

## NOTICE OF PRIVACY PRACTICES

### Our Legal Duties

We are committed to protecting the privacy of your protected health information. "Protected Health Information" is your individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health plan, or clearing house that relates to: 1.) your past, present, or future physical or mental health condition; 2.) the provision of health care to you; or 3.) the past, present, or future payment for the provision of health care to you.

### Uses and Disclosures of Protected Health Information

In order to administer our services effectively, we will collect, use and disclose protected health information for certain activities, including payment for health care services.

The following description of how we may use and/or disclose protected information about you for payment and health care operations:

- For example: We may use your protected health information to submit for payment of claims from doctors, hospitals, health plans and others for services delivered to you that are covered by your health plan and may be to determine eligibility for benefits, coordinate benefits, and/or examine medical necessity.
- For example: We may use your protected health information to conduct quality assessments and improvement activities, or to engage in care co ordinations and case management to manage our business.

We may also use and disclose protected health information to other covered entities, business associates, or other individuals (as permitted by HIPAA) who assist us in administering our programs and delivering services to you.

### Business Associates

In connection with health care services our claims and health care operation activities, we contract with individuals and business associates to perform various functions to provide certain types of services (such as claims processing, verification of insurance plans and demographics). To perform these functions or to provide services, business associates will receive, create, maintain, use or disclose protected health information, but only after we require the business associates to agree in writing to contract and safeguard your information

### Other Covered Entities

In addition, we may use or disclose your protected health information to assist other health care providers in connection with treatment or payment activities, or to assist other health care entities in connection with other health care operations. We may disclose your protected health information to another provider to render treatment to you.

### Plan Sponsors

We may disclose your health information to a plan sponsor or group health plan. For example, a plan may contact us regarding a member question, concern or issue regarding claims, benefits, service or treatment, etc.

### Required By Law/ Public Health Activities

We may use or disclose your health information to the full extent that public health activities are permitted by law. For example, we may use or disclose information for the purpose of preventing or controlling disease, injury, or disability.

### Abuse or Neglect

We may disclose your protected health information to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence.

### Legal Proceedings

We may disclose your protected health information: 1.) in the course of any judicial or administrative proceeding; 2.) in response to an order of a court or administrative tribunal; and 3.) in response to a subpoena, a discovery request, or other lawful process.

We may disclose your protected health information to: 1.) any law enforcement required for legal process; or 2.) it is necessary to locate or identify a suspect, fugitive, material witness, or missing person.

### Serious Health Threats

Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

#### **Workers' Compensation**

We may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work related injuries, illnesses or payment for such services.

#### **Others Involved in your Health Care**

Unless you object, we may disclose your protected health information to a friend, family member or responsible party (guardian or parent) that you have identified as being involved in your health care. We may also disclose information to an entity in a disaster relief effort so that your family or guardian can be notified about your condition, status or location. If you are not present or able to agree to these disclosures then we may, use our professional judgment, determine whether the disclosure is in your best interest.

#### **Right to Access**

You have the right to look at or get copies of your protected health information in a designated record set. Generally, a record set contains medical and billing records, as well as records of decisions made about your health care.

**However, you may not inspect or copy any psychotherapy notes or certain other information that may be contained in a mental health file.** Any request must be in writing to obtain protected health information.

We may deny your request to inspect and copy your protected information in certain limited circumstances. If you are denied, you have the right to a review. A licensed professional health care provider, chosen by us, will review your request and the denial. Under certain circumstances, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable.

#### **Right to Restriction**

You have the right to request a restriction on the protected health information we use or disclose about you for treatment, payment or other health care operations. We are not required to agree with these restrictions, but if we do, we will abide by our agreement unless the information is needed to provide emergency treatment to you. Any agreement of restrictions will be in writing and signed by you or a person on your behalf.

#### **Right to Request Confidential Communications**

If you believe that a disclosure or all or part of your protected health information may endanger you, you have the right to request that we communicate with you in confidence about your protected health information by alternative means or to an alternative location. For example, you may ask that we contact you only at your work address or via your work e-mail.

You must make your request in writing and you must state why you believe that your health information may be at risk. You must also give alternative ways of communication of confidential health information.

#### **Information We Collect and Maintain**

We collect information from the member, client, parent, guardian or responsible party either directly or through a chosen party or administrator. This information includes personal data provided on applications, history forms, surveys or other forms such as name, address, social security number, date of birth, marital status, dependent information and employment information. It may also include other health care information and/or information submitted to us in writing, in person, by telephone or electronically.

We collect and create information about our clients. Examples are: information to submit claims for payments; including names, a diagnoses code, services provided, charges, amounts paid and if necessary, payment history, utilization review, appeals and grievances.

We also may submit your protected health information to a claims billing service for processing and payment of your health care services. This third party will have a written associate of health care privacy notice signed and on file. This third party will cooperate and administer only information that we provide to them for insurance products or services. All contracts with others will require them to protect the confidentiality of our members'/clients' personal information.

#### **How We Protect Information**

We restrict access to our members'/clients' personal information to those employees, agents, third party billing services, consultants or other health care providers or health care services. We maintain physical, electronic, and procedural safeguards that comply with state and federal regulations to guard personal financial information from unauthorized access, use and disclosure.

**For questions about this Privacy Notice, please contact your provider.**