

### HEALTH LAW

#### CONFIDENTIAL COMMUNICATIONS

**ORS 743.801, 743.804, 746.607,  
750.055, 750.333**

**2015 OREGON LAWS CH. 470 (HB 2758)**

House Bill 2758 allows health plan enrollees to request that their health plan or the third-party administrator for the health plan redirect enrollee communications to an alternate address, including physical address, email address, or telephone number. The health plan or third-party administrator must act upon the request within seven days if the request is submitted electronically or within 30 days if the request is received in writing. Any such confidential communications request remains in effect until the enrollee revokes the request in writing or submits a superseding confidential communications request.

Health plans and third-party administrators must allow enrollees to use the form developed by the Department of Consumer and Business Services (DCBS) and cannot require enrollees to use a plan-specific form to request confidential communications.

The confidential communications request precludes disclosure of designated communications to the policyholder or certificate holder absent the express written consent of the enrollee, even in instances in which the policyholder or certificate holder wishes to appeal an adverse benefit determination on behalf of the enrollee.

*Effective date: June 18, 2015. Section 2 applies to health benefit plans issued or renewed on or after January 1, 2016.*

#### PROTECTED HEALTH INFORMATION

**ORS 192.553 TO 192.581**

**2015 OREGON LAWS CH. 473 (HB 2948)**

House Bill 2948, also known as the Susanna Blake Gabay Act, amends ORS 192.553 to 192.581 to clarify the instances in which a provider may disclose protected health information (PHI) to a friend, family member, or other party involved in an individual's care. The bill closely parallels the disclosures to third parties permitted under the Health Insurance Portability and Accountability Act (HIPAA), and expressly permits providers to disclose information (including behavioral health information) to (1) a person identified by the individual, provided the PHI is directly relevant to the person's involvement with the individual's health care; or (2) a family member, a personal representative of the individual, or another person responsible for the care of the individual to notify the person of the individual's location, general condition, or death.

The bill permits, but does not require, the aforementioned disclosures if the individual is not present or is otherwise unable to consent to the disclosure and the provider, in the exercise of professional judgment, determines that the disclosure is in the best interests of the individual.

HB 2948 also permits disclosure when the individual is present and the provider receives express or tacit consent to disclose PHI to another person. Lastly, the bill also permits a provider to disclose PHI if the provider believes, in good faith, that such disclosure is necessary to prevent or lessen a serious threat to the

#### DISCLAIMER

This material is provided for informational purposes only and does not establish, report, or create the standard of care for attorneys in Oregon, nor does it represent a complete analysis of the topics presented. Readers should conduct their own appropriate legal research. The information presented does not represent legal advice. This information may not be republished, sold, or used in any other form without the written consent of the Oregon State Bar Professional Liability Fund except that permission is granted for Oregon lawyers to use and modify these materials in their own practices. © 2016 OSB Professional Liability Fund.

health or safety of any person or the public, provided the information is disclosed only to a person who is reasonably able to prevent or lessen the threat.

*Effective date: June 18, 2015.*

---

**ELECTRONIC PROVIDER REIMBURSEMENTS**  
**ORS 743.801, 743.804, 743.911**  
**2015 OREGON LAWS CH. 218 (HB 3021)**

House Bill 3021 amends ORS 743.911 by specifying that an insurer of a health benefit plan may pay a claim using a credit card or electronic funds transfer payment that imposes a fee or similar charge on the provider (including an employee or designee of a provider who has the responsibility for billing claims for reimbursement or receiving payment on claims) only if (1) the insurer notifies the provider in advance regarding the fee or charge; (2) the insurer offers the provider an alternative payment method that does not impose a fee or charge; and (3) the provider or the provider's designee elects to accept the payment of the claim using the credit card or electronic funds transfer payment method.

*Effective date: January 1, 2016.*