



Thank you for being a Community Health Options Member. This booklet contains privacy notices that we are required to provide to our Members upon enrolling and then on an annual basis. The booklet contains: Notice of Privacy Practices; Gramm-Leach-Bliley Act and Maine Insurance Information and Privacy Protection Act; Statement for New Technology; Notice Regarding Newborns' and Mothers' Health Protection Act and Notice Regarding the Women's Health and Cancer Rights Act of 1998.

## Notice of Privacy Practices

Effective Date: 1/1/2023

### 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.

Community Health Options (Health Options) respects the privacy of our Member's protected health information (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; determining formulary compliance; Member Services; and responding to complaints, appeals and requests for external review. Health Options may also use PHI for mail order pharmacy services provided to you. 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 medical necessity reviews; determining eligibility; collecting premiums; calculating cost-sharing amounts.

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.

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.

Health Oversight Activities: Health Options may disclose your PHI to a health oversight agency for oversight activities authorized by law.

Judicial and Administrative Proceedings: Health Options may use and disclose PHI in the course of a judicial or administrative proceeding 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.

Worker s' 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.

When Otherwise Required or Authorized by Law: Health Options may also use and disclose your PHI for other purposes when required or authorized by applicable state and federal law.

#### 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:

Personal or Authorized Representatives: Health Options may disclose your PHI to a personal or authorized representative, such as your healthcare power-of-attorney agent, guardian, or healthcare surrogate—or, in the case of minor who has not consented to healthcare treatment in accordance with Maine law, the minor's parent, legal guardian, guardian ad litem or surrogate—who is authorized by law to make healthcare decisions on your behalf when you lack the capacity to make your own healthcare decisions.

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.

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. 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 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 preparing and providing 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. Community Health Options cannot retaliate against you for filing a complaint. 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

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, toll-free at (855) 624-6463, or (207) 402-3330.

## GRAMM-LEACH-BLILEY ACT AND MAINE INSURANCE INFORMATION AND PRIVACY PROTECTION ACT

Why are you receiving this?

Community Health Options (“Health Options” and “we”, “us”, and “our”) is subject to various privacy laws. This Privacy Notice is about two similar laws: the federal Gramm-Leach-Bliley Act (“GLBA”) and Maine’s Insurance Information and Privacy Protection Act (“Maine Act”). Both of these laws regulate what health insurance companies can do with your “personal information.” We are required to provide our Members this notice after enrolling with Health Options and then on at least an annual basis. This notice describes what personal information we collect about you and when we may disclose this information.

We also provide Members a separate Notice of Privacy Practices to comply with the Health Insurance Portability and Accountability Act (“HIPAA”). The HIPAA Notice of Privacy Practices describes our obligations under HIPAA and the ways in which we may use and disclose “protected health information” about you.

Both notices are available at [www.healthoptions.org](http://www.healthoptions.org), or you may request a paper copy of each by calling Member Services toll-free at (855) 624-6463.

What is “personal information”?

“Personal information” is any information that identifies an individual, including information related to an insurance transaction from which judgments can be made about an individual’s character, habits, avocations, finances, occupation, general reputation, credit, health or any other personal characteristics. “Personal information” includes but is not limited to an individual’s name and address and health care information. “Personal information” can relate to former Members.

How do we collect personal information? What personal information do we collect?

We may collect personal information about our Members and individuals who apply for coverage. We collect personal information, for example, when you apply for insurance, pay insurance premiums, file an insurance claim, provide employment information, and provide your contact information. We may collect personal information from other sources, such as your health care providers who submit bills to us for the services they provide to you, and other insurance companies for coordination of benefits purposes.

We collect various types of personal information, including:

- Demographic information, such as name, address, age, social security number, and contact information;
- Your health information that we receive from you and health care providers; Information related to payment and claims; and
- Information related to applications for coverage and investigating claims for benefits.

Except as permitted by law, we will only collect information from you, or from other sources with appropriate authorization.

When may we disclose personal information to third parties?

We will only disclose personal information about you as allowed by applicable law or with prior authorization. We may disclose your personal information without prior authorization:

- To third parties so that they can perform business, professional, or insurance functions for us;
- To third parties so they can help us determine Member eligibility or detect or prevent criminal activity, fraud, or misrepresentation in connection with an insurance transaction;
- To health care providers to verify coverage or benefits, inform a Member of a medical problem of which the Member may not be aware, or conduct an audit to verify treatment;
- To the extent allowed by law, to an insurance regulatory authority;
- To the extent allowed by law, to law enforcement or other government agency to protect Health Options and prevent or prosecute fraud;
- In response to certain court or administrative orders, subpoenas, search warrants, and other legal process;
- For actuarial or research studies, provided that certain legal requirements are met;
- In connection with the potential sale, merger, consolidation, or transfer of all or a part of our business;
- To group policyholders for the purpose of reporting claims experience or conducting audits of Health Options;

- To third parties so that they can perform business, professional, or insurance functions for us;
- To third parties so they can help us determine Member eligibility or detect or prevent criminal activity, fraud, or misrepresentation in connection with an insurance transaction;
- To health care providers to verify coverage or benefits, inform a Member of a medical problem of which the Member may not be aware, or conduct an audit to verify treatment;
- To the extent allowed by law, to an insurance regulatory authority;
- To the extent allowed by law, to law enforcement or other government agency to protect Health Options and prevent or prosecute fraud;
- In response to certain court or administrative orders, subpoenas, search warrants, and other legal process;
- For actuarial or research studies, provided that certain legal requirements are met;
- In connection with the potential sale, merger, consolidation, or transfer of all or a part of our business;
- To group policyholders for the purpose of reporting claims experience or conducting audits of Health Options;

We will not disclose your personal information to third parties for marketing purposes without your prior authorization.

Information obtained by persons or entities that assemble or collect information for health insurance companies may be retained by such persons or entities and disclosed to other persons.

What are your rights with respect to personal information?

- You have the right to access your recorded personal information by submitting a written request to Health Options' Privacy Officer at the address provided below.
- You have the right to know the source of information and the identity of persons and institutions to whom we have shared such information in the 2 years prior to your request.
- You may review your personal information in person or obtain copies. We may charge a reasonable fee to cover costs in providing copies.
- You have the right to request that we correct, amend, or delete your personal information. We are not required to agree to a request. We will let you know our decision within 30 days after receiving your request. If you disagree with our decision, you may file a rebuttal statement with us.
- You have the right to know the reasons for an adverse underwriting decision. Previous adverse underwriting decisions may not be used as the basis for subsequent underwriting decisions unless we make an independent evaluation of the underlying facts.
- You have the right, except for very narrow exceptions, not to be subjected to pretext interviews.

#### **How do we protect your personal information? Who has access to your personal information?**

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

We give access to personal information only to those persons needing to know such information to perform their functions for Health Options. We train our employees on how to protect personal information. Employees who violate Health Options' privacy policies and procedures are subject to discipline, up to and including termination.

#### **Changes to our policies and procedures:**

We reserve the right to change our policies and procedures on personal information at any time. We will notify you when we make material changes.

#### **Conflicts between Health Options' Privacy Notice and Health Options' Notice of Privacy Practices:**

In the event that there is a conflict between the privacy protection afforded to your protected health information under this Privacy Notice and Health Options' Notice of Privacy Practices, the document affording you greater privacy protection or a greater right with respect to your protected health information will determine how we use or disclose your protected health information.

#### **For more information:**

If you have questions or would like more information, you may contact Member Services or Health Options' Privacy Officer at: Community Health Options, Mail Stop 100, P.O. Box 1121, Lewiston, ME 04243 or by phone toll-free at (855) 624-6463

## LEGAL NOTICES

### Statement for New Technology

Community Health Options recognizes the need to evaluate coverage of new clinical technology in our health plans. Community Health Options reviews requests to evaluate new technologies from a variety of sources. If you would like a copy of Community Health Options' procedure for reviewing new technology, please call Member Services at (855) 624-6463.

### Notice Regarding the Newborns' and Mothers' Health Protection Act

Under federal law, health insurance issuers generally may not restrict Benefits for any Hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the issuer may pay for a shorter stay if the attending Provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, issuers may not set the level of Benefits or Out-of-Pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, an issuer may not, under federal law, require that a physician or other health care Provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain Providers or facilities, or to reduce your Out-of-Pocket costs, you may be required to obtain precertification. For information on precertification, please contact Member Services at (855) 624-6463.

### Notice Regarding the Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain Benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related Benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These Benefits will be provided subject to the same Deductibles and Coinsurance applicable to other medical and surgical Benefits provided under this Plan.