

## **NOTICE OF PRIVACY PRACTICES-HIPAA**

This notice describes how medical information about you may be used and disclosed. This notice also describes how you can get access to this information. Please review it carefully.

### **Privacy and You**

Your health information is personal and private. AmericasHealth Plan (AHP) must keep your health information private and notify you if that privacy information has been breached. We get information about you when you become an AmericasHealth Plan Member. Your doctors, clinics, labs, and hospitals send information to us when they ask us to approve and pay for your health care. We must give you this Notice informing you how we keep your health information private.

AmericasHealth Plan (AHP) is required by law to maintain the privacy of your health information. We are required to inform you of our legal duties and privacy practices where your protected health information (PHI) is concerned.

We agree to follow the terms of this Notice of Privacy Practices. We also have the right to change the terms of this notice if it becomes necessary, and to make the new notice effective for all health information we maintain. If we need to make any changes, we will provide you an updated copy of this notice by mailing it to you at your address in our records. If you received this notice electronically, you have the right to request a paper copy from us at any time

### **How does AmericasHealth Plan use and disclose my health information?**

In order to manage your health benefits effectively, AHP stores health-related records about you, including your claims history, health plan enrollment information, case management records, and prior authorizations for health services. We use this information and disclose it to others for the following purposes:

- **Treatment:** AHP uses and discloses your health information to coordinate your health care, and we disclose it to hospitals, clinics, physicians and other health care providers to enable them to provide health care services to you. For example, AHP maintains your health information in paper and electronic form, and allows health care providers to have on-line access to it to provide treatment to you.
- **Payment:** AHP uses and discloses your health information to make payment for health care services you receive, including determining your eligibility for benefits, and your provider's eligibility for payment. For example, we inform providers that you are a member of our plan, and tell them your eligible benefits.
- **Health Care Operations:** AHP uses and discloses your health information as necessary to enable us to operate our health plan. For example, we use our members' claims information for our internal financial accounting activities, and for quality assurance purposes.

We also disclose health information to our contractors and agents who assist us in these functions, but we obtain a confidentiality agreement from them before we make such disclosures for payment or operational purposes. For example, companies that provide or maintain our computer services may have access to computerized health information in the course of providing services to us.

**Why are we contacting you?**

We may contact you to provide appointment reminders or information about treatment options available to you. We may also contact you about other health-related services and programs that may interest you.

**Can my health information ever be released without my permission?**

Yes, AHP may disclose your Protected Health Information (PHI) without your authorization to government agencies and private individuals and organizations in a variety of circumstances in which we are required or authorized by law to do so. Here are the general kinds of disclosures we may be required or allowed to make without your authorization they include but are not limited to:

- Disclosures that are required by state or federal law
- For judicial and administrative proceedings, such as lawsuits
- To law enforcement agencies
- To coroners and medical examiners
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the institution or official.
- To a school, about a member who is a student or prospective student of the school, if: (1) the information that is disclosed is limited to proof of immunization; (2) the school is required by the State or other law to have such proof of immunization prior to admitting the member; and (3) there is documented agreement by the member or the member's guardian.

**Are there instances when my PHI is not released?**

Your health information may be subject to restrictions that may limit or prevent some uses or disclosures. For example, there are special restrictions on the disclosure of health information relating to HIV/AIDS status, genetic information, mental health treatment, developmental disabilities, and drug and alcohol abuse treatment. We comply with these restrictions in our use of your health information.

We will not permit other uses and disclosures of your health information without your written permission, or authorization.

## **YOUR INDIVIDUAL RIGHTS**

### **What rights do I have as an AHP member?**

As an AHP member you have the following rights:

- You have the right to ask us to restrict certain uses and disclosures of your health information. AHP is not required to agree to any restrictions requested by its members unless the request is solely for a health care item or service for which you or another person other than AHP has paid for the service(s) out of pocket.
- To protect your privacy, you have the right to receive confidential communications from AHP at a particular phone number, P.O. Box, or some other address that you specify to us.
- You have the right to see and copy any of your health records that AHP maintains on you. We must receive your request in writing. We will respond to your request within 30 days. If your records are stored in another location, please allow 60 days for us to respond to your request. We may charge a fee to cover the cost of copying your records. Under certain circumstances, AHP may deny your request. If your request is denied, we will tell you the reason why in writing. You have the right to appeal the denial.
- If you feel the information in our records is wrong, you have the right to request us to amend the records. We may deny your request in certain circumstances. If your request is denied, you have the right to submit a statement for inclusion in the record.
- You have the right to receive a report of non-routine disclosures that we have made of your health information, up to six years prior from the date of your request (but not earlier than April 14, 2003). There are some exceptions: for example, we do not maintain records of disclosures made with your authorization; disclosures made for the purposes of health care treatment, determining payment for health services, or conducting the health plan operations of AHP; disclosures made to you; and certain other disclosures.
- If you received this notice electronically, you have the right to request a paper copy from us at any time.

### **How do I exercise these rights?**

You can exercise any of your rights by sending a written request to our Privacy Official at the address below. To facilitate processing of your request, we encourage you to use our request form, which you can obtain below or by calling us at the telephone number below. You can also obtain a complete statement of your rights, including our procedures for responding to requests to exercise your rights, by calling or writing to the Privacy Official at the address below.

### **How do I file a complaint if my privacy rights are violated?**

As an AHP member, you have the right to file a complaint with our Privacy Official. You must provide us with specific, written information to support your complaint. You may also file a complaint with the Secretary of Health and Human Services.



AHP will not retaliate against you in any way for filing a complaint. Filing a complaint will not adversely affect the quality health care services you receive as an AHP member.

**Contact us at:**

Privacy Official: AmericasHealth Plan  
Attn: Privacy Officer Mailing  
Address: 1000 Town Center Drive Suite 410  
Oxnard, CA 93036  
Compliance Hotline: 1-888-841-9770 or TTY: 711

**California's Department of Health Care Services:**

DHCS Privacy Officer  
c/o Office of Legal Services  
CA Dept. of Health Care Services  
PO BOX 997413, MS 0011  
Sacramento, CA 95899-7413  
Phone: 1-916-445-4646  
Privacyofficer@dhcs.ca.gov  
TTY/TDD: (877) 735-2929  
FAX: (916) 440-7680

**Contact the Secretary of United States Departments of Health and Human Services at:**

Office for Civil Rights  
Attn: Regional Manager  
U.S. Department of Health and Human Services  
90 7th Street, Suite 4-100  
San Francisco, CA 94103  
Voice Phone 1-800-368-1019  
FAX (415) 437-8329  
TDD 1-800-537-7697