



MESSAGE FROM  
Care 1st Health Plan

**Notice of Privacy Practices**

Effective: 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.**

Care 1st provides health care to you for the Medi-Cal program. We are required by state and federal law to protect your health information. And we must give you this Notice that tells how we may use and share your information and what your rights are.

**Your information is personal and private.**

We receive information about you from Medi-Cal after you become eligible and enroll in our health plan. We also receive medical information from your doctors, clinics, labs, and hospitals in order to approve and pay for your health care.

**CHANGES TO NOTICE OF PRIVACY PRACTICES**

Care 1st must obey the Notice currently in effect. We have the right to change these privacy practices. If we do make changes after April 14, 2003, we will revise this Notice and send it to you right away.

## HOW WE MAY USE AND SHARE INFORMATION ABOUT YOU

Your information may be used or shared by Care 1st only for a reason directly connected to the Medi-Cal Program. The information we use and share includes, but is not limited to:

- Your name,
- Address,
- Personal facts,
- Medical care given to you, and
- Your medical history.

Some actions we take when we act as a Medi-Cal Health Plan include:

- Checking your eligibility, enrollment, and amount of medical aid,
- Approving, giving, and paying for Medi-Cal services,
- Investigating or prosecuting Medi-Cal cases (like fraud).
- Checking the quality of care that you receive.
- Coordinating the care you receive

### **These are some examples of how we may use and share information about you:**

1. **For treatment:** You may need medical treatment that requires us to approve care in advance. We will share information with doctors, hospitals and others in order to get you the care you need.
2. **For payment:** Care 1st 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. And we may forward bills to other health plans or organizations for payment.
3. **For health care operations:** We may use information in your health record to judge the quality of the health care you receive. We may also use this information in audits, fraud and abuse programs, planning, and general administration.

## **OTHER USES FOR YOUR HEALTH INFORMATION**

1. Sometimes a court will order us to give out your health information. We will also give information to a court, investigator, or lawyer if it is about the operation of Medi-Cal. This may involve fraud or actions to recover money from others, when Medi-Cal has paid your medical claims.
2. You or your doctor, hospital, and other health care providers may appeal decisions made about claims for your Medi-Cal care. Your health information may be used to make these appeal decisions.
3. We may share your health information with groups that check how our health plan is providing services.
4. We may share your information with persons involved in your health care, or with your personal representative.
5. We must share your health information with the federal government when it is checking on how we are meeting privacy rules.
6. We may share your information when the law says we can or must share it, such as for national security purposes. But we will not share your information if the Medi-Cal Program would not allow it.

## **WHEN WRITTEN PERMISSION IS NEEDED**

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

## **WHAT ARE YOUR PRIVACY RIGHTS?**

- You have the right to ask us not to use or share your personal health care information in the ways described above. We may not be able to agree to your request.
- You have the right to ask us to contact you only in writing or at a different address, post office box, or by telephone. We will accept reasonable requests when necessary to protect your safety.

- You and your personal representative have the right to get a copy of your health information. You will be sent a form to fill out and may be charged a fee for the costs of copying and mailing records. (We may keep you from seeing certain parts of your records for reasons allowed by law.)

**\*\*\*\*\* IMPORTANT \*\*\*\*\***

**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 that information in your records be amended if it is not correct or complete. We may refuse your request if
  - The information is not created or kept by Care1st, or
  - We believe it is correct and complete.
- If we don't make the changes you ask, you may ask that we review our decision. You may also send a statement saying why you disagree with our records and your statement will be kept with your records.
- When we share your health information after April 14,2003, you have the right to request a list of
  - Whom we shared the information with,
  - When we shared it,
  - For what reasons, and
  - What information was shared.

This list will not include instances when we share information with you, with your permission, or for treatment, payment, or health plan operations.

You have a right to request a paper copy of this Notice of Privacy Practices.  
You can also find this Notice on our website at:

[www.care1st.com](http://www.care1st.com)

## HOW DO YOU CONTACT US TO USE YOUR RIGHTS?

If you want to use any of the privacy rights explained in this Notice, please call or write us at:

### **Care1st Privacy Officer**

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

## COMPLAINTS

If you believe that we have not protected your privacy and wish to complain, you may file a complaint (or grievance) by calling or writing: [Care1st](#) at 601 Potrero Grande Dr., CA 91755. Ph: (323) 889-6638.

OR you may contact the agencies below:

### **Privacy Officer**

c/o Office of Legal Services  
CA Department of Health Services  
1501 Capitol Avenue  
P.O. Box 997413, MS 0010  
Sacramento, CA 95899-7413  
(916) 440-7840 or (877) 735-2929 TTY/TDD

Or

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

Office for Civil Rights  
Attention: Regional Manager  
90 7<sup>th</sup> Street, Suite 4-100  
San Francisco, CA 94103  
For additional information, call (800) 368-1019  
or  
U.S. Office for Civil Rights at (866) OCR-PRIV (866-627-7748)  
or (866) 788-4989 TTY

## **USE YOUR RIGHTS WITHOUT FEAR**

Care1st cannot take away your health care benefits or do anything to hurt you in any way if you choose to file a complaint or use any of the privacy rights in this Notice.

## **QUESTIONS**

If you have any questions about this Notice and want further information, please contact the Care1st Privacy Officer at the address and phone number on page 5.