

SCAN Health Plan 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.

SCAN Health Plan is required by law to maintain the privacy of your health information and to provide you this Notice about our legal duties and privacy practices. We must follow the privacy practices described in this Notice while it is in effect. This Notice takes effect April 14, 2003, and will remain in effect until we replace or modify it.

Protecting Your Privacy

At SCAN Health Plan, we understand the importance of keeping your health information confidential and we are committed to use of your health information that is consistent with state and federal law. This Notice explains how we use your health information, and describes how we may share your health information with others involved in your health care. This Notice also lists your rights concerning your health information and how you may exercise those rights.

Protected Health Information

For the purposes of this Notice, "health information" or "information" refers to Protected Health Information or PHI. Protected Health Information is defined as information that identifies who you are and relates to your past, present, or future physical or mental health or condition, provision of care, or payment for care.

How We Use Your Health Information

SCAN Health Plan uses and shares your health information for the purposes of treatment, payment, health care operations, and other uses permitted or required by federal, state, or local law. In instances where your health information is not used for such purposes, SCAN Health Plan would require your written authorization prior to sharing it.

Treatment

SCAN Health Plan may use or disclose your health information to health care providers (doctors, hospitals, pharmacies, and other caregivers) who request it in connection with your treatment without your written authorization. Please be aware that your medical records are stored at your physician's office. Here are some examples of how SCAN Health Plan may share your information:

- We may share information with your physician or medical group when necessary for you to receive treatment.
- We may share information about you to a hospital so that you receive appropriate care.
- We may share information about you with plan providers involved in the delivery of your health care services, including Independent Living Power providers.

Payment

SCAN Health Plan may use and disclose your health information for the purposes of payment of the health care services you receive, without your

written authorization. This may include claims payment, eligibility, utilization management, and care management activities. For example:

- We may provide your eligibility information to your medical group so they are paid accurately and timely.
- We may share information about you to a hospital to ensure that claims are billed properly.
- We may provide your information to a third party entity to ensure that your doctor or hospital is paid accurately and timely.

Health Care Operations

SCAN Health Plan may use and disclose your health information to support various business activities without your written authorization. Health care operations are activities related to the normal business functions of SCAN Health Plan. For example, we may share information with others for any of the following purposes:

- Quality management and improvement activities, such as credentialing activities and peer reviews,
- Contracting activities with plan providers and vendors,
- Research and studies, such as member satisfaction surveys,
- Compliance and regulatory activities,
- Risk management activities,
- Population and disease management studies and programs, and

- Grievance and appeals activities.

Other Permitted Uses and Disclosures

SCAN Health Plan may use or disclose your health information without your written authorization, for the following purposes under limited circumstances:

- To state and federal agencies that have the legal right to receive data, such as to make sure SCAN Health Plan is making proper payments and to assist Federal/State Medicaid programs,
- For public health activities, such as reporting disease outbreaks or disaster relief,
- For government healthcare oversight activities, such as fraud and abuse investigations or the Food and Drug Administration (FDA),
- For judicial, arbitration, and administrative proceedings, such as in response to a court order, subpoena, or search warrant,
- To a probate court investigator to determine the need for conservatorship or guardianship,
- For law enforcement purposes, such as providing limited information to locate a missing person,
- For research studies that meet all privacy law requirements, such as research related to the prevention of disease or disability,
- To avoid a serious and imminent threat to health or safety,

- To contact you about new or changed benefits under Medicare and/or SCAN Health Plan,
- To contact you to remind you of visits/deliveries,
- To create a collection of information that can no longer be traced back to you,
- When circumstances concern elder abuse and neglect,
- In cases of death, such as a coroner, medical examiner, funeral director or organ procurement organization,
- For specialized government functions, such as providing information for national security and military activities,
- For workers' compensation claims and to authorities as required by state workers' compensation laws,
- To the plan sponsor of a group health plan or employee welfare benefit plan,
- To law enforcement officials if you are an inmate or under custody. These would be permitted if needed to provide medical services to you or for the protection and safety of others,
- To friends or family members who are assisting you with your health care, with confirmation of that status, and
- As required otherwise by federal, state, or local law.

SCAN Health Plan will not use or disclose your health information for purposes other than those described in this Notice, unless authorized by you in writing. You may revoke this authorization as explained in the section titled "Your Rights Involving Your Health Information".

Sharing Your Health Information with Others

As part of normal business, SCAN Health Plan shares your information with contracted plan providers (e.g., medical groups, hospitals, pharmacy benefit management companies, social service providers, etc.). In all cases where your health information is shared with plan providers, we have a written contract that contains language designed to protect the privacy of your health information. Our plan providers are required to keep your health information confidential, and protect the privacy of your information in accordance with state and federal law.

Your Rights Involving Your Health Information

You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. However, your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

The following are your rights with respect to your health information. If you would like to exercise any of the following rights, please refer to the section below titled "How to Obtain Additional Information About This Notice".

Right to Request Restrictions

You have the right to ask us to restrict how we use and disclose your information for treatment, payment, or health care operations as described

in the Notice. You also have the right to ask us to restrict information that we have been asked to give to family members or to others who are involved in your health care. However, we are not required to agree to these restrictions. If we deny your request, we will notify you in writing with the specific reason(s) the request was denied. If we do agree to your request to restrict use and disclosure of your health information, we may not use or disclose your protected health information for that purpose, except as needed to provide treatment in an emergency. Please refer to the definition of “emergency” in your Evidence of Coverage. We also do not have to honor your restriction if we are required by law to disclose the information or when the information is needed for your treatment.

You also have the right to terminate a request for restriction that we have granted. You may do this by calling or writing us. We also have the right to terminate the restriction if you agree to it or if we inform you in writing that we are terminating it. If we do this, it will only apply to medical information that we create or receive after we have informed you.

Your request for a restriction must be in writing and must provide us with specific information needed to fulfill your request. This would include the information you wish to be restricted and to whom you want the limits to apply.

Right to Inspect and Copy

You have the right to review or obtain copies of your health information contained in a designated record set that may be used to make decisions about you. This includes medical records that are stored at your physician’s office and your medical claims that are stored at SCAN Health Plan. There are some restrictions to what can be inspected and copied. The restrictions include the following: psychotherapy notes, information to be used in a lawsuit or administrative proceedings, and certain information

subject to a law concerning laboratory improvements. If you request excluded information you will be notified. Your request must be in writing and must provide us with specific information needed to fulfill your request. If you call the Member Services Department we will send you a form to use to do this; **1-800-559-3500**, between the hours of 7:00 a.m. – 8:00 p.m., seven days a week. TTY users call: 1-800-735-2929. Or if you prefer, you may send your written request to our Member Services Department at the address listed in the "Complaints" section of this Notice. If you request copies, we can charge a reasonable fee for the cost of producing the copies and for postage. You must pay this fee before we give you the copies. You may also request that we provide you with summary information about your Protected Health Information instead of all the information. If so, you must pay us the cost of preparing this summary information before we give it to you.

In certain situations, we may deny your request to inspect or obtain a copy of your health information. If we deny your request, we will notify you in writing with the specific reason(s) the request was denied. Our letter to you will also include information about how you may request a review of our denial if you are entitled to such a review. You are entitled to request a review of our denial in three instances only. These three instances involve situations where a licensed health care professional has determined that such access would endanger the life or physical safety of you or of another person. Our letter will also tell you about any other rights you have to file a complaint. These are the same rights described in this Notice.

Right to Request an Amendment

You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. Your request should be sent to our Member Services

Department at the address listed in the "Complaints" section of this Notice.

We will deny your request if you fail to submit it in writing or if you fail to include the reasons for your request. We may also deny your request if you ask us to amend information that is (1) accurate and complete, (2) not part of the medical information that SCAN Health Plan keeps, (3) not part of the information that you would be entitled to inspect and copy, or (4) not created by SCAN Health Plan, unless the creator of the information is not available to amend it.

If we deny your request, we will provide you a written explanation. This letter will tell you how you can file a complaint with us or with the Secretary of the Department of Health and Human Services. It will also tell you about the right you have to file a statement disagreeing with our denial and other rights you may have.

If we accept your request to amend the information, we will make the changes requested in your amendment. But first we will contact you to identify the persons you want notified and to get your approval for us to do so. We will make reasonable efforts to inform others of the amendment and to include the changes in any future disclosures of that information.

Right to Receive Confidential Communications

You have the right to request that we communicate with you in confidence about your health information by alternative means or to an alternative location (e.g., mail to a post office box address or fax to a designated number). Your request must be made in writing and must clearly state that if the request is not granted it could endanger the member. SCAN Health Plan will accommodate reasonable requests.

Right to Receive an Accounting of Disclosures

You have the right to receive an accounting of disclosures regarding your health information. Typically the accounting would include disclosures found in the section titled "Other Permitted Uses and Disclosures". The accounting will not cover those disclosures made for the purposes of treatment, payment, and health care operations, and ones that you have authorized.

All requests for an accounting must be in writing and must include specific information needed to fulfill your request. This accounting requirement applies for six years from the date of the disclosure, beginning with disclosures occurring after April 14, 2003, unless you request a lesser period of time. If you request this accounting more than once in a 12-month period, we may charge you a reasonable fee to produce the accounting of disclosures. Before doing so, we will notify you of the fee, and give you an opportunity to withdraw or limit your request in order to reduce the fee.

Right to Copies of this Notice

You have the right to receive an additional copy of this Notice at any time.

If you want to request additional copy of this Notice, you can write to:

SCAN Health Plan
Attention: Member Services Department (Notice of Privacy Practices)
3800 Kilroy Airport Way, P.O. Box 22644
Long Beach, CA 90801-5616

If you have any questions about our Notice of Privacy Practices or would like to request an additional copy of the Notice, please contact the

Member Services Department at **1-800-559-3500**, 7:00 a.m. – 8:00 p.m., seven days a week. TTY users call: 1-800-735-2929.

[You may also visit our website online and download a printable version of the Notice; at <www.scanhealthplan.com>]

How to Complain About Our Privacy Practices

If you believe SCAN Health Plan has violated your privacy rights, or you disagree with a decision we made about access to your health information, you may contact us or the federal government to make a complaint.

Complaints to SCAN Health Plan

If you want to file a complaint with us, you can write to:

SCAN Health Plan
Attention: Member Services Department (Privacy Complaints)
3800 Kilroy Airport Way, P.O. Box 22644
Long Beach, CA 90801-5616

Complaints to the Federal Government

You also have the right to file a complaint with the federal government. You can write to:

Headquarters – Washington D.C.

Georgina Verdugo, Director Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.

Room 509F HHH Bldg.
Washington, D.C. 20201

Region IX - San Francisco, California.

Michael Kruley, Regional Manager Office for Civil Rights
U.S. Department of Health and Human Services
907th Street, Suite 4-100
San Francisco, CA 94103

SCAN Health Plan supports your right to protect the privacy of your personal and health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services. Filing a complaint will not affect your benefits under SCAN Health Plan or Medicare.

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Changes to this Notice

The terms of this Notice apply to all records containing your health information that are created or retained by SCAN Health Plan. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to the Notice will be effective for all of your records that we have created or maintained in the past. Such revision or amendment shall

also be effective for any of your records that we may create or maintain in the future. If we do revise this Notice you will receive a copy.

This information is available for free in other languages. Please contact our Customer Service number at **1-800-559-3500** for additional information.

Esta información está disponible gratuitamente en otros idiomas. Comuníquese a nuestro número de Servicio al Cliente al **1-800-559-3500** para obtener más información.

本資訊有其他免費的語言版。請致電**1-800-559-3500**向我們的客戶服務部洽詢詳情。

Thông tin này được cung cấp miễn phí bằng các ngôn ngữ khác. Vui lòng liên hệ Dịch Vụ Khách Hàng của chúng tôi qua số **1-800-559-3500** để biết thêm thông tin.

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