

Notice of Privacy Practices



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Effective Date: April 14, 2003

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.

If you have any questions about this notice, please contact the CCHP Privacy Officer at 415-955-8800.

Chinese Community Health Plan, (CCHP) and its affiliated health care providers appreciate the opportunity to provide health care benefits to you and your family. CCHP understands the importance of privacy and are committed to maintaining the confidentiality of your medical information. In the course of providing the health benefit programs we administer or offer, CCHP must collect, use and disclose protected health information. We consider this information confidential and private and consequently, we have policies and procedures in place to protect the information against unlawful use and disclosure. CCHP is required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. This notice describes how CCHP may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information.

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A. How CCHP May Use or Disclose Your Health Information

Your information may be used or shared by CCHP in order to provide or arrange for your care. 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, and
- Your medical history.

Some actions we take when we act as a health plan include:

- Checking your eligibility and enrollment to see whether you are covered,
- Approving, giving, and paying for services,
- Investigating alleged fraudulent cases,
- Checking the quality of care you receive, and
- Coordinating the care you receive.

The following categories describe different ways that we use and disclose protected health information. The examples given within each category are not meant to be exhaustive and not every use or disclosure will be listed within a category. The law permits us to use or disclose your health information for the following purposes:

1. **Treatment.** CCHP uses and discloses your protected health information for treatment. For example, we may disclose protected health information to your doctors, nurses, technicians, or other hospital/health care facility personnel who are involved in taking care of you. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose protected health information about you to people outside the hospital/healthcare facility who may be involved in your care after you are discharged.
2. **Payment.** CCHP uses and discloses protected health information in order to make payment for the health care services you receive. CCHP reviews, approves, and pays for health care claims sent to us for your medical care. When we do this, we share information with the doctors, clinics, and others who bill us for your care. For example, we may receive information about your treatment at Chinese Hospital and we will pay Chinese Hospital for the services you receive. Your Primary Care Physician or specialist may also tell us about a treatment you are going to receive in order to obtain prior authorization so that we will cover your treatment. If you are enrolled in CCHP as a dependent of another member (such as your spouse), we may disclose health information about you to that member for purposes of obtaining and administering payment.
3. **Health Care Operations.** CCHP may use and disclose protected health information about you for health care operations. In general, these uses and disclosures are activities necessary to run the health plan and make sure that all of our members receive quality care and include but are not limited to the following: quality assessments, performance reviews, underwriting and other activities related to renewing or replacing health insurance contracts, medical reviews, conducting

or arranging for legal or auditing services, business planning and development and business management and administration. CCHP may also share your medical information with our "business associates," such as our billing service, that perform administrative services for us. For example, CCHP contracts with another organization to handle our prescription drug program and process prescription drug claims. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your medical information. Although federal law does not protect health information which is disclosed to someone other than another healthcare provider, health plan or healthcare clearinghouse, under California law all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law. CCHP may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts. We may use health information to review our providers' treatment and services and to evaluate the performance of our staff in caring for you. We may also combine our members' information to decide what additional services the health plan should offer.

4. **Notification and Communication With Family.** CCHP may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. CCHP may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
5. **Required by Law.** As required by law, CCHP will use and disclose your protected health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning these activities.
6. **Public Health.** CCHP may, and are sometimes required by law to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
7. **Health Oversight Activities.** CCHP may, and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.

8. **Judicial and Administrative Proceedings.** CCHP may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
9. **Law Enforcement.** CCHP may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
10. **Public Safety.** CCHP may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
11. **Specialized Government Functions.** CCHP may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
12. **Organ or Tissue Donation.** CCHP may disclose your health information to the organizations involved in procuring, banking, or transplanting organs and tissues.
13. **Workers' Compensation.** CCHP may release protected health information about you for workers' compensation or similar programs.
14. **Disclosure to Employers.** CCHP may disclose protected health information to an employer if such information is needed to conduct an evaluation relating to medical surveillance of the workplace, or to evaluate whether the individual has a work-related illness or injury.
15. **Coroners, Medical Examiners and Funeral Directors.** CCHP may, and are required by law, to disclose your health information to a coroner, funeral director or medical examiner in connection with their investigations of deaths.
16. **Whistleblowers and CCHP Employee Crime Victims.** CCHP employees may share your protected information to a health oversight agency, public health agency or lawyer authorized by the law to investigate or oversee CCHP.
17. **Fundraising.** CCHP may use or disclose your demographic information and the dates that you received treatment in order to contact you for fundraising activities. If you do not want to receive these materials, notify the Privacy Officer listed at the top of this Notice of Privacy Practices.

B. When CCHP May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, CCHP will not use or disclose health information which identifies you without your written authorization. If you do authorize CCHP to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Health Information Rights

- 1. Right to Request Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your health information by a written request to the Privacy Officer, Chinese Community Health Plan, 445 Grant Avenue, Suite 700, San Francisco, CA 94108, specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. For example, you could ask that CCHP not disclose information about a surgery you had to a family member. In your request, you must tell us what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply (for example, not tell your spouse or children). CCHP reserves the right to accept or reject your request, and will notify you of our decision.
- 2. Right to Request Confidential Communications.** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. CCHP will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications. To request confidential communications, you must make your request in writing to the Privacy Officer, Chinese Community Health Plan, 445 Grant Avenue, Suite 700, San Francisco, CA 94108.
- 3. Right to Inspect and Copy.** You have the right to inspect and copy your health information, with limited exceptions. To access your health information, you must submit a written request to the Privacy Officer, Chinese Community Health Plan, 445 Grant Avenue, Suite 700, San Francisco, CA 94108 detailing what information you want access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee, as allowed by California and federal law. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional. **IMPORTANT: CCHP does not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.**
- 4. Right To Amend or Supplement.** You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing to the Privacy Officer, Chinese Community Health Plan, 445 Grant Avenue, Suite 700, San Francisco, CA 94108, and include the reasons you believe the information is inaccurate or incomplete. CCHP is not required to change your health information, and will provide you with information about this denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.
- 5. Right to an Accounting of Disclosures.** You have a right to receive an accounting of disclosures of your health information made by CCHP, except that CCHP does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs

A.1 (treatment), A.2 (payment), A.3 (health care operations), A.4 (notification and communication with family) and A.11 (specialized government functions) of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent CCHP has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities. To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer, Chinese Community Health Plan, 445 Grant Avenue, Suite 700, San Francisco, CA 94108. Your request must state a time period, which may not be longer than six years and may not include dates before **April 14, 2003**. Your request should indicate in what form you want the list (for example, on paper or on computer file). CCHP must provide the list or accounting of disclosures within 60 days from receipt, unless CCHP obtains an extension of up to 30 days by informing the member of the reason for the delay and the date by which the accounting will be provided. The accounting of disclosures must include the following information: the date of each disclosure, the name and address or the organization or person who received the protected health information and a brief description of the information disclosed. The first list you request within a 12-month period will be free. For additional lists, CCHP may charge you the costs of providing the list. CCHP will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

6. You have the right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail. You may obtain a copy of this notice at our website, www.cchphmo.com. To obtain a paper copy of this notice, please contact our Member Services Department at 415-834-2118.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

D. Changes to this Notice of Privacy Practices

CCHP reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made; we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. CCHP will also post the current notice on our website.

E. Complaints

Complaints about this Notice of Privacy Practices or how CCHP handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices. If you are not satisfied with the manner in which CCHP handles a complaint, you may submit a formal complaint to:

Region IX
Office for Civil Rights
U.S. Department of Health & Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103

(415) 437-8310; (TDD) (415) 437-8311

FAX (415) 437-8329

E-mail: OCRComplaint@hhs.gov

The complaint form may be found at:

www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaintpackage.pdf.

Or

Secretary of the U.S. Department of Health and Human Services

Office for Civil Rights

Attention: Regional Manager

50 United Nations Plaza, Room 322

San Francisco, CA 94102

For additional information, call (800) 368-1019

or U.S. Office for Civil Rights at (866) OCR-PRIV (866-627-7748)

(TTY) (866) 788-4989

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.