

# City of Portland Preventive Care Initiative

## HIPAA Authorization

You can keep the amount taken from your paycheck at the lowest rate if you go to a health care provider and get a checkup. A checkup is a preventive exam. To make sure the City of Portland knows you have gone to a health care provider and gotten a checkup, Kaiser Permanente needs your permission to send your name back to the City.

The City won't get any information about your appointment, except that you had one.

- If you get a checkup, Kaiser Permanente will send you a notice in the mail and send your name, date of birth (DOB) and last four numbers of your SSN to the City.
- If you have not had the required checkup, Kaiser Permanente will send you reminders and help you make an appointment.

Kaiser Permanente will only report your name, DOB and last four numbers of your SSN back to the City.

By signing this form, you acknowledge that you have read this statement and agree to let Kaiser Permanente report your name, DOB and the last four numbers of your SSN back to the City. If you choose not to sign this form, you will not be enrolled in the Preventive Care Initiative and will not qualify for the lowest premium contribution.

**Yes, I agree to allow Kaiser Permanente to report my name, DOB and last four numbers of my SSN back to the City as part of the Preventive Care Initiative.**

**No, I do not agree to allow Kaiser Permanente to report my name, DOB and last four numbers of my SSN back to the City as part of the Preventive Care Initiative. I understand that I will not pay the lowest premium contribution. I further understand that I will not be denied treatment, payment of claims, enrollment, or eligibility for benefits based on my participation in the Preventive Care Initiative.**

Please Sign, Date, and Return to the City Benefits Office (Interoffice: 122/550) by \_\_\_\_\_.

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date of Authorization: \_\_\_\_\_

This Health Insurance Portability and Accountability Act (HIPAA) Authorization form (Authorization) explains how your health plan and the City may use your protected health information as part of your wellness program, the Preventive Care Initiative.

This Authorization is valid for 12 months for residents of Washington and 24 months for residents of Oregon as determined by the date you sign this form. You may cancel this Authorization at any time by submitting a new Authorization form to the City Benefits Office or by submitting the form electronically through the online portal at [portlandoregon.gov/benefits](http://portlandoregon.gov/benefits). Your cancellation will not affect information (your name) that was accessed or shared before your request was submitted. Once this information (your name) is accessed or shared for the limited purposes described above, it may no longer be protected under HIPAA.

## **City of Portland Preventive Care Initiative — Preventive Care Standard**

The Preventive Care Standard is defined as a preventive health care screening (checkup) with a health care provider once every 2 calendar years.

To participate in the Preventive Care Initiative, you must agree to allow Kaiser Permanente to share your name, DOB and last four numbers of your SSN with the City as stated in the Authorization. Employees who do not agree to participate and do not sign the Authorization will not get the lowest premium contribution.

For additional information, please see the Employee Benefit Handbook at [portlandoregon.gov/bhr/27553](http://portlandoregon.gov/bhr/27553).

Kaiser Permanente will:

- Include your name, DOB and last four numbers of your SSN on a report to the City if you met the Preventive Care Standard (got a checkup)
- Send notices to you if you met the Preventive Care Standard (got a checkup)
- Send notices to you if you signed the Authorization and have not met the Preventive Care Standard