

## 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 the CareAdvantage Unit at **1-866-880-0606** or **650-616-2174**.

### **Why Am I Receiving this Notice?**

We understand that health information about you is personal. We are committed to protecting your health information. In general, health information is any information about your physical or mental health or about your payment for health services that can be identified with you as an individual. This information can be about your past, present, or future health. Examples of health information are your name, date of birth, diagnoses, medical treatments, and past medical claims, though this is far from a complete list.

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 an HPSM Member. **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 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 Members. The Pharmacy Benefit Manager agrees to keep this information confidential.
- **To Health Insurance Program Sponsors.** Employers and other organizations sponsor health insurance 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 Members 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 members and others who are involved in your health care. However, we may only disclose this information if you are present and agree to the

disclosure. If you are not present, we may only disclose your health information to people involved in your care if you are unable to respond because of your medical condition and we believe that disclosing your information would be in your best interest. We may also disclose your health information to individuals involved in your care or payment for your care after your death, unless you tell us not to share your information with them.

- **To Schools Regarding Immunizations.** We may provide a record of immunizations to a school about a student either enrolled or to be enrolled in the school if the school is required by the State or other law to have such proof of immunization.

### 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 member 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.
- **Workers 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 Member 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 and/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.
- **Military Functions.** We may release your information if it is requested to assist in a military mission or other governmental activity related to intelligence, national security, or protecting the President.
- **Coroners, Medical Examiners, and Funeral Directors.** We may release the health information of Members who are deceased to coroners, medical examiners and funeral directors to enable them to perform their duties.
- **Organ Transplant Organizations.** We may release your health information to organizations working on organ or tissue transplantation for the purposes of facilitating an organ transplant.
- **50 Years after Death.** We may release the health information of Members who are deceased to any agency if the Member has been deceased for at least 50 years.
- **Disaster Relief.** We may release your health information in a disaster relief situation. However, if you prefer for us *not* to release your information for this type of situation, you have the right to make that choice.

### 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. We cannot sell your 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 or authorization. We must obtain your authorization before we use or disclose your information for any other reason. **For Example:** We may use and share health information about you for research purposes if we have your authorization. Your decision to grant us an authorization does not affect your medical treatment, health plan benefits, payment for treatment, or enrollment eligibility. 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.

### **Your Rights Regarding Health Information about You**

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

- **Right to Obtain a Copy of this Privacy Notice:** You have the right to have a paper copy of this notice at any time. This notice is also available for your program on our website: [www.hpsm.org/documents/HPSM\\_Notice\\_of\\_Privacy\\_Practices.pdf](http://www.hpsm.org/documents/HPSM_Notice_of_Privacy_Practices.pdf).
- **Right to Assign Someone to Represent You:** You have the right to give someone medical power of attorney, which allows that person to act on your behalf and make choices about your health information. This right also applies if you have a legal guardian. We will make sure that anyone who represents you has this authority before we take any action.
- **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 6 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 7 for instructions.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of disclosures that we made of your health information. This list includes disclosures that we make for your treatment or our health plan operations, including payment for your care. It also 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 7 for instructions. Your request must be for a period not longer than three (3) years prior to the date of your request 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 7 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.

- **Right to Receive Notice of a Breach.** A breach occurs when protected health information is obtained, used or revealed in a way that violates relevant privacy laws. The health information must be unsecured, meaning that others could access the information. HPSM is required to inform you of any such incident within two (2) months of discovering that the privacy of your information has been violated. The Secretary, U.S. Department of Health & Human Services, and in certain circumstances the media, may also have to be notified.

The notice of the breach that you receive will include the following information: a description of what happened, the types of information that were involved in the breach,

and the steps that you should take to protect yourself from potential harm. The notice will also tell you what HPSM is doing to investigate the situation and minimize harm to you, and to prevent breaches from occurring again.

- **Right to Amend.** You have the right to 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 7 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**

This notice is effective as of September 23, 2013. 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 bottom 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/privacy-policy.aspx>.

**Make a Complaint or File a Grievance**

**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 Coordinator** Health  
Plan of San Mateo 801 Gateway  
Blvd., Suite 100  
South San Francisco, CA 94080  
**1-888-576-7557 or 650-616-2850**

**Secretary of the U.S. 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  
**1-866-627-7748** or **1-866-788-4989** TTY  
**(OCR-PRIV)**

**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 801 Gateway  
Blvd., Suite 100  
South San Francisco, CA 94080

**650-616-0050**

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 the CareAdvantage Unit at **1-866-880-0606** or **650-616-2174**. Members with hearing or speech impairments can call TTY: **1-800-735-2929** or dial **7-1-1** California Relay Service (CRS).