



NOTICE OF PRIVACY PRACTICES

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

Dear Member/Patient,

Information about your health and money is private. This information is called protected health information (PHI). The law says we must keep this kind of information safe for our members and patients. That means if you're a member or patient right now or if you used to be, your information is safe.

Please let us help if you have any questions or concerns about this notice or your privacy rights.

Sincerely,

Privacy Office
(562) 741-4521

What Is Protected Health Information (PHI)

PHI is information that may identify you and is about your physical or mental health. It can be about you in the past, right now, or in the future. We may collect PHI about you from other persons or entities. These may include doctors, hospitals, or other health plans or insurance companies.

When We Don't Need Your OK

Sometimes, we can use or share your PHI without your OK. Some examples of how we can use or share your PHI:

For your medical care ("treatment"):

- To provide the care, medicine, and services you need
- To help doctors, hospitals, and others get you the care you need

To pay for your medical care ("payment"):

- To share information with the doctors, clinics, and others who bill us for your care
- To get payment for the medical care you receive from us

For health care business reasons ("health care operations"):

- To find ways to make our programs better
- To help with audits and fraud and abuse prevention programs
- To help with everyday work

There are other ways when we can or the law says that we have to, use or share your PHI:

- To help the police and other people who make sure others follow laws
- To help public health officials or the FDA keep people from getting sick or hurt

- To report abuse and neglect
- To help the court when we're asked
- To answer legal documents
- To give information to health oversight agencies for things like audits or exams
- To give information to government programs that run public benefits for things like enrollment or finding out if you qualify
- To help coroners, medical examiners, or funeral directors to identify you and your cause of death
- To help when you've asked to give your body parts to science
- For research
- To keep you or others from getting sick or badly hurt
- To your school when the law says you need proof that you were immunized
- To help people who work for the government with certain jobs
- To give information to workers' compensation if you get sick or hurt at work
- When the law says we have to

When We Need Your OK

In most cases, we must get your OK in writing before we use or share your PHI for all but your care, payment, everyday business, research, or other things listed below. We have to get your written OK before we share psychotherapy notes from your doctor about you. We will also get your written OK before we sell your PHI or use or share it for marketing.

You may tell us in writing that you want us to stop sharing your PHI. We can't take back what we used or shared when we had your OK. But we will stop using or sharing your PHI in the future.

We can share your PHI with your family or a person you choose who helps with or pays for your health care if you tell us it's OK.

What Do We Have to Do?

We must tell you what the law says we have to do about privacy. If a state law says we have to do more than what we've said here, we'll follow those rules.

We must keep your PHI private except as we've said in this notice. This notice tells you who can see your PHI. It tells you when we have to ask for your OK before we share it. It tells you when we can share it without your OK. It also tells you what rights you have to see and change your information. We must do what we say we'll do in this notice.

We may make changes to this notice or the ways we keep your PHI safe. If we make changes, we will let you know. We may let you know about the changes in a newsletter. We may also send you a new notice. The new changes will apply to any PHI we already have about you. The changes will also apply to any PHI we may get in the future about you.

How We Protect Your PHI

To protect PHI, we lock our offices and files. We also destroy paper with health information so others can't get it.

We use passwords so only the right people can get into our computers. We also use special programs to watch our systems.

We make rules for keeping your information safe. People who work for us are trained to follow these rules when they use or share your PHI. If we think your PHI has been breached, we will let you know.

We May Contact You

We may use your PHI to let you know about other benefits available to you. We also may let you

know about health-related products or services that may be useful to you. We will limit how we use this information.

We, along with our affiliates and/or vendors, may call or text any phone numbers you give to us, including a cell phone number. We may do so using an automatic telephone dialing system and/or a pre-recorded message. Without limit, these calls or texts may be about treatment options, other health-related benefits and services, enrollment, payment, or billing.

What are Your Rights?

You can ask us to not share your PHI. Send your request in writing to the Privacy Office. If sharing your PHI is required by law or for our everyday work we won't be able to meet with your request.

If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with your health plan.

You can ask us to send PHI to a different address than the one we have for you or in some other way. We can do this if sending it to the address we have for you may put you in danger. Send your request in writing to the Privacy Office.

You can ask to look at your PHI and get a copy of it. To get a copy or review your PHI send a written notice to the Privacy Office. If there is a cost for your request we will let you know. By law, there are some parts of your record you may not be able to see.

You can ask us to change your medical record if you think something is wrong or missing. To make a change send a written notice to the Privacy Officer. You must include a reason why you think your record should be changed. In

some cases, we may say no to your request.

You can ask us to tell you all the times over the past six years we've shared your PHI with someone else. The list will not include the times we've shared it for health care, payment, everyday health care business, or some other reasons we didn't list here.

You can ask for a paper copy of this notice at any time, even if you asked for this one by e-mail.

You can get forms for sending your written requests from our Privacy Office at:

Privacy Office
12900 Park Plaza Dr., Suite 150
Mail Stop CA4600-6170
Cerritos, CA 90703

Or by telephone at:
(562) 741-4521

Other Important Rights and Information

We cannot use or disclose your genetic information to:

- Issue health insurance
- Decide how much to charge for services
- Determine benefits

We may receive race, ethnicity, and language information about you. We protect this information as described in this notice.

We may use race, ethnicity, and language information to:

- Make sure you get the care you need
- Create programs to improve health outcomes
- Create and send health education information
- Let your health care providers know about your language needs
- Provide translation services to you

We do not use this information to:

- Issue health insurance
- Decide how much to charge for services
- Determine benefits
- Disclose to users who are not approved

If you are a minor and you give your OK to your health care provider to treat you, you can contact the CareMore Privacy Office if you want to keep access or sharing of your record private.

Breast reconstruction surgery benefits.

The health plan benefits follow the Women's Health and Cancer Rights Act of 1998. If you ever need a benefit-covered mastectomy, we hope it will give you some peace of mind to know that we comply with this Act. The Act allows for:

- Reconstruction of the breast(s) that underwent a covered mastectomy.
- Surgery and reconstruction of the other breast to restore an even appearance.
- Prostheses and coverage for physical problems linked to all stages of a covered mastectomy, including lymphedema.

All appropriate benefit conditions will apply, including any out-of-pocket costs like deductibles or co-pays. Call the member services number on the back of your ID card for help.

For more information about the Women's Health and Cancer Rights Act, visit the federal Department of Labor website at:

dol.gov/ebsa/publications/whcra.html.

Complaints

We're here to help. If you feel your PHI hasn't been kept safe, you may call the Member Services number on the back of your identification card. You can also call the Privacy Office or the Department of Health and Human Services. Nothing bad will happen to you if you

complain.

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
Phone: (800) 368-1019
Email: OCRComplaint@hhs.gov

Effective Date.

The most recent revision date of this notice is August 29, 2018.

Contact Information

If you have questions or would like more information about our privacy rules, call or write our Privacy Office at:

Privacy Office
12900 Park Plaza Dr., Suite 150
Mail Stop CA4600-6170
Cerritos, CA 90703
(562) 741-4521

Notice for D.C. Patients

We have chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and D.C. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt-out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at <http://www.crisphealth.org/>.

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them

differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language is other than English, we offer free language assistance services. We offer interpreters services and translated materials. For these services call the Member Services. Call the number on your ID card (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint. This is also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, 12900 Park Plaza Drive, Suite 150, Mailstop 6150 Cerritos, CA 90703-9329. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You can send it to 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call them at 1-800-368-1019 (TDD: 1- 800-537-7697) or online at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-499-2793 (TTY: 711).

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