

# Health Partners Plans 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.**

## Our Privacy Commitment

At Health Partners Plans (HPP), we respect the confidentiality of your personal information and will protect your information in a responsible manner. In the normal course of doing business, we create, obtain and/or maintain records about you and the services we provide to you. The information we collect is called Protected Health Information (“PHI”) and includes your individually identifiable personal information, such as your name, address, telephone number and Social Security number — as well as your health information, such as health care diagnosis or claim information. We take our obligation to keep your PHI secure and confidential very seriously.

We are required by federal and state law to protect the privacy of your PHI and to provide you with this Notice of our legal duties and privacy practices as they relate to your PHI. We are required to maintain the privacy of your PHI and notify you in the event that you are affected by a breach of unsecured PHI. When we use or give out (“disclose”) your PHI, we are bound by the terms of this Notice. This Notice applies to all electronic or paper records we create, obtain and/or maintain that contain your PHI.

## How We Protect Your Privacy

We maintain physical, technical and administrative safeguards to ensure the privacy of your PHI. We restrict access to your PHI to authorized HPP staff who need that information for your treatment, for payment purposes and/or for health care operations.

To protect your privacy, only HPP Staff who are authorized and trained are given access to our paper and electronic records and to non-public areas where this information is stored.

HPP staff are trained on topics including:

- Privacy and information security policies and procedures including how paper and electronic records are labeled, stored, filed and accessed.
- Technical, physical and administrative safeguards in place to maintain the privacy and security of your PHI.

Our corporate Privacy Office monitors how we follow the policies and procedures and educates our organization on this important topic.

## How We Use and Disclose Your PHI

### Uses of PHI without your authorization

We may disclose your PHI without your written authorization if necessary while providing your health benefits. We may disclose your PHI for the following purposes:

#### • Treatment

- To share with nurses, doctors, pharmacists, health educators and other health care professionals so they can determine your plan of care.
- To help you obtain services and treatment you may need (for example, ordering lab tests and using the results).
- To coordinate your health care and related services with a different health care facility or professional.

#### • Payment

- To obtain payment of premiums for your coverage.
- To make coverage determinations (for example, to speak to a health care professional about payment for services provided to you).
- To coordinate benefits with other coverage you may have (for example, to speak to another health plan or insurer to determine your eligibility or coverage).
- To obtain payment from a third party that may be responsible for payment, such as a family member.

- To otherwise determine and fulfill our responsibility to provide your health benefits (for example, to administer claims).

#### • Health care operations

- To provide customer service.
- To support and/or improve the programs or services we offer you.
- To assist you in managing your health (for example, to provide you with information about treatment alternatives to which you may be entitled).
- To support another health plan, insurer, or health care professional that has a relationship with you, to improve the programs it offers you (for example, for case management or in support of an accountable care organization [ACO] or patient-centered medical home arrangement).
- For underwriting, dues, or premium rating or other activities relating to the creation, renewal or replacement of a contract for health coverage or insurance. Please note, that we will not use or disclose your PHI that is genetic information for underwriting purposes — doing so is prohibited by federal law.

We may also disclose your PHI without your written authorization for other purposes, as permitted or required by law. This includes:

- **Disclosures to others involved in your health care**

- If you are present or otherwise available to direct us to do so, we may disclose your PHI to others (for example, a family member, a close friend, or your caregiver).
- If you are in an emergency situation, are not present or are incapacitated, we will use our professional judgment to decide whether disclosing your PHI to others is in your best interests. If we do disclose your PHI in a situation where you are unavailable, we would disclose only information that is directly relevant to the person's involvement with your treatment or for payment related to your treatment. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, your general medical condition or your death.
- We may disclose your child's PHI to your child's other parent.

- **Disclosure to your health plan sponsor**

- We may disclose your PHI to your health plan sponsor so that entity can audit and otherwise administer the health plan in which you are enrolled. For example, 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.

- **Disclosures to vendors and accreditation organizations**

We may disclose your PHI to:

- Companies that perform certain services we've requested. For example, we may engage vendors to help us provide information and guidance to customers with chronic conditions like diabetes and asthma.
- Accreditation organizations such as the National Committee for Quality Assurance (NCQA) for quality measurement purposes.

Please note that before we share your PHI, we obtain the vendor's or accreditation organization's written agreement to protect the privacy of your PHI.

- **Communications.** As permitted by law, we may send communications to describe health-related products or services provided by or included in a plan of benefits, including communications about enhancements to a health plan, or communications for case management, care coordination or treatment alternatives.
- **Fundraising.** We may use or disclose your PHI for fundraising purposes. You have a right to opt-out of receiving such communications.
- **Health or safety.** We may disclose your PHI to prevent or lessen a serious and imminent threat to your health or safety, or the health or safety of the general public.

- **Public health activities.** We may disclose your PHI to:

- Report health information to public health authorities authorized by law to receive such information for the purpose of preventing or controlling disease, injury or disability, or monitoring immunizations.
- Report child abuse or neglect, or adult abuse, including domestic violence, to a government authority authorized by law to receive such reports.
- Report information about a product or activity that is regulated by the U.S. Food and Drug Administration (FDA) to a person responsible for the quality, safety or effectiveness of the product or activity.
- Alert a person who may have been exposed to a communicable disease, if we are authorized by law to give this Notice.

- **Health oversight activities.** We may disclose your PHI to:

- A government agency that is legally responsible for oversight of the health care system or for ensuring compliance with the rules of government benefit programs, such as Medicare or Medicaid.
- Other regulatory programs that need health information to determine compliance.

- **Research.** We may disclose your PHI for research purposes, but only according to and as allowed by law.

- **Compliance with the law.** We may use and disclose your PHI to comply with the law.

- **Judicial and administrative proceedings.** We may disclose your PHI in a judicial or administrative proceeding or in response to a valid legal order.

- **Law enforcement officials.** We may disclose your PHI to the police or other law enforcement officials, as required by law or in compliance with a court order or other process authorized by law.

- **Government functions.** We may disclose your PHI to various departments of the government, such as the U.S. military or the U.S. Department of State as required by law.

- **Workers' compensation.** We may disclose your PHI when necessary to comply with workers' compensation laws.

#### **Uses of PHI that require your authorization**

Other than for the purposes described above, we must obtain your written authorization to use or disclose your PHI in the following circumstances:

- To supply PHI to a prospective employer.
- To use your PHI for marketing purposes.
- For any sale involving your PHI, as required by law.

### **Uses and disclosures of certain PHI**

**deemed “Highly Confidential.”** For certain kinds of PHI, federal and state law may require enhanced privacy protection. These would include PHI that is:

- Maintained in psychotherapy notes.
- About alcohol and drug abuse prevention, treatment and referral.
- About HIV/AIDS testing, diagnosis or treatment.
- About venereal and/or communicable disease(s).
- About genetic testing.

We can only disclose this type of specially protected PHI with your prior written authorization except when specifically permitted or required by law.

Any other uses and disclosures not described in this Notice will only be made with your prior written authorization.

**Cancellation of Authorization.** You may cancel (revoke) a written authorization you gave us before. The cancellation, submitted to us in writing, will apply to future uses and disclosures of your PHI. It will not impact disclosures made previously, while your authorization was in effect.

As a participant of Health Information Exchange (HIE) we may use or disclose your PHI to this HIE. You have a right to “opt-out” or decline to have your PHI accessed through an HIE.

## **Your Individual Rights**

You have the following rights regarding the PHI that Health Partners Plans creates, obtains, and/or maintains about you.

- **Right to request restrictions.** You may ask us to restrict the way we use and disclose your PHI for treatment, payment and health care operations, as explained in this Notice. We are not required to agree to the restrictions, but we will consider them carefully. If we do agree to the restrictions, we will abide by them until you request or agree to terminate the restrictions.
- **Right to receive confidential communications.** You may ask to receive Health Partners Plans communications containing PHI by alternative means or at alternative locations. As required by law, and whenever feasible, we will accommodate reasonable requests. If your request involves a minor child, we may ask you to provide legal documents to support your request.
- **Right to access your PHI.** You may ask to review or receive a copy of certain PHI that we maintain about you in a “designated record set.” Your request must be in writing. Whenever possible, and as required by law, we will provide you, another individual or entity with a copy of your PHI in the form (paper or electronic) and format you request. If you request copies, we may charge you a reasonable cost-based fee for providing your records. In certain limited circumstances permitted by law, we may deny you access to a portion of your records.

- **Right to amend your records.** You have the right to ask us to correct or amend PHI we maintain about you in a designated record set. Your request must be made in writing and explain your reason for the amendment. If we determine that the PHI is inaccurate, we will correct it if permitted by law. If a health care facility or other health professional created the PHI that you want to change, you should ask them to amend the information.

- **Right to receive an accounting of disclosures.** Upon your request, we will provide a list of the disclosures we have made of your PHI for a specified time period, up to six years prior to the date of your request. However, the list will exclude:

- Disclosures you have authorized.
- Disclosures made earlier than six years before the date of your request.
- Disclosures made for treatment, payment, and health care operations purposes except when required by law.
- Certain other disclosures that are allowed by law to be excluded from the accounting.

If you request an accounting more than once during any 12-month period, we will charge you a reasonable cost-based fee for each accounting report after the first one.

- **Right to name a personal representative.**

You may name another person to act as your personal representative. Your representative will be allowed access to your PHI, to communicate with the health care professionals and facilities providing your care, and to exercise all other HIPAA rights on your behalf. Depending on the authority you grant your representative, he or she may also have authority to make health care decisions for you.

- **Right to receive a paper copy of this Notice.**

Upon your request, we will provide a paper copy of this Notice, even if you have already received one electronically. See the Notice Availability and Duration section later in this Notice.

## Actions You May Take

**Contact Health Partners Plans.** If you have questions about your privacy rights, believe that we may have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact us in writing, by email or by phone:

**Health Partners Plans  
HIPAA Privacy Services  
901 Market Street, Suite 500  
Philadelphia, PA 19107**

**Telephone Number: 1-888-477-9800**

**Email: [PrivacyOfficial@hpplans.com](mailto:PrivacyOfficial@hpplans.com)**

For certain types of requests, you must complete and mail to us the applicable form, which is available either by contacting Member Relations at the telephone number printed on your Member ID card or by going to our website at

**HPPlans.com/privacy-practices**

## Notice Availability and Duration

**Notice availability.** A copy of this Notice is available by calling Member Relations at the telephone number printed on your Member ID card or by going to our website at:

**www.hpplans.com/privacy-practices**

### **Right to change terms of this Notice.**

We may change the terms of this Notice at any time, and we may, at our discretion, make the new terms effective for your entire PHI in our possession, including any PHI we created or received before we issued the new Notice.

If we change this Notice, we will update the Notice on our website and, if you are enrolled in a Health Partners Plans benefit plan at that time, we will send you the new Notice when and as required by law.

**Effective date.** The original Notice was effective as of April 14, 2003 and updated as of January 3, 2018.

**Contact a government agency.** If you believe we may have violated your privacy rights, you may also file a complaint with the Secretary (the Secretary) of the U.S. Department of Health and Human Services (HHS). For more information, you can visit the HHS Office for Civil Rights (OCR) website at **<http://www.hhs.gov/ocr/privacy/hipaa/complaints>**. You can file a complaint by sending a letter or by phone to the OCR as follows:

**U.S. Department of Health  
and Human Services  
Office for Civil Rights  
200 Independence Avenue, S.W.  
Washington, DC 20201**

**Telephone: 1-877-696-6775**

We will not retaliate or take any action against you if you exercise your right to file a complaint, either with us or with the Secretary.



Health Partners Plans

## Discrimination is Against the Law

Health Partners (Medicaid) and KidzPartners comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation. Health Partners (Medicaid) and KidzPartners do not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Health Partners (Medicaid) and KidzPartners provide free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Health Partners (Medicaid) and KidzPartners provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Member Services at 1-888-477-9800 (TTY/PA RELAY: 711).

If you believe that Health Partners (Medicaid) and KidzPartners have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

Health Partners Plans  
Attn: Complaints, Grievances & Appeals Unit  
901 Market Street, Suite 500  
Philadelphia, PA 19107  
1-888-477-9800 (TTY/PA RELAY: 711)  
Fax: 1-215-991-4105

The Bureau of Equal Opportunity,  
Room 223, Health and Welfare Building,  
P.O. Box 2675,  
Harrisburg, PA 17105-2675,  
Phone: (717) 787-1127, TTY/PA RELAY: 711,  
Fax: (717) 772-4366, or  
Email: RA-PWBEOAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Health Partners (Medicaid) and KidzPartners and the Bureau of Equal Opportunity are available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone:

U.S. Department of Health and Human Services  
200 Independence Avenue SW.  
Room 509F, HHH Building  
Washington, DC 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>



**ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call: 1-888-477-9800 (TTY/PA RELAY: 711).**

**ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-477-9800 (TTY/Servicio de retransmisión de PA: 711).**

**ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-477-9800 (телетайп/PA RELAY: 711).**

**注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-477-9800 (TTY/PA RELAY: 711)。**

**CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-477-9800 (TTY/PA RELAY: 711).**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 888-477-9800-1 (رقم هاتف الصم والبكم: 888-477-9800-1).

**ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-477-9800 (टिटिवाइ/PA RELAY: 711) ।**

**주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-477-9800 (TTY/PA RELAY: 711) 번으로 전화해 주십시오.**

**ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល្អ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-888-477-9800 (TTY/PA RELAY: 711)។**

**ATTENTION :Si vous parlez français, des services d'aide linguistique vous sont proposes gratuitement. Appelez le 1-888-477-9800 (ATS/PA RELAY : 711).**

**သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-888-477-9800 (TTY 711) သို့ ခေါ်ဆိုပါ။**

**ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-477-9800 (TTY/PA RELAY: 711).**

**ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-477-9800 (TTY/PA RELAY: 711).**

**লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-888-477-9800 (TTY/PA RELAY: 711)।**

**KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-477-9800 (TTY/PA RELAY: 711).**

**सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-477-9800 (TTY/PA RELAY: 711).**