

Notice of Privacy Practices

Effective Date: January 1, 2019



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.

In this notice, we use “the Alliance,” “we,” “us,” and “our” to describe the Central California Alliance for Health.

Why am I receiving this notice? This notice tells you about the ways in which we may collect, use, or disclose (share) your protected health information. We understand that health information about you is personal and we are committed to protecting your privacy. This notice only describes the Alliance’s Privacy Practices. Your doctor may have different policies or notices regarding their use and disclosure of your health information created in the doctor’s office.

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.

Get a copy of your health and claims records	<ul style="list-style-type: none">▪ You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.▪ 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.▪ We may say “no” to your request for certain types of records, such as psychotherapy notes, or information for use in civil, criminal, or administrative actions. If we deny your request, we will tell you the reason why in writing.▪ You may have the right to have a licensed health care professional review the denial. We will let you know if this right is available.
Ask us to correct health and claims records	<ul style="list-style-type: none">▪ You can ask us to correct your health and claims records if you think they are incorrect or incomplete. You must make your request in writing. Ask us how to do this.▪ We may say “no” to your request, but we will tell you why in writing within 60 days.▪ If your request is denied, you have the right to send us a statement to include in the record.
Request confidential communications	<ul style="list-style-type: none">▪ You can ask us to contact you in a specific way (for example, using your home or work phone) or to send mail to a different address. Ask us how to do this.▪ We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
Ask us to limit what	<ul style="list-style-type: none">▪ You can ask us not to use or share certain health information

<p>we use or share</p>	<p>for treatment, payment, or our operations.</p> <ul style="list-style-type: none"> ▪ We are not required to agree to your request, and we may say “no” if it would affect your care. ▪ We are required to agree to your request, if you ask us not to share information with a health plan if you or someone else, other than the health plan, have paid for the care in full and when the disclosure is not required by law.
<p>Get a list of those with whom we’ve shared information</p>	<ul style="list-style-type: none"> ▪ You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. ▪ We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make, or those required by law). We will provide one accounting a year for free but may charge a reasonable cost-based fee if you ask for another one within 12 months.
<p>Get a copy of this privacy notice</p>	<ul style="list-style-type: none"> ▪ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. ▪ You can also find this notice on our website at www.ccah-alliance.org
<p>Choose someone to act for you</p>	<ul style="list-style-type: none"> ▪ If you have given someone medical power of attorney, if someone is your legal guardian, or if you have given us written authorization to act as your personal representative, that person can exercise your rights and make choices about your health information. ▪ We will make sure the person has this authority and can act for you before we take any action.
<p>File a complaint if you feel we have violated your rights</p>	<ul style="list-style-type: none"> ▪ You can complain if you feel your rights are violated by contacting us at the information in the “Our Responsibilities” section on page 5 of this notice. ▪ You can also file a complaint with the Department of Healthcare Services (DHCS), and the U.S. Department of Health and Human Services Office for Civil Rights.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In the cases where you *can* tell us your choices about what we share, you have the right to tell us to:

Share information with your family, close friends, or others involved in payment for your care.
 Share information in a disaster relief situation.
 Contact you for fundraising efforts.

If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes.
- Sale of your information.
- Psychotherapy notes.
- Substance abuse treatment records.

Our Uses and Disclosures

How do we typically use or share your health information. We typically use or share your health information in the following ways.

<p>Help manage the health care treatment you receive</p>	<ul style="list-style-type: none"> ▪ We can use your health information and share it with professionals who are treating you. 	<p><i>Example:</i> A doctor sends us information about your diagnosis and treatment plan so we can make sure the services are medically necessary and are covered benefits.</p>
<p>Run our organization</p>	<ul style="list-style-type: none"> ▪ We can use and disclose your information to run our organization and contact you when necessary. ▪ We can also use and disclose your information to contractors (Business Associates) who help us with certain functions. They must sign an agreement to keep your information confidential before we share it with them. ▪ We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. 	<p><i>Example:</i> We use health information about you to develop better services for you.</p> <p><i>Example:</i> We share your name and address with a contractor to print and mail our member identification cards.</p>
<p>Pay for your health services</p>	<ul style="list-style-type: none"> ▪ We can use and disclose your health information as we pay for your health services. 	<p><i>Example:</i> We share information about you with any other health insurance plan you have to coordinate payment for your health care.</p>
<p>Administer your plan</p>	<ul style="list-style-type: none"> ▪ We may disclose your 	<p><i>Example:</i> Your company</p>

	health information to your health plan sponsor for plan administration.	contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.
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How else can we use or share your health information? We are allowed or required to share information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety.

Health Information Exchange (HIE)

- We participate in health information exchanges (HIEs), which allow providers to coordinate care and provide faster access to our members. HIEs can also assist providers and public health officials in:
 - making more informed decisions;
 - avoiding duplicate care (such as tests); and,
 - reducing likelihood of medical errors.
- If you don’t want us to share your health information in this way, you can notify us by completing the HIE Member Opt Out Form for PHI.

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
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Limitations

In some circumstances, there may be other restrictions that may limit what information we can use or share. There are special restrictions on sharing information relating to HIV/AIDS status, mental health treatment, developmental disabilities and drug and alcohol abuse treatment. We comply with these restrictions in our use of your health information.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We are required to provide you with this notice describing how we are legally required to protect your protected health information, and how we will do this. We will update this notice if there is a change to the information we can or must share.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

How You Can Exercise These Rights

You can exercise any of your rights by calling or sending a written request to our Privacy Officer at the address below, or by contacting Member Services. You can also request a copy of your records by completing a Records Access Request form, which is available on our website at www.ccah-alliance.org

How to File a Complaint

If you feel your privacy rights have been violated, you may file a complaint with our Privacy Officer. We will not retaliate against you in any way for filing a complaint. Filing a complaint will not affect the quality of the health care services you receive as an Alliance member.

Contact us:

Central California Alliance for Health – Privacy Officer
1600 Green Hills Road, Suite 101
Scotts Valley, CA 95066
1 (800) 700-3874 (toll-free)
1 (877) 548-0857 (TDD – for hearing impaired)

If you are a Medi-Cal member, you may also file a complaint with the California Department of Health Care Services:

Privacy Officer
c/o Office of HIPAA Compliance
Department of Health Care Services
P.O. Box 997413, MS 4722
Sacramento, CA 95899-7413
Telephone: 916-445-4646
Email: privacyofficer@dhcs.ca.gov
Fax: (916) 440-7680

You may also file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights:

200 Independence Avenue SW
Washington, DC 20211
calling 1 (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you.