



Notice of Privacy Practices

This notice is effective October 1, 2003 (revised 9/11/2017)

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.

In this notice we use the terms, “we,” “us,” and “our” to describe Care1st Health Plan and ONECare by Care1st Health Plan Arizona, Inc (HMO SNP) (Care1st). We may change this notice and our privacy practices at any time as permitted by law. If we change how we use, share and protect your information, we will send you a new notice within sixty (60) days of any change. Your protected health information (PHI) is health information that contains identifiers, such as your name, Social Security number, or other information that reveals who you are. For example, your medical record is PHI because it includes your name and other identifiers.

OUR RESPONSIBILITY TO PROTECT YOUR PHI

In the course of administering your health care benefits, we collect various types of PHI from you and other sources, including other health care providers. This information may be used, for example, to decide whether we will pay for your care and to see if you are getting the right care; for utilization review; detecting fraud and abuse; reviewing the qualifications of health care professionals, and fulfilling legal and regulatory requirements.

YOUR RIGHTS REGARDING YOUR PHI—ANY REQUEST YOU MAKE MUST BE IN WRITING

This section tells you about your rights regarding your PHI. It also describes how you can exercise these rights. Request forms are available online at: www.care1staz.com or you may contact us at 1-866-560-4042 (TTY 711) to request Care1st mail you a copy of these forms. If the cost of meeting your request involves more than a reasonable additional amount, we are permitted to charge you our costs that exceed that amount.

Your right to see and/or receive copies of your records containing PHI.

Your right to choose how we send PHI to you. You may ask us to send your PHI to you in a certain way (e.g., fax) or at a certain place (e.g., your work address).

Your right to breach notification. If your health information is used or shared by us incorrectly, we will let you know promptly.

Your right to correct or update your PHI. If you believe there is a mistake in your PHI or that important information is missing, you may request that we correct or add to the record.

Your right to an accounting disclosure of PHI. You may request a list of our disclosures of your PHI. The list we give you will include disclosures made in the last six years, unless you request a shorter time or if less than six years have passed since April 14, 2003. You are entitled to one disclosure accounting in any 12-month period at no charge. If you request any additional accounting less than 12 months later, we may charge a fee.

An accounting does not include certain disclosures – for example: disclosures to carry out treatment, payment, and health care operations; disclosures provided to you or your family directly, or information that was shared because you gave us your permission in writing.

Your right to request limits on uses and disclosures of your PHI. You must tell Care1st what information you do not want to share and who you don't want us to share your information with. We will review and consider your request. Care1st is not required to agree with your request.

Your right to give permission for other people to have your information. You may take back your permission at any time.

Your right to take back permission that you gave Care1st to share your information. If you take back your permission, that won't change any information that has already been shared.

Your right to receive a paper copy of this notice. You also have a right to receive a paper copy of this notice upon request.

HOW CAN WE USE AND DISCLOSE YOUR PHI

Your confidentiality is important to us. Our contracted providers/physicians and our employees are required to maintain confidentiality of the PHI of our members, and we have policies and procedures and other safeguards to help protect your PHI from improper use and disclosure. Sometimes we are allowed by law to use and disclose certain PHI without your written permission. We briefly describe the uses and disclosures below. How much PHI is used or disclosed without your written permission will vary depending, for example, on the intended purpose of the use or disclosure.

Treatment. This is the most important use and disclosure of your PHI. For example, our clinical/health care personnel / staff and our contracted providers/physicians involved in your care use and disclose your PHI to diagnose your condition, evaluate and coordinate your health care needs.

Treatment alternatives and health-related benefits and services. In some instances, the law permits us to contact you: 1) to describe our various health care services; 2) for your treatment; 3) for case management and care coordination; or 4) to direct or recommend available treatment options, therapies, health care providers, or care settings.

Payment. Your PHI may be needed to determine our responsibility to pay for, or to permit us to bill and collect payment for, treatment and health-related services that you received. We may also need PHI to coordinate payment for your care between other health plans and other insurance companies that may be responsible for the cost of your care.

Health care operations. We may use and disclose PHI for quality assessment and improvement, evaluation of health care professionals, licensing, accreditation, and determining premiums and other costs of providing health care. In addition, we may release information to our attorneys, accountants, and consultants in order for our operations to run efficiently and to detect fraud and abuse.

Business Associates. We may contract with business associates to perform certain functions or activities on our behalf, such as payment and health care operations. These business associates must agree to safeguard your PHI.

Specific Types of PHI. There are stricter requirements for use and disclosure of some types of PHI – for example, mental health and drug and alcohol abuse patient information, HIV test results, and genetic testing information. However, there are still circumstances in which these types of information may be used or disclosed without your authorization.

Other government agencies or organizations that provide benefits or services. As a health plan, we are subject to oversight conducted by federal and state agencies. These agencies may conduct audits of our operations and activities and in that process, they review your PHI. We may also disclose information to government agencies or organizations when it is necessary in order for you to receive benefits or services.

Disclosure in case of disaster relief. We may disclose your name, city of residence, age, gender, and general condition to a public or private disaster relief organization to assist disaster relief efforts, unless you object at the time.

Public health activities. Public health activities cover many functions performed or authorized by government agencies to promote and protect the public's health and may require us to disclose your PHI. For example, we may disclose your PHI as part of our obligation to report to public health authorities certain diseases, injuries, and conditions. Sometimes we may disclose your PHI to someone you may have exposed to a communicable disease or who may otherwise be at risk of getting or spreading the disease.

Workers' compensation. In order to comply with workers' compensation laws, we may use and disclose your PHI. For example, we may communicate your medical information regarding a work-related injury or illness to claims administrators, insurance carriers, and others responsible for evaluating your claim for workers' compensation benefits, if applicable.

Required by law – In some circumstances federal or state requires that we disclose your PHI to others. For example, the secretary of the Department of Health and Human Services may review our compliance efforts, which may include seeing your PHI.

Lawsuits and other legal disputes. We may use and disclose PHI in responding to a court or administrative order or hearing, a subpoena, or a discover request. We may also use and disclose PHI to the extent permitted by law without your authorization, for example, to defend a lawsuit or arbitration.

Law Enforcement. We may disclose PHI to authorized officials for law enforcement purposes, for example, to respond to a search warrant, report a crime on our premises, to help identify or locate someone, or report suspected abuse, neglect or domestic violence.

Serious threat to health or safety. We may use and disclose your PHI if we believe it is necessary to avoid serious threat to your health or safety or to someone else's. For example, we may disclose for national security and intelligence and to protect the President and others as required by law.

Inmates. Inmates do not have the same rights to control their PHI as other individuals. If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or the law enforcement for certain purposes, for example, to protect your health or safety or someone else's.

Coroners, medical examiners and funeral directors. We may disclose PHI so that they can carry out their jobs.

Organizations involved with organ donation and transplants, and organizations that track contagious diseases and cancer.

For research. We may disclose to groups, like universities, that the law allows to do research using your information.

Military. We may disclose to the military if you are or have been in the armed forces.

Deceased members. We may disclose PHI to a family member or other persons who were involved in the member's care or payment for health care prior to the member's death, unless doing so is inconsistent with any prior expressed preference of the member that is known to Care1st.

V. ALL OTHER USES AND DISCLOSURES OF YOUR PHI REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION

Except for those uses and disclosures described above, we will not use or disclose your PHI without your written authorization. When your authorization is required and you authorize us to use or disclose your PHI for some purpose, you may revoke that authorization by notifying us in writing at any time. Please note that the revocation will not apply to any authorized use or disclosure of your PHI that took place before we received your revocation. For example, we need your written permission to: use or share your health information for marketing purposes; share your psychotherapy notes; and to sell your health information. We cannot use or share your genetic information to make a decision about your health insurance.

VI. HOW TO CONTACT US ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any questions about this notice, or want to lodge a complaint about our privacy practices, please let us know by calling our Member Services Call Center at 1-866-560-4042 (TTY 711), or Care1st's HOTLINE number at 1-866-364-1350. We will not take retaliatory action against you if you file a complaint about our privacy practices. You may also write to our Privacy Officer at:

Care1st Health Plan Arizona
Attention: Privacy Officer
1870 West Rio Salado Parkway, Tempe, AZ 85281

You may also notify the secretary of:

The Department of Health and Human Services, Office of Civil Rights
Attention: Regional Manager, 90 7th Street, Suite 4-100, San Francisco, CA 94103
Or Call: 1-800-368-1019 (TDD 1-800-537-7697) for additional information

Note: our Privacy Officer may not let you look at, copy or change your records. If that is the case, we will send you a letter that tells you why and we will let you know if you can ask for a review of that decision. The letter will tell you how to file a complaint with us or with the U.S. Department of Health and Human Services-Office of Civil Rights.