lessen a serious or imminent threat to a person’s or the public’s health or safety.

Specialized Government Functions. We may disclose Your Protected Information to units of the government with special functions, such as any branch of the U.S. military or the U.S. Department of State.

Worker’s Compensation. We may release Your Protected Information for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Individuals Involved with Your Healthcare. We may use or disclose Your Protected Information in order to tell someone responsible for your care about your location or condition. We may disclose Your Protected Information to your relative, friend or other person you identify, if the information relates to that person’s involvement with your healthcare or payment for it.

YOUR INDIVIDUAL RIGHTS

Right to Inspect and Copy. You may request access to our records that contain Your Protected Information in order to inspect and request copies of the records. Under limited circumstances we may deny you access to a portion of our records of Your Protected Information. If you desire access to our records of Your Protected Information, please obtain a record request from our Privacy Officer and submit the completed form to the Privacy Officer. If you request copies, we may charge you copying and mailing costs. You have a right to receive a copy in electronic format, if so requested.

Right to Amend. You have the right to request that we amend Your Protected Information maintained in our enrollment, payment, claims adjudication and case or medical management records or other records used, in whole or in part, by or for us to make decisions about you. If you desire to amend these records, please obtain an amendment request form from our Privacy Officer. We will comply with your request unless special circumstances apply. If your physician or other healthcare provider created the information that you desire to amend, you should contact the provider to amend the information.

Right to an Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of Your Protected Information made by us, excluding disclosures made earlier than six years before the date of your request. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You may request restrictions on our use and disclosure of Your Protected Information for payment and healthcare operations in addition to those explained in this Notice. While we will consider all requests for such additional restrictions carefully, we are not required to agree to all requested restrictions, but will comply with legally required restrictions. If you wish to request additional restrictions concerning Your Protected Information, please obtain a request from our Privacy Officer and submit the completed form to the Privacy Officer. We will send you a written response.

Right to Request Confidential Communications. We accommodate any reasonable request for you to receive Your Protected Information by alternative means of communications or at alternative locations.

Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice.

Right to Receive Notification of Security Breach. We will inform you if there is a breach of security related to Your Protected Information.

Verification of Identity. In keeping with our privacy standards, all requests to view, copy, amend, correct, substitute or delete your Protected Information requires verification that the requesting individual or individual's legal authority has permission to access this information. The requester must submit through mail, via an electronic upload process, or in-person, a copy of one of the following government-issued identifications: a driver's license, school identification card, voter registration card, U.S. military card or draft record, identification card issued by the federal, state or local government, including a U.S. passport, military dependent's identification card, Native American tribal document, or U.S. Coast Guard Merchant Mariner card. If the requester cannot provide a copy of one of these documents, he or she can submit two of the following documents that corroborate one another: a birth certificate, Social Security card, marriage certificate, divorce decree, employer identification card, high school or college diploma, and/or property deed or title. If the request for information is from anyone other than you, a valid power of attorney will be required.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and to make the revised or changed Notice effective for Your Protected Information we already have as well as any of Your Protected Information we receive in the future. We will post the current notice at our office location with its effective date on the first page. You are entitled to a copy of the Notice currently in effect. We will inform you of any significant changes to this Notice. This may be through our newsletter, a sign prominently posted at our location(s), a notice posted on our website or other means of communication.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office, or with the Secretary of the Department of Health and Human Services at:

Office for Civil Rights – Pacific Region
U.S. Department of Health and Human Services
c/o Regional Manager
90 7th Street, Suite 4-100
San Francisco, CA 94103
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrmail@hhs.gov

To file a complaint with us, contact our Privacy Officer as provided below. ***You will not be penalized for filing a complaint.***

If you have any questions about this notice, please contact our Privacy Officer at: (503) 480-0499 or toll free at (855) 999-9847, or by mail at 437 Union St. NE, Salem, Oregon 97301.

OUR POLICY REGARDING DISPUTE RESOLUTION

Any controversy or claim arising out of or relating to our privacy policy, or the breach thereof, shall be settled by arbitration in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

OPT OUT

We do not sell or share lists of clients. However, from time to time we may let you know about discounts, products and services that are available to you. If you would like us not to contact you, you may opt out by sending a signed and dated request to: Valley Insurance Professionals, Attn: Opt Out, 437 Union St. NE, Salem, Oregon 97301. You may also request a Privacy Policy Opt-Out form by calling: (503) 480-0499 or toll free at (855) 999-9847.

DISCLOSURES

The Consolidated Appropriations Act of 2021 (CAA): The CAA was enacted on December 27, 2021. Title I (No Surprises Act) and Title II (Transparency) of Division BB of the CAA amended Title XXVII of the PHS Act by establishing new protections for consumers related to surprise billing and transparency in health care. The CAA contains new requirements for health insurance issuers in the individual and group markets, health care providers and facilities, and providers of air ambulance services. One benefit of the CAA is the No Surprises Act, which protects people covered under group and individual health plans from receiving surprise medical bills when they receive most emergency services and non-emergency services from out-of-network providers at in-network facilities, and services from out-of-network air ambulance service providers. In addition to other rules, the Transparency in Coverage Rule (TCR) requires that hospitals publish standard charges for the most common services, accessible in a consumer-friendly format, so consumers can research, compare, choose providers, and make health care decisions while knowing the cost of these services before receiving care. As part of the CAA, insurers, agents, brokers, and consultants who work in the health benefits field are required to disclose compensation, whether received directly or indirectly, for any payments that equal \$1,000 or more, or non-cash compensation that equals \$250 or more.