



8. MEMBER RIGHTS AND RESPONSIBILITIES

As a KidzPartners member, through Health Partners Plans, you have the right to know your Rights and Responsibilities. Exercising these rights will not negatively affect the way you are treated by Health Partners Plans, its participating providers or any state agencies.

When making your health care decisions, you have the right to feel that Health Partners Plans is not restraining, isolating, bullying, punishing or retaliating against you.

Member Rights

As a KidzPartners member, you have many rights including:

1. You have the right to receive information about all the benefits and services offered by your plan in a manner that is easily understood. You have the right to know about policies that can affect your membership.
2. You have the right to make recommendations about KidzPartners' member rights and responsibilities.
3. You have the right to be a part of decisions made by Health Partners Plans and its participating doctors that affect your personal health care and your membership.
4. You have the right to be treated fairly, the right to respect and dignity, and the right to have your privacy protected.
5. You have the right to expect that information you provide to Health Partners Plans, your medical records and anything you discuss with your doctor will be treated confidentially and will not be released to others without your permission.
6. You have the right to request a specialist to help meet your special needs by serving as your primary care provider.

7. If a problem comes up, you have the right to question decisions made by Health Partners Plans or its participating providers.
8. You have the right to receive basic information about doctors and other providers who participate with KidzPartners. You have the right to choose from these providers, and to refuse care from specific doctors. You have the right to voice complaints and grievances about Health Partners Plans or care provided or denied.
9. You have the right to be present either in person or by telephone at the complaint or grievance hearing and to bring a family member, friend, lawyer or other person to help you.
10. You have the right to use an Advance Directive to say how you want your medical care handled. This written statement will be used if you are too sick to speak for yourself.
11. You have the right to have access to your medical records in accordance with Federal and State laws. If you would like a copy of your records, please call KidzPartners Member Relations at 1-888-888-1211 (TTY 711) for help.
12. You have the right to talk openly with your doctor about all treatments that may be right for your health problem, whether or not KidzPartners covers them, and without regard to cost.
13. You have the right to receive information on available treatment options and alternatives. Your treatment options should be presented in a way that is clear to you. You also have the right to refuse treatment options from your doctor.
14. You have the right to request a copy of the clinical criteria used by Health Partners Plans in making a medical necessity decision.
15. You have the right to receive a "Certificate of Health Plan Coverage" if your membership has been terminated.

Member Responsibilities

You have many duties as a KidzPartners member, including:

1. You have the duty to tell Health Partners Plans and its participating doctors about information that may affect your membership or your right to program benefits. For example, if you move to another address, you must call Health Partners Plans and your PCP and tell us your new address.
2. You have the responsibility to learn about your health problems and work with your doctor to develop a plan for your care.
3. You have the duty to help with your health care by following the membership rules. For example, you must call your PCP when you need urgent care, and after getting emergency care.
4. You have the duty to follow your PCP's instructions, such as taking medicine on schedule, once you have agreed to your PCP's treatment plan.
5. If you have children, you also have the duty to take them to the PCP for care. You have the duty to inform your doctor about your health history, and to sign a consent form so your doctor can receive a copy of your medical records and those records may be shared with other providers.
6. You have the duty to make and keep appointments, to be on time, and to call to cancel an appointment or to report that you will be late.
7. You have the duty to treat your PCP and other health care providers with respect and dignity.
8. You have the duty to use KidzPartners participating providers for all your health care needs. This includes PCPs, specialists, hospitals, pharmacies and other providers you use as a KidzPartners member.

Patient Self-Determination Act

The Patient Self-Determination Act is a federal law. This law gives you the right to decide for the future which type of medical treatment you will accept, refuse or end if you become too sick to speak for yourself. Your medical wishes must be put in writing and given to your doctor or other health care providers before you get sick. This written document is called an Advance Directive.

In Pennsylvania, Act 169 went into effect in January of 2007, and it governs Advance Health Care Directives.

Advance Directives

We all expect to stay healthy. And we hope you do for a long, long time. However, there may come a time when you are not healthy and can't make decisions about your health care. This is why it is important to have an Advance Directive.

Before writing an Advance Directive, you should think about the questions below. Discuss them with your family, friends and clergy.

- How important is it for you to die without a long period of pain and suffering?
- How important is it for you to follow your religious beliefs?
- How important is it to have your choices respected and followed?

There are two types of Advance Directives in Pennsylvania: Living Wills and Health Care Power of Attorney documents (these are also called Durable Power of Attorney documents).

Living Wills

A Living Will is a document containing your wishes on how you would like to be treated if you have a terminal illness (illness resulting in death) or a very serious operation. If you are ill and cannot speak for yourself and/or make decisions for yourself, your Living Will document will tell your doctor what life-sustaining treatments (treatments to help keep you alive) you may want and which treatments you do not want.

Examples of life sustaining treatments are:

- Cardiopulmonary resuscitation (CPR) – a way to get your heart beating again
- Intravenous therapy (IV) – a way to keep you medicated when you can't take it by mouth
- Feeding tubes – a way to feed you if you can no longer feed yourself
- Respirators – a way to help you breathe if you can't breathe for yourself
- Dialysis – a way to purify your blood if your kidneys can't do it
- Pain relief – either requesting or refusing it

In order for your wishes to be carried out, your Living Will must be written before you become ill or have an operation; your doctor must have a copy of it; and, your doctor must determine, at the time the life-sustaining treatment decision is being made, that you are incompetent (in no condition to speak your wishes) and that your condition is either terminal (you will die) or that you are permanently unconscious (in a coma).

Health Care Power of Attorney or Durable Power of Attorney

A Health Care or Durable Power of Attorney is a written statement that gives the name of a person (called a "proxy" or a "health care agent") who can make certain medical decisions for you if you are not able to express yourself physically or mentally (if you cannot think, make decisions, or speak). This written list of instructions is done before medical services are needed. Your doctor will follow these instructions if you cannot communicate these wishes for yourself.

Your proxy/health care agent can be an adult friend or family member and does not need to be a lawyer or medical professional. Some examples of the decisions or authority given to your proxy/health care agent through a Health Care/Durable Power of Attorney are:

- Admitting you to a hospital, residential or nursing facility
- Signing health care contracts for your medical services
- Authorizing medical or surgical procedures

Just like with the Living Will, you must write down your wishes in a Health Care/Durable Power of Attorney ahead of time and give them to your doctor and others who need to know your wishes, such as your proxy/health care agent. Under Pennsylvania law, you can change or end (“revoke”) your Living Will or Health Care/Durable Power of Attorney at any time as long as you are competent.

Just be sure to let your doctor know if you are revoking it. If you make changes to your Living Will or Health Care/Durable Power of Attorney, be sure your doctor has a copy of the new document with your changes.

You can combine your Health Care Power of Attorney document with your Living Will, and have just one document which covers both topics (the Living Will and the Health Care Power of Attorney), or you can keep both documents separate.

To get help writing an Advance Directive, just call a lawyer, social worker, your doctor’s office, or the State Attorney General’s office. You can also call Health Partners Plans’ Special Needs Unit at 1-866-500-4571 (TTY 711) for help.

Will My Wishes Always be Followed?

The law does not ensure that a provider must follow your wishes in every case. However, it does say that if the doctor cannot in good conscience carry out your wishes, or if there are other policies that prevent the doctor from following your wishes, that the doctor must inform you. Your doctor must also help you locate another provider who is able to follow your wishes, if your wishes are permitted under Pennsylvania law. This is another reason why it is so important that you give your Advance Directive decisions to your doctor in writing ahead of time, so that if he or she is not able to carry out your wishes, you can be transferred to a doctor who can.

If you believe that your doctor or Health Partners Plans did not follow your Advance Directive, you have the right to file a complaint or a grievance. Please see “Complaints and Grievances” in Section 8 for a list of all of the steps that you can take to file a complaint or a grievance.

Notice of Privacy Practices

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

At Health Partners Plans, we respect the confidentiality of your personal health information (“PHI,” “Health Information” or “Information”) and will protect your Information in a responsible and professional manner. We are required by law to maintain the privacy of your PHI and to send you this Notice. This Notice explains how we safeguard the privacy of your PHI and when we can share that information with others. It also informs you of your rights about your PHI and how you can exercise these rights.

When we talk about PHI or health information or information in this Notice, we mean the following:

- Information that identifies you (or could be used to identify you [e.g., your address, phone number, social security number, etc.]); and
- Any kind of information that relates to your physical health condition, the delivery of health care to you or the payment for that care (e.g., your claims, prescription and diagnosis information).

How We Obtain, Use and Share PHI for General Purposes

Health Partners Plans engages in routine activities that result in the receipt or exchange of your health information from sources other than you. Where state or federal laws offer greater privacy protections, we will follow those more stringent requirements. We must comply with the rules governing the disclosure of Health Information related to HIV/AIDS testing and treatment, drug and alcohol abuse prevention or treatment, and mental health. In order to use or share PHI we must obtain your written authorization except as described below.

As your managed care plan, we may use or share health information about you to ensure that you obtain health services and to operate Health Partners Plans. We may use or share your health information for the following purposes:

Treatment: Manage your health care

We may use your health information so that we can manage your care. A doctor sends us Information about your diagnosis and treatment plan so we can arrange additional services.

We may disclose health information to professionals who are involved in your medical care. If you are in the hospital, we may give your hospital doctor access to your medical records sent to us by your doctor(s) who treated you in the past.

Payment Disclosures: Pay for your health services

We may use your health information to help pay for your health services submitted to us by doctors and hospitals for payment.

We may disclose your health information to determine your eligibility for one of our plans, and for reviewing services to determine medical necessity, performing utilization review, obtaining premiums, coordinating your benefits and collection activities.

Health Care Operations: Operate Health Partners Plans

We use health information about you to develop better services for you. For example, we may use and disclose Information to make sure the care you receive from a hospital or doctor's office is of the highest quality.

Using your health information, we may conduct medical reviews, review the qualifications and performance of the providers you visit, and resolve complaints and grievances.

Administer Your Plan

We may disclose your health information to your health plan sponsor for plan administration. A company may contract with us to provide health benefits, and we may provide that company with certain statistics to explain the premiums we charge.

Health and Wellness Information

We may use or share your health information to send you a reminder if you have an appointment with your doctor.

We may use or share your Information to inform you about alternative medical treatment and programs or about health-related products and services that may interest you, such as information about smoking cessation or weight-loss programs.

We may send materials to you if you meet certain age criteria to describe our products and an application form.

Business Associates: Other organizations that help us

We may share your health information with subcontractors, agents, and vendors, known as “Business Associates,” who perform activities on our behalf, such as dental and vision practice managers, auditors and software support vendors. These business associates must agree to protect your health information.

When We Share Your PHI For Special Purposes

Health Partners Plans is required or permitted to share your health information without your authorization in other ways – usually in ways that contribute to the public good, such as public health and research or as required by law. We have to meet many conditions under the law before we can share your information for these purposes. For more information, visit www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html. For instance, we may share your Information for the following purposes:

Public Health and Safety

We may use or share your Health Information for certain types of public health or disaster relief efforts.

We may report your Health Information to state and federal agencies that regulate Health Partners Plans, such as the U.S. Department of Health and Human Services; the Centers for Medicare & Medicaid Services; the Pennsylvania Department of Health; the Pennsylvania Insurance Department; and the Pennsylvania Department of Human Services.

We may share your health information for public health activities. For example, we may report health information to the Food and Drug Administration for investigating or tracking of prescription drug and medical device problems.

We may report your health information to public health agencies if we believe there is a serious health or safety threat.

We may report your health information to a government authority regarding child abuse, neglect or domestic violence.

Required By Law

We must use or disclose your health information when we are required to do so by law, such as to the U.S. Department of Health and Human Services upon request if they wish to determine whether we are in compliance with federal privacy laws.

Legal Process, Law Enforcement, and Other Laws

We may provide your health information to a court or administrative agency (for example, pursuant to a court or administrative order, search warrant or subpoena).

We may report your health information for law enforcement purposes. For example, we may give health information to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness or missing person.

We may report your health information for specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protective services for the president and others.

We may report information on job-related injuries because of the requirements of your state workers' compensation laws. We are permitted to use or share your health information about you for workers' compensation claims.

Research, Death, and Organ Donation

We may share your health information with a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law.

We may disclose a deceased member's PHI to family members, providers and others who were involved in the care or payment for care of the decedent prior to death, unless doing so is inconsistent with any prior expressed preference of the individual that is known to us.

We may disclose your information to a personal representative such as a family member if the information pertains to that surviving family member's health. A decedent's health information is no longer considered protected under HIPAA starting 50 years after death. We may also share your health information with a funeral director as necessary to carry out his or her duties.

We may use or share your health information for banking or transplantation of organs, eyes or tissue.

Under certain circumstances, we may use and disclose health information for research. Before we use or disclose health information for research, the project will go through a special approval process. We also may permit researchers to look at records to help them identify patients who may be included in their research project as long as they do not remove or take a copy of any health information.

With Your Authorization or at Your Direction

We will share your PHI with your authorization. You can tell us your choices about what we share and how we share it. See the next section "What Are Your Rights?"

With your verbal or written permission, we may assist you in obtaining proof of immunization as required by a school for your child or minor for whom you have legal guardianship, or for yourself.

Family and Friends

We may share health information that is directly related to your treatment with your family, close friends, or others involved in payment for your care:

- When you are present prior to the use or disclosure and you agree; or
- When you are not present or competent. For example if you are unconscious, we may share your health information with family members if we believe it is in your best interest.

Personal Representatives, Power of Attorney

Unless prohibited by law, we may disclose your PHI to your personal representative, if any. A personal representative is a person who has legal authority to act on your behalf regarding your health care or health care benefits, for example, an individual named in a durable power of attorney; a legal guardian for an incapacitated adult; or a parent or guardian of an unemancipated minor. A parent may also be a personal representative for a child who is a minor. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We may ask you or the individual you have designated to act for you to provide documentation. We will make sure the person has this authority and can act for you before we take any action.

Communications to You

We will communicate health information about you to the address, telephone number or email we have on record for the “subscriber” (the head of household, enrollee, responsible party) of your health benefits plan. For example, a newsletter may be mailed to the subscriber. We will not mail letters to separate addresses or change an address on file unless we are requested to do so and are able to agree to the request.

Marketing, Sales and Fundraising (if applicable)

The law permits us to market to you, such as to give you information on new products, except under certain circumstances. We may ask for your permission to market to you. In no case will we sell your health information. We may use PHI about you, including disclosure to a foundation or a business associate, to contact you for our fundraising purposes. You have the right to opt out of receiving such communications.

Breach

If your health information has been breached, meaning your health information has been accessed or received by someone who is not authorized to do so, we will notify you as required by law.

Genetic Information

We are prohibited from using or disclosing any PHI that is genetic information about you for underwriting purposes.

What Are Your Rights?

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. If you would like to exercise the following rights, please contact KidzPartners at 1-888-888-1211 (TTY 711). You can also write to:

Information Services and Security

Health Partners Plans

901 Market Street, Suite 500

Philadelphia, PA 19107 or

email us at HPHIPAAPrivacyOfficial@hpplans.com.

You have the right to ask us to limit what we use or share.

You may ask us not to use or share certain health information for treatment, payment, or our operations. You also have the right to ask us to restrict information that we have been asked to give family members or to others who are involved in your health care or payment for your health care. This request must be made in writing to Health Partners Plans.

Health Partners Plans has a standard form that can be requested. We are not required to agree to your request, and we may say “no” if it would negatively impact or affect your care.

You have the right to ask your provider to restrict or limit your health information that you paid out of pocket.

If you paid out-of-pocket (or in other words, your provider has not billed us) in full for a specific item or service, you have the right to ask that your Health Information with respect to that item or service not be disclosed to us for purposes of payment or health care operations.

You have the right to request confidential communications. You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. For example, if you believe that you would be harmed if we send your Information to your current mailing address (in situations involving domestic disputes or violence), you can ask us to send the Information by alternative means (for example, by fax) or to a different or additional address. We may say “no” to your request, but we will tell you why in writing within 60 days. This request may be made verbally or in writing. Health Partners Plans has a standard form that can be requested by calling our Member Relations department at 1-888-888-1211 (TTY 711).

You have the right to get a copy of your health and claims records. You may ask to see or get a copy of your health and claims records and other health information we have about you. The request must be made in writing and describe the information you would like to inspect. However, you do not have the right to access certain types of information and we may decide not to provide you with copies of the following Information:

- Contained in psychotherapy notes (we do not create or maintain psychotherapy notes here);
- Gathered for possible use for or in connection with a civil, criminal or administrative action or proceeding; and
- Subject to certain federal laws governing biological products and clinical laboratories.

Additionally, in certain other situations, we may deny your request to inspect or obtain a copy of your health information, such as when disclosure may not be in the best interest of your health. If we deny your request, we will notify you in writing and may provide you with a right to have the denial reviewed. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

You have the right to an electronic copy of Electronic Medical Records. If your health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your health information in the form or format you request, if it is available in such form or format. If the health information is not available in the form or format you request, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

You have the right to ask us to correct health and claims records. You may ask us to correct your health claims records if you think they are incorrect or incomplete. We may require that your request be in writing and that you provide a reason for your request. We will respond to your request no later than 60 days after we receive it.

We will notify you if there is a delay with respect to the date by which we will complete the action on your request.

If we make the amendment, we will notify you that it was made. In addition, we will provide the amendment to any person that we know has received your Health Information. We will also provide the amendment to other persons identified by you.

If we deny your request to amend, we will notify you in writing of the reason for the denial. The denial will explain your right to file a written statement of disagreement. We have a right to contest (argue) your statement. However, you have the right to request that your written request, our denial and your statement of disagreement be included with your information for any future disclosures.

You have the right to get a list of those with whom we have shared health information. You can ask for a list (accounting) of when we have shared your health information for six (6) years prior to the date of your request, who we shared it with, and why. We will include all the disclosures except for:

- Information disclosed to be used for treatment, payment, and health care operations purposes;
- Information disclosed to you or pursuant to our authorization;
- Information that is incidental to a use or disclosure otherwise permitted;
- Information disclosed for a facility directory or to persons involved in your care;
- Information disclosed for national security or intelligence purposes;
- Information disclosed to correctional institutions, law enforcement officials or health oversight agencies; or
- Information that was disclosed or used as part of a limited data set for research, public health, or health care operations purposes.

We may require that your request be in writing. We will act on your request for an accounting within 60 days. We will provide one accounting within a 12 month period for free but will charge a reasonable, cost-based fee if you ask for another one within the 12 month period. We will inform you in advance of the fee and provide you with an opportunity to withdraw or modify your request.

Effective Date of Notice

This Notice takes effect September 23, 2013. This Notice will remain in effect until we change it. This Notice replaces any other information you have previously received from us with respect to your health information.

Right to Receive This Notice, Changes to This Notice

You have a right to receive a copy of this Notice upon request at any time. You may also view a copy of the Notice and other information supporting the protection of your health information on our website at HealthPartnersPlans.com. We reserve the right to change the terms of this Notice and to make the new Notice effective for all health information we maintain. Once revised, we will provide the new Notice to you by direct mail and post it on our website.

Contact for Questions or Complaints

If you believe your privacy rights have been violated, you may file a complaint with us by contacting KidzPartners Member Relations at 1-888-888-1211 (TTY 711). You can also send us questions by mail to: HIPAA Official, Health Partners Plans, 901 Market Street, Suite 500, Philadelphia, PA 19107; by email to HPHIPAAPrivacyOfficial@hpplans.com; or by telephone at 1-800-553- 0784 (TTY 711).

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/filing-a-complaint/index.html. We will not retaliate against you for filing a complaint.