
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. THIS NOTICE ALSO DESCRIBES HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have questions about this Notice, please contact a Health Plan of San Mateo (HPSM) Member Services Representative at (800) 750-4776 or (650) 616-2133.

WHY AM I RECEIVING THIS NOTICE?

We understand that health information about you is personal. We are committed to protecting your health information. This notice contains a summary of HPSM's privacy practices and your rights relating to health information. This notice only covers HPSM's privacy practices. Your doctor may have different policies or notices regarding his or her use and disclosure of your health information created in the doctor's office.

We are required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices about your health information; and
- Follow the terms of the notice that is currently in effect.

HOW MAY HPSM USE OR SHARE MY HEALTH INFORMATION?

The following are ways in which we may use your health information. The types of uses and disclosures of information listed below are allowed by state and federal law. Use refers to how we use information within HPSM. Disclosure means sharing information with someone outside HPSM. Following is a description of each type of use or disclosure and some examples. **The list below does not include every possible allowable use and disclosure, and it is not intended to limit uses and disclosures that are permitted by law. However, all of the ways we are allowed to use and disclose your health information will fall within one or another of the following purposes:**

For Payment. We use your health information to pay bills for the health services you receive as a San Mateo ACE Participant. **For Example:** We may need to get information from your doctor about a treatment that the doctor is considering for you. We will review the information to make a decision about whether or not to approve payment for the treatment. Decisions are based on medical need. We may need to let the doctor know if the treatment is a covered benefit for you.

For Health Care Operations. We may use and disclose health information about you to carry out HPSM's operations. This is done in a confidential manner. These uses and disclosures are necessary to run the health plan and perform many of the services that you receive. **For Example:** We may use health information about you in our review of the doctors who provide your care. We check their

performance to make sure you are receiving quality care. We may also use health information about you to compare the quality of our services to that of other health plans. This will help us check if there are ways we can improve the quality of care you receive.

For Treatment. We may use your health information in managing your care. We may share your health information with a provider for use in treating you. **For Example:** We may review your health information, including medications that you are taking, to make sure that none of the treatments you receive will conflict.

Health-Related Benefits and Services. We may use and share health information to tell you about HPSM's health benefits or services that may be of interest to you through HPSM's Health Education Programs.

- **To Contractors.** We may disclose your health information to our contractors who assist us in our operations. Our contractors agree in writing to keep the health information provided to them confidential and secure, and not to use it except to assist us. For example, we contract with a company known as a "Pharmacy Benefit Manager". This company processes claims for pharmacy services. We provide information that we have that is needed to pay the pharmacy claims for our Participants. The Pharmacy Benefit Manager agrees to keep this information confidential.

To Program Sponsors. Employers and other organizations sponsor health coverage programs. These employers or sponsors contract with HPSM to provide services to you and pay claims. We may notify the plan sponsor if you are enrolled in, or disenrolled from, the plan. We may also disclose your health information so the plan sponsor can audit HPSM's performance. The sponsor agrees to keep your health information confidential and secure.

- **To Family Participants or Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to a person who is responsible for paying for your health care, as necessary to enable that person to make payment. We may also disclose health information to family participants and others who are involved in your health care.

Special Situations

- **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **To Avoid a Serious Threat to Health or Safety.** We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of others. We would only give the information to someone who can help prevent the threat.

Military and Veterans. If you are a participant of the armed forces or a veteran, we may release health information about you as required by military authorities or to assist in determining your eligibility for veterans' benefits.

- **Correction Institutions.** If you are in custody, release of health information may also be made to correction institutions in the course of coordinating your care.
- **Worker's Compensation.** We may release health information about you for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **Public Health Risks.** We may disclose health information about you for public health activities. These activities generally include the following:
 - ◆ To prevent or control disease, injury or disability;
 - ◆ To report child abuse or neglect;
 - ◆ To report births or deaths;
 - ◆ To report reactions to medications or problems with products;
 - ◆ To notify people of recalls of products they may be using;
 - ◆ To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.
 - ◆ To notify the appropriate government authority if we believe a Participant has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when authorized by law.

- **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. For example, we may disclose your health information to the public agency responsible for overseeing HPSM's operations. These activities are necessary for the government to monitor the health care system and government health benefit programs.

Lawsuits and Disputes. We may disclose health information about you if ordered to do so by a court or tribunal. We may also disclose health information about you in response to a subpoena, or other lawful process, but only if efforts have been made to notify you of the request or to obtain an order protecting the information requested.

- **Law Enforcement.** We may release health information if required to do so by a law enforcement official or, in limited circumstances, if the official requests the information, or in order to report criminal conduct. Generally, this would have to be in connection with a criminal investigation or in response to a court order, warrant, or similar process. We also may release your health information to authorized federal officials for national security activities authorized by law.

- **Coroners, Medical Examiners, and Funeral Directors**
We may release the health information of deceased participants to coroners, medical examiners and funeral directors to assist them in their duties.

LIMITATIONS

Other laws may limit or prevent the disclosures listed above. For example, there are special limits on the disclosure of health 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.

AUTHORIZATION

We will not allow uses and disclosures of your health information other than those described on the previous pages without your written permission. You have the right to change your mind even after you have signed an authorization for use or release of your health information. If you decide to do this, we

will not further use or disclose the information. Of course, we cannot take back any disclosures we had already made during the time we had your permission to do so. **For Example:** We may use and share health information about you for research purposes with your authorization.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding your health information that we store:

- **Right to Request Restrictions.** You have the right to request a restriction or limits on the use or disclosure of your health information. In your request, you must tell us:
 - (1) What information you want to limit;
 - (2) Whether you want to limit our use of information, disclosure of information, or both; and
 - (3) To whom you want the limits to apply.

To request restrictions, you must make your request in writing. See page vi for instructions.

Note: We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

- **Right to Request Confidential Communications.** You have the right to request that we contact you about medical matters privately and with special handling. For example, you can ask that we only contact you at work or by mail.

We will not ask you for the reason for your request. We will make every effort to accommodate reasonable requests. Your request must specify how or where you wish to be contacted. To request special handling in the way you are contacted, you must make your request in writing. See page vi for instructions.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures”. This is a list of non-routine disclosures that we made of your health information. This list excludes disclosures that we make for your treatment or our health plan operations, including payment for your care. However, it includes most other disclosures that we are required or permitted to make without your authorization. For example, these include disclosures to governmental agencies that review our programs. To request this list, or accounting of disclosures, you must submit your request in writing. See page vi for instructions. Your request must be for a period not longer than six (6) years and may not include dates before April 14, 2003.
- **Right to Access Your Health Information.** You have the right to obtain a copy of certain health information that HPSM maintains in its records. In general, this includes health and billing records. You will have to contact your doctor for a copy of your medical record. To get a copy of health information that we maintain, you must submit your request in writing. See page vi for instructions.

We may deny your request to obtain a copy in certain cases. If you are denied access to health information, we will tell you the reason why in writing. If denied access, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

SEE INSTRUCTIONS ON THIS PAGE ABOUT YOUR RIGHT TO MAKE A COMPLAINT OR FILE A GRIEVANCE

- **Right to Amend.** (Add a written comment that will be kept with your health information at HPSM). If you feel that health information we have about you is wrong or incomplete, you may ask us to amend the information. This is usually done if you disagree with the health information that we have on file for you. You have the right to request an amendment for as long as we maintain the information. To request an amendment, your request must be made in writing. See page vi for instructions.

We are not required to amend health information that:

- ◆ was not created by HPSM, unless the person that created the information is no longer available to make the amendment;
- ◆ is not part of the information we maintain;
- ◆ is not part of the information which you would be allowed to obtain a copy of; or
- ◆ is correct and complete.

If HPSM denies your request to amend your health information, we will notify you in writing. You will also receive a written explanation of why your request was denied.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised notice effective for all health information we already have about you as well as any information we receive in the future. You can find the effective date of the Notice on the top of each page. In addition, each time there are changes to the notice, we will notify you through the mail within 60 days. We will also post a copy of the current notice on our website at <http://www.hpsm.org>.

INSTRUCTIONS:

- (1) How to file a Grievance regarding your privacy rights: If you believe your privacy rights have been violated, you may file a grievance with the Health Plan of San Mateo. You may also contact the U.S. Department of Health and Human Services to file a complaint.

Grievance and Appeals Coordinator
Health Plan of San Mateo
701 Gateway Blvd., Suite 400
South San Francisco, CA 94080
(800) 750-4776 or (650) 616-0050

Secretary of the US Department of Health and Human Services
Office of Civil Rights
Attn: Regional Manager 50 United Nations Plaza, Room 322
San Francisco, CA 94012
For additional information, call U.S. Office for Civil Rights at
(866) OCR-PRIV (866-627-7748) or (866) 788-4989 TTY

You will not be penalized for filing a Grievance.

(2) For requests pertaining to your rights as listed in this notice, please send written requests to:

Attention: Privacy Officer
Health Plan of San Mateo
701 Gateway Blvd., Suite 400
South San Francisco, CA 94080

If you request a copy of your health information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We will notify you of the cost involved and you may choose to withdraw or change your request at that time before it is processed.

If you have questions about this Notice, please contact a Health Plan of San Mateo (HPSM) Member Services Representative. Representatives are available to serve you Monday through Thursday, 8:00 am – 6:00 pm, and Friday, 9:30 am – 6:00 pm at (800) 750-4776 or (650) 616-2133.