



Care1st Health Plan
Notice of Privacy Practices

(Effective April 14, 2003)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY CARE1ST AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THIS NOTICE DESCRIBES ONLY THE PRIVACY PRACTICES OF CARE1st. YOUR DOCTOR OR MEDICAL GROUP, AND ANY SPECIALIST PHYSICIAN, HOSPITAL, PHARMACY OR OTHER PROVIDER THAT YOU MAY RECEIVE TREATMENT OR SERVICES FROM, MAY HAVE THEIR OWN NOTICE DESCRIBING HOW THEY PROTECT YOUR HEALTH INFORMATION.

During the time that you are a member of Care1st Health Plan, we will collect and keep different kinds of information about you. This information is called *Protected Health Information* ("PHI"). We want to inform you of -

- what information we collect about you
- where we get this information from
- how we maintain confidentiality of your information
- how we might use the information we collect

We are prohibited by law to disclose your medical information beyond the provisions of the law.

Information We Collect

Care1st will need to collect certain information about you in order to arrange health care services for you, evaluate the quality of health care you receive and pay for the services you receive. This information includes your name, gender, date of birth, home address, home or work telephone number, occupation and employer, marital status, past medical history, the language(s) you speak, and health information collected by a doctor or a hospital when you visit them.

Where We Get This Information From

Care1st will usually get this information from you; in the case of a minor, from a parent, guardian, conservator, or legal representative; from another health plan or medical group; from your doctor, a specialist, a hospital, a pharmacy or other provider from whom you receive treatment; or your application to enroll in a health care program.

Maintaining Confidentiality of the Information

Because protecting the privacy of your information is important to us, we restrict access to your information only to our employees and agents who need them to provide you health care services. Except in the case of disclosures to a provider for treatment or to you or as required by law, we only disclose the minimum necessary information by removing individually identifiable information from it.

To Whom We May Disclose

The following instances are where we may sometimes use or release your information *without your permission* when the law requires it unless we are required to first give you an opportunity to agree or object. This requirement is noted below where applicable:

- ◆ We may use your information when we are giving you services. We may also disclose your information when we are helping you get other health care services you need. For example, if we deny you a specialist referral and you appeal this decision, we will refer your information in our custody to another physician for review.
- ◆ We may disclose parts of your communication to get payment for your health care services. For example, we may receive a bill containing your health information from a doctor who is seeking payment from us. But if the payment is due from the medical group to which your doctor belongs, we will forward the bill with your health information to this group.
- ◆ We may disclose your information to make sure our services meet quality standards. For example, we may use health information to review treatment and services you received and to evaluate the performance of our doctors and other providers.
- ◆ We may use or disclose your information to tell you about possible treatment options or alternatives.
- ◆ We may disclose parts of your information for public health activities. For example, for preventing or controlling diseases and reporting births and deaths.
- ◆ We may disclose your information when health oversight activities are required. These activities include audits, investigations, inspections, and licensure.
- ◆ We may disclose, upon a court order, your information if you are involved in a lawsuit. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to obtain an order protecting the information requested or alternatively, to tell you about the request.
- ◆ We may disclose your information for law enforcement purposes. For example, in response to a court order, subpoena, warrant or similar process.
- ◆ We may disclose your information if we think you, as a disabled child or an adult, is being abused or neglected.
- ◆ We may disclose your information to coroners, medical examiners and funeral directors. For example, disclosure may be necessary to identify a deceased person or determine the cause of death.

- ◆ We may disclose your information to people doing research. For example, we may disclose your information, after balancing your privacy and research needs, for an approved research project comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. If we do not obtain your permission, we will disclose information only after we have removed all information that would identify you.
- ◆ We may disclose your information in order to avert a serious threat to your health or safety or of the public.
- ◆ We may disclose your information for certain specialized government functions such as military, veteran, national security, intelligence activities.
- ◆ We may disclose your information to follow rules for workers' compensation and other programs like it.
- ◆ We may disclose your information to organizations administering organ donation if you are an organ donor.
- ◆ We may disclose your information to companies contracted by Care1st to perform disease management.
- ◆ We may disclose your information to a family member who is involved in your medical care including those paying for it, *only after you have had an opportunity to agree or object* provided you are capable of making this decision.
- ◆ We may disclose your information to entities assisting in disaster relief efforts in order to notify your family of your location and condition. However, we can disclose for this reason *only after you have had an opportunity to agree or object* provided you are capable of making this decision.

We need your written approval if we disclose your PHI for reasons other than those stated above.

Your Rights

- ◆ You have the right to look at and make copies of your protected health care information. You may have to pay for the costs of copying and mailing of the records. However, Care1st 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.
- ◆ You have the right to ask us to not disclose parts of your protected health care information. If we do not agree to make the changes you want, we will send you a letter telling you why. You may ask that we review our decision if you disagree with it.

- ◆ You have the right to ask us to contact you only in certain ways. For example, to only call you at work.
- ◆ You have the right to request us to change parts of your protected health care information. If we do not agree to make the changes you want, we will send you a letter telling you why. You may ask that we review our decision if you disagree with it.
- ◆ You have the right to be told when, to whom, for what reasons and what protected health information about you we have disclosed.
- ◆ You have the right to a paper copy of the Notice of Privacy Practices.

Complaints

If you believe your privacy rights have been violated, you may write to or call us at –

Brooks Jones - Care1st Privacy Officer

Care1st Health Plan
601 Potrero Grande Dr.
Monterey Park, CA 91755
Ph: (323) 889-6638

For further information please contact our Member Services Department at 1-800-605-2556.

You may also file a complaint (or grievance) by calling or writing to –

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

Office for Civil Rights
Attention: Regional Manager
90 7th Street, Suite 4-100
San Francisco, CA 94103

For additional information, call 1-800-368-1019

or

U.S. Office for Civil Rights
at 1-866-OCR-PRIV (1-866-627-7748)
or 1-866-788-4989 TTY