



## NOTICE OF PRIVACY PRACTICES

**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.**

**Effective Date: 10/1/2018**

Community Health Options (Health Options) respects the privacy of our Member's protected health information (PHI). Health Options maintains a record of your PHI. This record may consist of examination and test results, diagnoses, payment information, symptoms, treatment, and plans for future care. Health Options is committed to maintaining the confidentiality and privacy of your PHI. This Notice applies to all information and records related to your care that Health Options has received or created. It extends to information received or created by members of Health Options' workforce. This Notice informs you about the possible uses and disclosures of your PHI. It also describes your rights and our obligations regarding your PHI.

Health Options is required by law to:

- Maintain the privacy of your PHI;
- Provide to you this detailed Notice of our legal duties and privacy practices relating to your PHI;
- Notify affected individuals of a breach of unsecured PHI; and
- Abide by the terms of the Notice that are currently in effect.

**Use and Disclosure of Your PHI without Authorization.** Health Options may use and disclose your PHI without your authorization for the following purposes:

**For Health Care Operations:** Health Options may use and disclose PHI during the course of running our health business, including for: quality assessment and improvement; licensing; accreditation by independent organizations; performance measurement and outcomes assessment; health services research; preventive health; disease management, case management and care coordination; administrations of reinsurance and stop loss; underwriting and rating; detection and investigation of fraud; administration of pharmaceutical programs and payments; transfer of policies or contracts from and to other health plans; data and information systems management; and Member Services. Health Options will not use or disclose PHI that is genetic information of an individual for underwriting purposes.

**For Treatment:** Although Health Options does not provide health care treatment services, Health Options may use and disclose your PHI for treatment purposes. For instance, this includes coordinating care with health care providers to provide you with treatment and services. Health Options may disclose PHI to doctors, dentists, pharmacies, hospitals and other health care providers who take care of you.

**For Payment:** Health Options may use and disclose your PHI for payment for treatment and services you receive. For instance, Health Options may disclose your PHI to the Member's designee (Personal Representative), an insurance or managed care company, Medicare, or another third-party payer. This information or an accompanying bill may include information that identifies you. Health Options may also use and disclose your PHI for: conducting utilization and

### 1.9.1.9

medical necessity reviews; coordinating care; determining eligibility; determining formulary compliance; collecting premiums; calculating cost-sharing amounts; and responding to complaints, appeals and requests for external review. Health Options may also use PHI for mail order pharmacy services provided to you.

Plan Administration: Health Options may disclose PHI to your employer or group policyholder (for group health insurance plans), when appropriate language has been included in your plan documents, or when summary data is disclosed to assist in bidding or amending a group health plan.

Business Associates: We may disclose your PHI to business associates that perform services on our behalf and have agreed in writing to maintain the privacy of your PHI.

As Required by Law: Health Options may disclose your PHI when required by law to do so.

Public Health Activities: Health Options may disclose your PHI for public health activities, such as disclosures to state government entities.

Reporting Abuse, Neglect or Exploitation: Health Options may use and disclose your PHI to notify a government entity authorized to receive reports of suspected abuse, neglect, or exploitation of children or dependent or incapacitated adults if required or authorized by law, or if you agree to the report.

Health Oversight Activities: Health Options may disclose your PHI to a health oversight agency for oversight activities authorized by law. These may include, for example, audits, investigations, inspections and licensure actions or other legal proceedings. These activities are necessary for government oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings: Health Options may use and disclose PHI in the course of a judicial or administrative proceeding under certain circumstances. Health Options also may disclose information in response to a subpoena, discovery request, or other lawful process under certain circumstances.

Law Enforcement: Health Options may use and disclose your PHI for certain law enforcement purposes as required or authorized by law or in response to a valid subpoena under certain circumstances.

To Avert a Serious Threat to Health or Safety: When permitted by law, Health Options may use and disclose your PHI when necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Workers' Compensation: Health Options may use or disclose your PHI to comply with laws relating to workers' compensation or similar programs.

Research: Health Options may use and disclose PHI for research purposes under certain circumstances.

Fundraising: We may use, or disclose to a business associate, demographic and other information about you including your name, address and date of birth for Health Options' fundraising activities. If you do not want to receive fundraising communications from us, please contact Health Options' Privacy Officer at the address or phone number listed below.

Community Health Options, Mail Stop 100, P.O. Box 1121, Lewiston, ME 04243

### **Use and Disclosure of Your PHI Requiring an Authorization**

Uses and disclosures of your health information not otherwise addressed in this notice will be made only with your (or your personal representative's) written authorization, which you may revoke at any time to the extent that it has not already been relied upon.

Authorization forms and revocation of authorization forms are available on the Health Options website. Completed forms should be sent to Health Options' Privacy Officer.

Among the uses and disclosures that require your authorization include:

### 1.9.1.9

**Marketing:** We must obtain written authorization, prior to using or disclosing your PHI, to communicate with you to encourage you to purchase or use a product or service. We may use your PHI, without getting written authorization, to provide you with marketing materials in a face-to-face encounter or give you a promotional gift of nominal value.

**Sale of PHI:** We will not sell your PHI without written authorization, except as allowed by law.

**Psychotherapy Notes:** To the extent that Health Options maintains psychotherapy notes, we must have written authorization to use and disclose psychotherapy notes that we may maintain, except when:

- The creator of the psychotherapy notes uses them for treatment;
- We use or disclose the psychotherapy notes for professional training programs for students, trainees, or practitioners in mental health; or
- We use or disclose psychotherapy notes in defense of a legal action brought by the individual who is the subject of the psychotherapy notes.

### **How Health Options Will Protect Your PHI**

Health Options has Privacy Policies and Procedures in place to protect PHI from unauthorized access. Health Options employees have signed Confidentiality Agreements in which they have agreed to protect Members' confidentiality by: agreeing to safeguard the security, privacy and confidentiality of PHI; accessing, using and disclosing PHI only as necessary to carry out their roles and responsibilities at Health Options; and protecting PHI and computers containing PHI from unauthorized use. Violations of the Confidentiality Agreement may result in employee discipline or termination of employment with Health Options, as well as penalties, sanctions, fines and other forms of legal relief imposed or allowed by law.

**HIV Information and Records:** Maine law provides special protections for HIV information and records. We will protect HIV information and records to the extent required by Maine law.

**Substance Abuse Program Information and Records:** Federal law provides special protections for certain substance abuse program information and records (42 C.F.R. Part 2). We will protect this information and these records to the extent required by federal law.

### **Your Rights Regarding Your PHI**

**Right to Request Restrictions:** You have the right to request restrictions on Health Options' use and disclosure of your PHI. Understand that a restriction of PHI for services may result in an inability to offer complete treatment and care. A form to request restrictions of PHI is available on the Health Options website. Completed forms should be sent to Health Options' Privacy Officer.

We are not required to agree to a requested restriction. The only exception is for requests to restrict certain disclosures for payment and health care operations purposes relating to a health care item or service, but you must first pay out-of-pocket and in full for that item or service.

**Right to Receive Confidential Communications:** You have the right to request in writing, and Health Options must accommodate reasonable requests by Members, to receive communications of PHI from Health Options by alternative means or at alternative locations. A form to request confidential communications is available on the Health Options website. Completed forms should be sent to Health Options' Privacy Officer.

**Right to Amend PHI:** You have the right to request an amendment to your PHI if you believe information in your record is inaccurate or incomplete. You have the right to request an amendment for as long as the PHI is kept by Health Options. Your request must be made in writing and you must provide a reason that supports your request. Under certain circumstances, we may deny your request. A form to request an amendment to PHI is available on the Health Options website. Completed forms should be sent to Health Options' Privacy Officer.

**Right to an Accounting of Disclosures:** You have the right to request that we provide you with an accounting of certain disclosures. Your request must state a time period which may not be longer than six years from the date of your request. A form to request an accounting of disclosures is available on the Health Options website. Completed forms should be

### 1.9.1.9

sent to Health Options' Privacy Officer.

**Right of Access to PHI:** You have the right to request your medical or billing records or other written information that may be used to make decisions about your care. Health Options may deny access to records in certain cases, and we will notify you if this happens. Health Options must allow you to inspect your records within 30 days of your request. Health Options may charge a reasonable fee, as allowed by law, for our costs in copying and mailing your requested information. A form to request access to PHI is available on the Health Options website. Completed forms should be sent to Health Options' Privacy Officer.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time by contacting Member Services. An electronic version of this Notice is available on the Health Options website.

### **Your Rights to File Complaints and to be Informed of Privacy Policy Changes**

**Complaints:** If you believe that your privacy rights have been violated you may file a complaint in writing to Health Options or with the Office of Civil Rights in the U.S. Department of Health and Human Services. To file a complaint with Health Options, you may:

- Fill out a complaint form from the Health Options website and mail to Health Options' Privacy Officer; or
- Call Health Options' Member Services Department.

Health Options will not retaliate against anyone for making a complaint.

**Changes to this Notice:** Health Options will promptly revise, announce, and make available electronically this Notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. Health Options reserves the right to change this Notice and to make the revised or new Notice provisions effective for all PHI already received and maintained by Health Options as well as for all PHI Health Options receives in the future. Health Options will provide a copy of the revised Notice to all Members then covered in its next annual mailing. This Notice is available on the Health Options website, and any changes made to it will be promptly reflected and announced on the website.

For more information, contact:

Privacy Officer  
Community Health Options  
Mail Stop 100  
PO Box 1121  
Lewiston, ME 04243  
(207) 402-3330  
(855) 624-6463