



# Notice of Privacy Practices

Effective Date: July 27, 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.***

If you have any questions about this notice, please contact Member Services at telephone number listed on the back of your member ID card.

## Who Will Follow this Notice

PHC California is a Medi-Cal health plan ("Plan") offered by AIDS Healthcare Foundation ("AHF"). This notice describes AHF's practices and that of:

- All departments, units, employees, staff, volunteers, and other personnel of AHF and its affiliates.
- All AHF affiliates including AHF Healthcare Centers, AHF MCO of Florida, Inc., AIDS Healthcare Foundation Disease Management of Florida, Inc. When we use the term "we," "us" and "our" in this notice, we are referring to AHF and these affiliates.

All the persons and organizations listed above may share medical information with each other for treatment, payment or health care operations purposes described in this notice or allowed by law.

## Our Pledge and Responsibilities Regarding Your Medical Information

We understand that information about you and your health is personal. We are committed to protecting medical information about you.

In the course of providing health care, we collect protected health information ("PHI") from members and patients and other sources, including other health care providers. PHI includes 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 identifying information. For simplicity, throughout this notice, we will use the term "medical information" instead of "PHI," but the two terms will have the same meaning.

Your medical information may be used, for example, to provide health care services and customer services, evaluate benefits and claims, administer health care coverage, measure performance (utilization review), detect fraud and abuse, review the competence or qualifications of health care professionals, and fulfill legal and regulatory requirements. The types of medical information we collect and keep may include, for example:

- Hospital, medical, mental health and substance abuse records, X-ray reports, pharmacy records and appointment records;
- Information from member/patients, for example, through surveys, applications and other forms, and online communications; and
- Information about your relationship with AHF, such as medical services received and claims history.

Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

We are required by law to:

- Make sure that medical information that identifies you is kept private (with certain exceptions);
- Tell you about your rights and our legal duties with respect to your medical information; and
- Follow the terms of the notice that is currently in effect.

## **How We May Use and Disclose Medical Information about You**

The following categories describe different ways that we use and disclose medical information. For each category of use or disclosure we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

### **Disclosure at Your Request**

We may disclose information when requested by you. We may ask that you make a request in writing using an AHF form.

### **For Treatment**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other healthcare personnel who are involved in taking care of you. Our personnel will use and disclose your medical information in order to provide and coordinate the care and services you need: for example, prescriptions, X-rays, and lab work. If you need care from health care providers who are not part of the Plan's network, such as community resources to assist with your health care needs at home, we may disclose your medical information to them.

### **For Payment**

Your medical information 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 receive. For example, we may have an obligation to pay for health care you receive from an outside provider. When you or the provider sends us the bill, we use and disclose your medical information to determine how much, if any, of the bill we are responsible for paying.

### **For Health Care Operations**

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the Plan, and make sure that all of our members receive quality care. For example, we may use medical information to review your treatment and services and to evaluate the performance of our staff in helping you. We may use medical information to determine premiums and other costs of providing health care. We may also combine medical information about many members to decide what additional services the Plan should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other plans to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

### *Appointment Reminders*

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or health care.

### *Treatment Alternatives and Health-Related Products and Services*

We may use and disclose medical information: (1) to tell you about treatment alternatives or other health-related benefits and services that may be of interest to you, including those provided by AHF or its affiliated organizations; (2) for your treatment; (3) for case management or care coordination, or (4) to direct or recommend alternative treatments, therapies, health care providers, or settings of care. For example, we may tell you about a new drug or procedure or about educational or health management activities.

### *Psychotherapy Notes*

We will not use or disclose your medical information with respect to psychotherapy notes without your written authorization, except for carrying out treatment, payment or health care operations by your mental health practitioner, to use in our own training programs, or to defend ourselves in a legal action by you.

### *Fundraising Activities*

We may use medical information about you, or disclose such information to a foundation or related charitable organization to contact you in an effort to raise money for our charitable activities. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services through the Plan. If you do not want to be contacted about these fundraising efforts, you may decline to receive further fundraising communications by notifying Member Services in writing.

### *Marketing Activities*

We will not use or disclose medical information about you for third-party marketing purposes without your written authorization.

### *Sale of Medical Information*

We will not sell medical information about you without your written authorization, and the written authorization must acknowledge that we will receive remuneration for the medical information.

### *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 medical information.

### *Individuals Involved in Your Care or Payment for Your Care*

We may release medical information about you to a friend or family member who is involved in your medical care. If you have not previously authorized this in writing, and you are not present or lack the decision-making capacity to consent to a disclosure to a friend or family member, we will use our professional judgment to determine if it is in your interest to disclose your medical information. For example, we may allow someone to pick up a prescription for you. We may also give information to someone who helps pay for your care.

In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. Also, if you are either unconscious or otherwise unable to communicate, we may attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney).

#### *Facility Directories*

If you are a patient staying at one of our facilities, we may create a directory that includes your name, room location, and your general condition. This information may be disclosed to a person who asks for you by name. In addition, we may provide your religious affiliation, if any, to clergy. You may object to the use or disclosure of some or all of this information. If you do, we will not disclose it to visitors and other members of the public.

#### *Research*

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave AHF.

#### *As Required By Law*

We will disclose medical information about you when required to do so by federal, state or local law.

#### *To Avert a Serious Threat to Health or Safety*

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## **Special Situations**

### **Organ and Tissue Donation**

We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

### **Military and Veterans**

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

### **Workers' Compensation**

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

## **Public Health Activities**

We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report the abuse or neglect of children, elders and dependent adults;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law;
- To notify emergency response employees regarding possible exposure to HIV/AIDS, but only to the extent necessary to comply with state and federal laws.

## **Health Oversight Activities**

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

## **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you or your lawyer) or to obtain an order protecting the information requested.

## **Law Enforcement**

We may release medical information if asked to do so by a law enforcement official, including:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

## **Coroners, Medical Examiners and Funeral Directors**

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about members to funeral directors as necessary to carry out their duties.

### **National Security and Intelligence Activities**

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

### **Protective Services for the President and Others**

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

### **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or law enforcement official. This disclosure might be required, for example, (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### **Multidisciplinary Personnel Teams**

We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect.

### **Special Categories of Information**

In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information – *e.g.*, tests for HIV or treatment for mental health conditions or alcohol and drug abuse. Government health benefit programs, such as Medi-Cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

## **Your Rights Regarding Medical Information about You**

You have the following rights regarding medical information we maintain about you.

### **Right to Inspect and Copy**

In general, you have the right to inspect and copy your medical information. Usually, this includes medical and billing records, but may not include some mental health information or other information that may be withheld by law.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Member Services. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by AHF will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

### **Right to be Informed of Breach of Medical Information**

You have the right to be informed about any breach of unsecured medical information, unless our risk assessment determines that there is a low probability that your medical information has been compromised.

### **Right to Amend**

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to Member Services. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the Plan;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

### **Right to an Accounting of Disclosures**

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations (as those functions are described above) and with other exceptions provided by law.

To request this list or accounting of disclosures, you must submit your request in writing to Member Services. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

*We are not required to agree to your request, unless you request that we restrict your medical information to a health plan as long as (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (b) the medical information pertains solely to a health care item or service for which you have paid us in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.*

To request restrictions, you must make your request in writing to Member Services. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Member Services. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

### **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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact Member Services.

### **Changes to This Notice**

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. If we make an important change to this notice, we will send it to you. You may also obtain a copy of our current notice at any time by contacting Member Services. The notice will contain the effective date on the first page, in the top right-hand corner.

### **Concerns about Our Use of Your Medical Information**

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact Member Services at the telephone number listed on the back of your member ID card. All complaints must be submitted in writing. *You will not be penalized for filing a complaint.*

You may also file a complaint with the California Department of Healthcare Services (DHCS) by contacting the Office of HIPAA Compliance (OHC):

DHCS Privacy Officer  
PO Box 997413 MS 4721  
Sacramento, CA 95899-7413  
Toll-free: (866) 866-0602  
Phone: (916) 445-4646  
Fax: (916) 440-7680  
E-mail: [privacyofficer@dhcs.ca.gov](mailto:privacyofficer@dhcs.ca.gov)

## **Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we or others have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.