

## **NOTICE OF PRIVACY PRACTICES**

Effective: April 14, 2003

Revised: May 1, 2018

**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.**

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

Health Plan of San Mateo (HPSM) understands 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 the use and disclosure of your health information created in the doctor's office.

### **We Are Required by Law to:**

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

## **Notice of Privacy Practices (Privacy Notice)**

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### **How We May Use and Share Your Health Information**

Your information may be used or shared by HPSM only for treatment, payment and health care operations associated with the particular program you are enrolled in. The information we use and share includes, but is not limited to:

- Your name
- Address
- Personal facts
- Medical care given to you
- The cost of your medical care
- Your medical history

### **Some Examples of When We May Use or Share Your Health Information**

- **For Treatment:** You may need medical treatment that needs to be approved ahead of time. We will share your health information with doctors, hospitals and others in order to get you the care you need.
- **For Payment:** We use your health information to pay doctors, hospitals and others who have provided you medical care. We may also forward bills to other health plans or organizations for payment.
- **For Health Care Operations:** We may use your health information to check the quality of care you receive.

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We may also use this information in audits, programs to stop fraud and abuse, financial and organizational planning, and general administration.

- **For Business Associates:** We may use or share your health information to an outside company that assists us in operating our health plan.

### **Other Uses for Your Health Information**

- **Health Benefits or Services:** We may use and share health information to tell you about HPSM's benefits or services that may be of interest to you through HPSM's Health Education Programs.
- **Payment Decisions:** You or your doctor, hospital, or other health care provider may appeal decisions made about payment for your health care. Your health information may be used to make these appeal decisions.
- **Oversight Activities:** We may share your health information with health oversight agencies for activities authorized by law. These oversight activities may include audits, investigations, inspections, licensure activities, or disciplinary actions. These activities are necessary for the government to monitor HPSM's compliance with laws and regulations.

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- **Individuals Involved in Your Care:** We may share information with people involved in your health care, or with your personal representative.
  
- **Workers Compensation:** We may share health information about you for Workers Compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
  
- **Coroners, Medical Examiners, and Funeral Directors:** We may share the health information of members who are deceased to coroners, medical examiners or funeral directors to enable them to perform their duties.
  
- **Organ and Tissue Donations:** We may share your health information with organizations that obtain, bank or transplant organs or tissue donations.
  
- **Public Health Activities:** We may share your health information for public health activities. These activities may include, but are not limited to the following:
  - To prevent or control disease, injury or disability
  - To report births and deaths
  - To report child abuse or neglect
  - To report problems with medications and other medical products

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- 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 or condition
- **Law Enforcement or Legal Proceedings:** We may share health information if required to do so by a law enforcement official, in response to a court order or warrant, and if requested by authorized federal officials for national security activities authorized by law. We may also share your health information 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.
- **50 Years After Death:** We may share the health information of deceased members to any agency if the member has been deceased for more than 50 years.

### **When Written Permission is Needed**

If we want to use your health information for any purpose not listed above, we must first get your written permission. If you give us your permission, you may take it back in writing at any time.

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## **Your Privacy Rights**

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 limitation on how we use or share 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, sharing 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 regarding where to send such requests.

**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 privately and with special handling. For example, you can ask that we contact you at a different address, only by telephone, or only while you're at work.

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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 6 for instructions regarding where to send such requests.

- **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. You may be charged a fee for the costs of copying and mailing records. To get a copy of health information that we maintain, you must submit your request in writing. See page 6 for instructions regarding where to send such requests.

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 original request. We will comply with the outcome of the review.

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- **Right to an Accounting of Disclosures:** You have the right to ask for a list of the times we have shared your health information with other parties. We call this an accounting of disclosures. We will include all disclosures, except for those about treatment, payment, and health care operations. We will also be unable to provide a list of certain other disclosures, such as those made to law enforcement or when we have provided you your own health information after you asked for it. We are only able to provide you with a list of disclosures going back up to 6 years from the date of your request.
- **Right to Receive a Copy of this Privacy Notice:** You can ask for a paper copy of this notice at any time. This notice is also available on our website at [www.hpsm.org](http://www.hpsm.org)
- **Right to Amend Your Health Information:** If you feel that health information we have about you is wrong or incomplete, you may ask us to amend the information. You have the right to request an amendment only on those records we maintain. For example, we cannot amend or change your doctor's records.  
We are not required to amend health information that:
  - Was not created by HPSM;
  - 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



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- 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. If we don't make the changes you request, you may ask that we review our decision. You may also provide a statement saying why you disagree with our records, and your statement will be kept with your records. Please see page 6 for instructions regarding where to send requests for amendment.

- **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. HPSM is required to inform you of any such incident within 60 days of discovering that the privacy of your information has been violated. The Secretary of the 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 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.

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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.

### **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 at the top of the first 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 [www.hpsm.org](http://www.hpsm.org).

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### **Contact Us:**

If you believe your privacy rights have been violated, you may file a grievance with HPSM. You may also contact the U.S. Department of Health and Human Services to file a complaint.

Health Plan of San Mateo  
Attn: Grievance & Appeals Unit  
801 Gateway Blvd., Suite 100  
South San Francisco, CA 94080  
**1-888-576-7227** or **650-616-2850**

Secretary of the U.S. Department of Health and  
Human Services  
Office for Civil Rights  
Attn: Regional Manager  
90 7<sup>th</sup> St., Suite 4-100  
San Francisco, CA 94103  
**1-800-368-1019** or **1-800-537-7697** (TDD)

You will not be penalized for filing a grievance.

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

Health Plan of San Mateo  
Attn: Privacy Officer  
801 Gateway Blvd., Suite 100  
South San Francisco, CA 94080

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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 Member Services. They are available to serve you Monday through Friday, 8:00 a.m. to 6:00 p.m. at **1-800-750-4776** or **650-616-2133**. Members with hearing or speech impairments can use the California Relay Service (CRS) at **1-800-735-2929** (TTY) or dial **7-1-1**.