

Health Choice Generations (HMO D-SNP) Notice of Privacy Practices



Effective October 1, 2019

This notice describes how medical information about you may be used and shared and how you can get access to this information.

Please review it carefully.

Health Choice Generations (HMO D-SNP)

410 N. 44th St, Suite 900

Phoenix, AZ 85008

Phone: 1-800-656-8991 | TTY: 711 | www.HealthChoiceGenAZ.com

Health Choice Generations (HMO D-SNP) (Health Choice Generations) is your Medicare Advantage Special Needs Plan with prescription drug coverage (MA-PD).

We are required by law to maintain the privacy of your medical information. This notice describes how we handle your medical information and protect that information. This notice also explains your rights about your medical information. Please review this Notice carefully.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

FOR TREATMENT We do not provide treatment. However, we may disclose medical information about you to doctors, nurses, or other hospital personnel involved in taking care of you. For example, we may share your medical information with your health care providers to allow them to coordinate your treatment.

FOR PAYMENT We may use and disclose medical information about you so that providers from whom you receive treatment and services may receive payment. Examples of payment activities include: billing, claims management and other related administrative functions.

FOR HEALTH CARE OPERATIONS We may use and disclose medical information about you for our health care operations. These uses and disclosures are necessary to run (Health Choice Generations) and make sure that you and others we cover receive quality care. For example, we may use medical information to review the treatment and services rendered by a provider to evaluate the provider's performance.

WHEN REQUIRED BY LAW We will share medical information about you if uses or disclosures are required to comply with the law.

UNDERWRITING We may use and disclose your medical information for underwriting. However, federal law prohibits us from using your genetic information for underwriting purposes.

TO PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be limited to disclosure to someone able to help prevent the threat.

HEALTH OVERSIGHT ACTIVITIES We may share medical information with the Centers for Medicare and Medicaid Services (CMS) or another health oversight agency for activities authorized by law. This could include audits, investigations, and inspections to review the health care system and how you get health care.

HEALTH-RELATED BENEFITS OR SERVICES From time to time, we may use and share your medical information so that we may tell you about benefits or services available to you. This may include communications about our various health related products or services, such as our Medicaid plan for which you may be eligible.

LAWSUITS AND DISPUTES We may share medical information about you to respond to a court order or an administrative order. We may also share medical information about you in response to a subpoena, discovery request, or other lawful process.

LAW ENFORCEMENT We may release medical information to law enforcement officials in certain circumstances or as required by law, including the following circumstances:

- In response to a court order, subpoena, warrant, summons, administrative request or similar process; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

BUSINESS ASSOCIATES - We may use or disclose your medical information to business associates that perform various activities, such as accounting or administrative services, on our behalf.

NOTIFICATIONS AND INDIVIDUALS INVOLVED IN YOUR HEALTH CARE - We may use or disclose your medical information for purposes of coordinating disaster relief efforts and to notify or assist in the notification of a family member, personal representative or other person responsible for your care. We may disclose medical information about you to people outside of Health Choice Generations who may be involved in your medical care, such as family members or others if the medical information is directly relevant to such person's involvement with the individual's health care or payment related to health care or is needed for notification purposes.

RESEARCH - We may use and disclose your medical information for research purposes.

CORONERS, FUNERAL DIRECTORS, AND MEDICAL EXAMINERS - We may disclose medical information to coroners, funeral directors, and medical examiners consistent with applicable law.

ORGAN, EYE OR TISSUE DONATIONS - We may use or disclose medical information to organ procurement organizations or other entities engaged in procuring, banking or transplanting cadaveric organs, eyes or tissue for the purpose of facilitating donation and transplantation.

INMATES - We may disclose your medical information to a correctional institution or a law enforcement official if you are an inmate or under the lawful custody of a law enforcement official.

STATE OR OTHER LAWS - We may use or disclose substance abuse treatment information in accordance with applicable state and federal laws, such as Title 42, Code of Federal Regulations, Part 2. We will follow state statutes regarding Insurance Information and Privacy Protection, Genetic Testing, Insurance Procedures Relating to HIV Information, and other applicable laws that may provide additional privacy protections.

WHEN YOUR WRITTEN PERMISSION (AUTHORIZATION) IS REQUIRED FOR OTHER USES AND DISCLOSURES

We will obtain your written permission prior to the use or disclosure of your medical information anytime the law does not allow us to do so without your permission and for a purpose other than listed above. For example, the law requires us to get your permission for the following types of medical information and purposes:

- Psychotherapy notes - If we hold these notes, we will make certain uses or disclosures of these notes to others only if we have your permission;
- For marketing purposes; and
- For the sale of your medical information.

If you provide us with written permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time, except to the extent that we have taken action in reliance on your permission or if the authorization was obtained

as a condition of obtaining insurance coverage and another law provides us with the right to contest a claim under the policy or the policy itself. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to protect information that has already been disclosed with your permission.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

RIGHT TO LOOK AT AND COPY YOUR MEDICAL INFORMATION You have the right to look at and copy medical information that may be used to make decisions about your medical care, including the review of treatment requests and claims from your doctors. Usually, this includes a paper or electronic copy of your records and/or bills that providers send to us. If you want to ask us for a copy, write to our Privacy Officer at the address at the end of this Notice. We may charge you a fee for our postage and labor costs and supplies to create the copy. There may be times when we may deny your request to look at or copy your medical information. If that happens, you have a right to submit a request in writing and ask us to review our decision to deny your request.

RIGHT TO AMEND YOUR MEDICAL INFORMATION If you feel that your medical information is incorrect or incomplete, you can ask us to change that information. To ask us to change your information, write to our Privacy Officer at the address at the end of this Notice. Please tell us clearly what information you want to change. If we deny your request, we will provide you with the reason for the denial.

For any medical information created by your health care provider (i.e., doctor, hospital, clinic, etc.), please send a request to change your information to that individual or entity directly.

RIGHT TO REQUEST RESTRICTIONS You have the right to ask us to restrict or limit how we use or disclose your medical information for treatment, payment, or operations. For example, you may ask us not to disclose that you have had a particular surgery or treatment. You may also ask that we restrict the disclosure of your medical information to your relatives or friends that are involved with your care. To ask us to restrict your information, write to our Privacy Officer at the address at the end of this Notice. Please tell us: what information you want to limit; whether you want to limit its use, disclosure, or both; and to whom you want the limits to apply.

We are not required to agree to your request, except for requests to restrict disclosures to us for purposes of payment or health care operations when you have paid in full out-of-pocket for an item or service covered by the request and when the disclosure is not required by law. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

RIGHT TO PRIVATE COMMUNICATIONS You have the right to ask us to communicate with you only in writing or at a certain address or phone number if you think the normal way we commu-

nicate will be dangerous to you. To ask us for private communication, write to our Privacy Officer at the address at the end of this Notice. Please tell us: how our normal way of communicating with you is dangerous to you; how or where you wish to be contacted; and what information is to be communicated in this manner.

RIGHT TO ACCOUNTING OF DISCLOSURES You have a right to ask us for a list of people or groups to whom we have disclosed your medical information. This is called an accounting of disclosures and includes the dates your medical information was disclosed, the reasons for the disclosures and the types of medical information disclosed. To ask us for a list, write to our Privacy Officer at the address at the end of this Notice. Tell us the period of time for which you want a list of disclosures. The list will not include: disclosures we made to you, those we made with your permission or those we made for our treatment, payment or operations activities.

RIGHT TO A PAPER COPY OF THIS NOTICE You have the right to a paper copy of this Notice. To ask us for a paper copy, write to our Privacy Officer at the address at the end of this Notice or contact our Member Services Department 1-800-656-8991 (8AM to 8PM, 7 days of week). If you have trouble hearing, call TTY/TTD: 711. This notice is available online at: www.HealthChoiceGenAZ.com.

We may change this Notice. The changes to the Notice might involve medical information we already have about you, as well as any information we get in the future. If we do change the Notice, we will provide you with the new Notice by posting it online at the above web address or mailing it to you, upon request. You will always know which one is the most current because we print the effective date of the Notice on the top of the front page. We are required to abide by the terms of the Notice currently in effect.

OTHER OBLIGATIONS

BREACHES We are required by law to notify affected individuals following a breach of unsecured medical information.

COMPLAINTS You have the right to file a complaint if you believe your privacy rights have been violated. To file a complaint, write to our Privacy Officer at the address at the end of this Notice. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized or discriminated against for filing a complaint.

QUESTIONS If you have any questions about this notice, contact our Privacy Officer. Your medical treatment providers (i.e., doctors, hospitals, home health agencies, etc.) may have different policies or notices about the use and sharing of your medical information. If you have questions about your provider's privacy policies, please contact your provider directly.

HOW TO CONTACT OUR PRIVACY OFFICER: Write to - Health Choice Generations Privacy Officer / 410 N. 44th Street, Ste. 900 / Phoenix, AZ 85008. Or call us at: 1-800-656-8991 (8AM to 8PM, 7 days of week). If you have trouble hearing, call TTY/TTD: 711.

Puede obtener una copia de este noticia en Espanol, si la pide.