

Notice of

Privacy Practices

Effective April 14, 2009



**HD HEALTH
PARTNERS**

In Wellness and Health, Partners for Life.

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, we respect the confidentiality of your health information and will protect your information in a responsible and professional manner. We are required by law to maintain the privacy of your health information and to send you this notice.

This notice explains how we use information about you and when we can share that information with others. It also informs you about your rights with respect to your health information and how you can exercise these rights.

When we talk about “information” or “health information” in this notice we mean the following:

- **Any kind of information about you and your health care**
- **Claims information**
- **Your address and phone number**
- **Your social security number**

How we use or share information

The following are ways we may use or share information about you:

- We may use the information to help pay your medical bills that have been submitted to us by doctors and hospitals for payment.
- We may share your information with your doctors or hospitals to help them provide medical care to you. For example, if you are in the hospital, we may give them access to any medical records sent to us by your doctor.
- We may use or share your information with others to help manage your health care. For example, we might talk to your doctor to suggest a disease management or wellness program that could help improve your health.
- We may share your information with others who help us conduct our business operations.
- **We will not share your information with these outside groups unless they agree to keep it protected.**
- We may use or share your information for certain types of public health or disaster relief efforts.
- We may use or share your information to send you a reminder if you have an appointment with your doctor.
- We may use or share your information to give you information about alternative medical treatment and programs or about health related products and services that may interest you. For example, we might send you information about smoking cessation or weight loss programs.

There are also state and federal laws that may require us to release your health information to others. We may be required to provide information for the following reasons:

- We may report information to state and Federal agencies that regulate us such as the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services and the Pennsylvania Department of Health, Insurance and Public Welfare.
- We may share information for public health activities. For example, we may report information to the Food and Drug Administration for investigating or tracking of prescription drug and medical device problems.
- We may report information to public health agencies if we believe there is a serious health or safety threat.
- We may share information with a health oversight agency for certain oversight activities (for example, audits, inspections, licensure and disciplinary actions).
- We may provide information to a court or administrative agency (for example, pursuant to a court order, search warrant or subpoena).
- We may report information for law enforcement purposes. For example, we may give information to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness or missing person.
- We may report information to a government authority regarding child abuse, neglect or domestic violence.
- We may share information with a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also share information with a funeral director as necessary to carry out his/her duties.
- We may use or share information for procurement, banking or transplantation of organs, eyes or tissue.
- We may share information relative to 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 requirements of your state worker compensation laws.

There may be other times that we may share information that is not mentioned above; however, if these reasons do not apply, **we must get your written permission to use or disclose your health information.** If you give us written permission and change your mind, **you may take back that written permission at anytime.** Once you give us the proper authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information.

We are also not allowed to use or disclose your health information as follows:

- Health Partners must ensure that we do not disclose any confidential information in accordance with all laws, regulations, and policies of the Pennsylvania Department of Health and the Pennsylvania Insurance Department. In addition, we must comply with all rules governing the disclosure of information related to HIV/AIDS, Drug and Alcohol and Mental Health services.

What are your rights?

The following are your rights with respect to your health information. If you would like to exercise the following rights, please contact Health Partners Member Relations at 1-800-553-0784.

- **You have the right to ask us to restrict or limit how we use or disclose your information** for treatment, payment, or health care 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. *Please note that while we will try to honor your request, we are not required to agree to these restrictions.*
- **You have the right to ask to receive confidential communications** of information. For example, if you believe that you would be harmed if we send your information to your current mailing address (for example, 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 will work with you on any reasonable request by you as explained above.
- **You have the right to inspect and obtain a copy of information** that we maintain about you in your designated record set. A “designated record set” is a group of records maintained by or for Health Partners that is (i) the medical records and billing records about you; (ii) the enrollment, payment, claims adjudication, and case or medical management record; (iii) and any information we use to make decisions about you and your health care.

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;
- 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 information.

If we deny your request, we will notify you in writing and may provide you with a right to have the denial reviewed.

- **You have the right to ask us to amend information** we maintain about you in your designated record set. 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 30 days after we receive it. If we are unable to act within 30 days, we may extend that time by no more than an additional 30 days. If we need to extend this time, we will notify you of the delay and 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 receive an “accounting” or a summary/report of certain disclosures** of your information made by us during the six years prior to your request. **Please note that we are not required to provide you** with an accounting of the following information:
 - Any information collected before April 14, 2003;
 - Information disclosed to be used for treatment, payment, and health care operations purposes;
 - Information disclosed to you or pursuant to your 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 or other nonfiction purposes;
 - Information disclosed for national security or intelligence purposes;
 - Information disclosed to correctional institutions, law enforcement officials or health oversight agencies; and
 - Information that was disclosed or used as part of a limited data set for research, public health, or health care operations purposes.

We require that your request be in writing. We will act on your request for an accounting within 30 days. We may need additional time to act on your request, and therefore, may take up to an additional 30 days. Your first accounting will be free, and we will continue to provide

to you one free accounting upon request every 12 months. However, if you request an additional accounting within 12 months of receiving your free accounting, we may charge you a fee. We will inform you in advance of the fee and provide you with an opportunity to withdraw or modify your request.

Exercising your rights

- You have a right to receive a copy of this notice upon request at any time.
- You can also view a copy of the notice on our website at www.healthpart.com. Should any of our privacy practices change, we reserve the right to change the terms of this notice and to make the new notice effective for all protected health information we maintain. Once revised, we will provide the new

notice to you by direct mail and post it on our website.

- If you have any questions about this notice or about how we use or share information, please contact Health Partners Member Relations at 1-800-553-0784 or Kearline McKellar-Jones, Privacy Official. That office is open Monday through Friday from 9:00 a.m. to 5:00 p.m. You can also send us questions by e-mail at www.healthpart.com.

If you believe your privacy rights have been violated, you may file a complaint with us by contacting Health Partners Member Relations at 1-800-553-0784. You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.

We will not take any action against you for filing a complaint.

For help with this information, call our 24-hour helpline.

Si necesita ayuda con esta información, llámenos a nuestra línea de ayuda disponible las 24 horas.

Nếu cần giúp đỡ về thông tin này, hãy gọi số điện thoại trực 24-giờ sau đây của chúng tôi.

Если вам нужна помощь относительно этой информации, звоните в нашу круглосуточную справочную службу.

如果對這訊息有疑問，請致電我們的24小時幫助熱線。

ដើម្បីជាជំនួយ ទទួលបានព័ត៌មាននេះ សូមទំនាក់ទំនងទូរស័ព្ទដែលមានបំរើការ ២៤ម៉ោង តាមរយៈលេខ :

1-800-553-0784 • 215-849-9600
(TTY 1-877-454-8477 • 215-849-1579)

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