

UTMB HEALTH PLANS, INC.
DBA CHOICE ONE
Health and Human Services Commission

Health Insurance Portability and Accountability Act (HIPAA)
Privacy Notice

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

In this Privacy Notice “medical information” means the same as “health information.”

When you apply for benefits, Choice One may receive health information about you. Health information includes any information that relates to (1) your past, present, or future physical or mental health or condition; (2) providing health care to you; or (3) the past, present, or future payment for your health care.

This Notice tells you about your privacy rights, Choice One’s duty to protect health information that identifies you, and how Choice One may use or disclose your health information without your written permission.

Your Privacy Rights

The law gives you the right to:

- in most situations, look at or get a copy of the health information Choice One has about you;
- ask Choice One to correct certain information, including certain health information about you, if you believe the information is wrong or incomplete. Most of the time, Choice One cannot change or delete information, even if it is incorrect. However, if Choice One decides it should make a change, it will add the correct information to the record and note that the new information takes the place of the old information. The old information will remain in the record. If Choice One denies your request to change the information, you can have your written disagreement placed in your record;

- ask for information about the times Choice One has disclosed health information about you;
- ask Choice One to put more limits on the use or disclosure of your health information than the law requires. However, Choice One is not required to change the limits;
- tell Choice One where and how to send messages that include health information, if you think sending the information to your usual address could put you in danger. You must put this request in writing, and you must be specific about where and how to contact you;
- ask for and get a paper copy of this Notice from Choice One;
- withdraw permission you have given Choice One to use or disclose your health information, unless Choice One has already taken action based on your permission. You must withdraw your permission in writing.

Choice One’s Duty To Protect Health Information That Identifies You

The law requires Choice One to protect the privacy of health information that identifies you. It also requires Choice One to give you this Notice of Choice One’s legal duties and privacy practices.

- In most situations, Choice One may not use or disclose health information that identifies you without your written permission. This Notice explains when Choice One may use or disclose health information that identifies you without your permission.

- For all other uses and disclosures, Choice One must obtain your written permission, which you may withdraw at any time.
- If Choice One changes its privacy practices, it must notify you of the changes by mailing a new Privacy Notice to the most recent address you have given Choice One. Choice One will mail the new Privacy Notice within 60 days of the changes. The new practices will apply to all the health information Choice One has about you, regardless of when Choice One received or created the information.

Choice One employees must protect the privacy of your health information. Choice One does not give employees access to health information unless they need it to do their job. Reasons for needing access to health information include making benefit decisions, paying bills, and planning for needed care. Choice One will take action against employees who do not protect the privacy of health information that identifies you.

If you have questions about this Notice or need more information about your privacy rights, you may contact us at the following number:

- **Customer Service**
1 (866) 735-3281

If you believe Choice One has violated your privacy rights, you may file a complaint by contacting the number above. You may also file a complaint with:

- U.S. Secretary of Health and Human Services
200 Independence Ave. S.W.,
Washington, D.C. 20201,
1 (877) 696-6775.

There will be no retaliation for filing a complaint.

How Choice One May Use and Disclose Health Care Information That Identifies You

1. Payment

Choice One may use or disclose your health information to pay or collect payment for your health care. For example, determining your

eligibility for Choice One is a use or disclosure for payment purposes.

2. Health care operations

Choice One may use or disclose your health information for health care operations. Health care operations include:

- activities to assess and improve the quality of health care;
- reviewing the competence, qualifications, and performance of health plans; and
- Choice One's business management or general administration.

Examples of uses and disclosures for health care operations include using or disclosing health information for case management or making sure providers bill only for care you receive. Choice One may also contact you to tell you about treatment alternatives or additional benefits you may be interested in.

3. Family member, other relative, or close personal friend

Choice One may disclose your health information to a family member, other relative, or close personal friend if :

- the health information is related to that person's involvement with your care or payment for your care; and
- you have had an opportunity to stop or limit the disclosure before it happens.

4. Government programs providing public benefits

Choice One may disclose your health information to a government agency offering public benefits if:

- the information relates to whether you qualify for or are enrolled in Choice One and the law requires or specifically allows the disclosure; or
- the government agency has the same privacy protections Choice One does, has programs that serve similar types of people, and the

disclosure is needed to coordinate or improve how the programs are run.

5. Health oversight activities

Choice One may use or disclose your health information to another agency authorized to conduct health oversight activities. Health oversight activities include investigating possible fraud in the Choice One health plan.

6. Public health

Choice One may disclose your health information for public health activities, including to:

- a public health authority to prevent or control disease, injury, or disability; and
- a government agency authorized to receive reports of abuse or neglect or reports of domestic violence.

7. Victims of abuse, neglect, or domestic violence

If Choice One believes you are the victim of abuse, neglect, or domestic violence, Choice One may sometimes disclose health information about you to a government agency that receives reports of abuse, neglect, or domestic violence if:

- a law requires the disclosure;
- you agree to the disclosure;
- a law allows the disclosure and the disclosure is needed to prevent serious harm to you or someone else; or
- a law allows the disclosure, you are unable to agree or disagree, the information is needed for immediate action, and the information will not be used against you.

If Choice One makes a report under this section, Choice One will tell you about the report unless it believes that telling you would place you at risk of harm.

8. Serious threat to health or safety

Choice One may use or disclose your health information if it believes the use or disclosure is needed:

- to prevent or lessen a serious and immediate threat to the health and safety of a person or the public;
- for law enforcement authorities to identify or catch an individual who has admitted participating in a violent crime that resulted in serious physical harm to the victim, unless the information was learned while initiating or in the course of counseling or therapy; or
- for law enforcement authorities to catch an individual who has escaped from lawful custody.

9. For other law enforcement purposes

Choice One may disclose your health information to a law enforcement official for the following law enforcement purposes, including:

- to comply with a subpoena;
- to comply with a lawful administrative request;
- to identify and locate a suspect, fugitive, witness, or missing person;
- in response to a request for information about an actual or suspected victim of a crime; or
- to alert a law enforcement official of a death that Choice One suspects is the result of criminal conduct.

10. For judicial or administrative proceedings

Choice One may disclose your health information for judicial and administrative purposes, including an order from a regular or administrative court.

11. As required by law

Choice One must use or disclose your health information when a law requires the use or disclosure.

12. Contractors

Choice One may disclose your health information to a Choice One contractor if the contractor:

- needs the information to perform services for Choice One; and
- agrees to protect the privacy of the information.

13. Research

Agencies may use or disclose your health information for research if a research board approves the use. The board will ensure that your child's privacy is protected when your health information is used in research. Uses and disclosures for research include:

- allowing a researcher to prepare a research project, as long as the researcher agrees to keep the information confidential;
- researching the causes of your death.

14. Other uses and disclosures

Choice One may use or disclose your health information:

- to create health information that does not identify any specific individual;
- to the U.S. military or a foreign military for military purposes, if you are a member of the group asking for the information;
- for purposes of lawful national security activities;
- to federal officials to protect the President and others;
- to a prison or jail, if you are an inmate of that prison or jail, or to law enforcement personnel if you are in custody;
- to comply with workers' compensation laws or similar laws; and
- to tell, or help in telling, a family member or another person involved in your care, about your location, general condition, or death.

Effective Date

This Notice takes effect on April 14, 2003, and stays in effect until it is replaced by another Notice.