

Alliance for Health Notice of Privacy Practices

This notice describes how information about you may be used and shared and how you can get access to this information. Please review it carefully.

We (Alliance for Health) think privacy is important and are committed to maintaining the confidentiality of your information.

By law, we must maintain the privacy of your information. By law, we must also provide you with notice of our legal duties and privacy practices about your information.

This notice lets you know how we may use and share your information. It also lets you know your rights and our legal obligations with respect to your information.

If you have any questions about this notice, please contact us at:

Alliance CompleteCare
Attn: Care Advisor
1240 South Loop Road
Alameda, CA 94502
1-800-585-PLAN (7526)
TDD 1-888-747-1574

Types of Information Maintained

Depending on the Alliance health plan in which you participate, the Alliance collects and keeps the following information: your contact information, such as your address and phone number; your age, ethnicity, sex, and language. We also collect and keep your health care information, such as the provider you visited and his/her findings; your health care conditions and diagnosis; your health history; your prescriptions, and lab tests. We also collect and keep information about the health education classes you went to and your participation in other health care programs or plans. We also collect and keep the financial information you gave us in your application. This information helps us provide you with the services you need.

How We May Use or Share Your Information

If you are an Alliance CompleteCare Member, we are only allowed to use or share your information for purposes related to the administration of the Alliance CompleteCare program. So, some of the purposes below do not apply to your information.

1. *Appointment reminders* – We may use or share your information to remind you about appointments. If you are not home, we may leave this information on your answering machine or leave a message with the person who answers the phone.
2. *Court and administrative proceedings* – We may, and sometimes need to by law, share your information for an administrative or judicial proceeding as we are

instructed to by a court or administrative order, if you were informed of the request and you did not object, or the court or administrative judge did not agree with your objection.

3. *Employers* – We may use or share your information with your employer to find out about an illness or injury from work, or for workplace medical surveillance. We may use or share your information with your employer when there is an employee claim or lawsuit about a medical condition, or if the information is about doing a particular job.
4. *Fundraising* – We may use or share your information and the dates you received treatment in order to contact you for fundraising activities. If you do not want to receive these materials, call your Care Advisor to remove your name from the list.
5. *Group health plans* – If you are a Member of a group health plan, we may share information with the sponsor of your group health plan. For example, if your employer provides your health coverage, we may let your employer know if you are still a Member of the plan.
6. *Health care operations* – We may use or share your information to operate this health plan. For example:
 - a. We may use or share your information to review and improve the quality of care provided to you. It can also be used to review the skills and qualifications of our providers.
 - b. We may use or share this information so we can approve services or referrals.
 - c. We may also use or share this information when we need to for medical reviews or case management. For example, we may refer you to an asthma class if you have asthma.
 - d. We may also use or share this information when we need to for legal services, audits, or business planning and management.
 - e. We may also share your information with our "business associates" that do certain plan services for us. We will not share your information with these outside groups unless they agree to protect it. Under California Law, all parties that receive information may not share it again, except as specifically needed or allowed by law.
7. *Health monitoring activities* – We may, as needed by law, share your information with coroners when they investigate deaths.
8. *Insurers* – We may use or share your information with insurers when we review a health plan application.
9. *Law enforcement* – We may share your information with a law enforcement official. This would be to identify or locate a suspect, fugitive, material witness, or missing person; comply with a court order, warrant, grand jury subpoena; and other law enforcement purposes.

10. *Marketing* – We may contact you to give you information about products or services. We will not use or share your information for this purpose without your written permission unless the product or service is part of your benefits, has to do with your treatment, or has to do with your case management. We may also use or share your information without your written authorization if we meet with you in person, or we use or share your information to give you a small gift.
11. *Notification and communication with family* – We may share your information to let a family member, your personal representative, or a person responsible for your care know about where you are, your general condition, or notify them of your death. In case of a disaster, we may share information with a group like the Red Cross so they can contact you. We may also share information with someone who helps with your care or helps pay for your care. If you are able to decide, we will let you decide before we share the information. But we may share this information in a disaster even if you do not want us to, so we can respond to the emergency. If you are not able to decide because of your health or you cannot be found, our professional staff will use their best judgment in sharing information with your family and others.
12. *Payment* – We may use or share your information to pay for your medical bills. For example, your provider will give us information we need before we pay him/her. We may also share information with other health care providers so they can be paid.
13. *Provider peer review* – We may use or share your information to review the skills of your provider or the quality of care provided to you.
14. *Public health* – We may, and sometimes need to by law, share your information with public health agencies so they can: prevent or control disease, injury, or disability; report child, elder, or dependent adult abuse or neglect; report domestic violence; report problems to the Food and Drug Administration about products and reactions to medications; and report disease or infection exposure.
15. *Public safety* – We may share your information with persons who help prevent or lessen a serious and immediate threat to the health or safety of a person or the public. We will not share the information if it was from treatment counseling or request for treatment counseling to see how likely a person would be to indulge in criminal conduct.
16. *Required by law* – As required by law, we will use or share your information, but we will restrict our use or sharing to only what we are allowed to use or share by the law.
17. *Research* – We may share your information without your written permission if the research meets certain rules.
18. *Specialized government functions* – We may share your information for military or national security purposes. We may also share it with correctional institutions or law enforcement officers that have you in their lawful custody.

19. *Treatment* – We may use or share your information to help your providers or hospitals provide medical care to you. For example, if you are in the hospital, we may give them medical records sent to us by your provider. Or we may share this information with a pharmacist who needs it for a prescription for you, or a laboratory that performs a test for you.
20. *The other ways* – Other ways the Alliance may use or share your information.
- a) We may share information with funeral directors, as they need it to carry out their duties.
 - b) We may share your information with organizations that provide services for organ and tissue transplants.
 - c) We may use or share your information with the FDA when it is about the quality, safety, or effectiveness of an FDA-related product or activity.
 - d) We may use or share your information with conservators/ guardians under limited circumstances.
 - e) We may share your information as we need to for Worker's Compensation.
 - f) If the Alliance is sold or merged with another organization, your information/record will be owned by the new owner but you will be able to change enrollment to another health plan.
 - g) We may use or share your information in order to protect it when we send it over the Internet.
 - h) We may, and sometimes need to by law, share your information with health monitoring agencies for audits, investigations, inspections, licensure, and other proceedings, only as allowed by federal and California law.

When We May Not Use or Share Your Information

Except as described in this Notice of Privacy Practices, we will not use or share your information without your written permission unless permitted by law. If you do permit the Alliance to use or share your information for another purpose, you may take back your permission in writing at any time, unless we have already relied on your written permission to use or share your information.

The Alliance May Contact You

We may contact you in order to provide you with information, materials, products, or services related to health education, treatment, or other health-related benefits and services. We may also contact you for marketing, research, fundraising, payment, etc.

Your Privacy Rights

1. *Right to Request Special Privacy Protections* – You have the right to ask for limits on certain uses and sharing of your information. You can do this by a

written request that tells us what information you want to limit and what ways you want to limit our use or sharing of that information. We reserve the right to accept or reject your request, and will let you know of our decision.

2. *Right to Request Confidential Communications* – You have the right to ask that you receive your information in a specific way or at a specific location if the usual way may place you in danger. For example, you may ask that we send information to your work address. Please write to us and tell us how you would like to receive your information and why you would be in danger if we did not follow your request. If your request involves a cost that you will have to pay for, we will let you know.
3. *Right to See and Copy* – You have the right to see and copy your information, with limited exceptions. To see your information, you must send a written request and tell us what information you want to see. Also let us know if you want to view it, copy it, or get a copy of it. California law allows us to charge a fair fee for copying. We may deny your request under limited circumstances.

IMPORTANT

Please note that we do not have a complete copy of your Medical Records. If you want to look at, get a copy of, or change your medical records, please contact your provider or clinic.

4. *Right to Change or Supplement* – You have a right to ask that we change any of your information that you believe is incorrect or incomplete. You must ask us in writing to change your record. Tell us the reasons you believe the information is not correct. We do not have to change your information, and if we deny your request, we will let you know why. We will also tell you how you can disagree with our denial. We may deny your request if we do not have the information. We may also deny your request if we did not create the information (unless the person that created the information is no longer available to make the amendment). We may also deny your request if you would not be permitted to inspect or copy the information or the information is correct and complete.
2. *Right to an Accounting of How We Shared Your Information* – You have a right to receive a list of how we shared your information during the six (6) years prior to your request. Please note that we do not have to give you a list of the following information:
 - a. Any information collected prior to April 14, 2003.
 - b. Information used or shared for treatment, payment, or health care operations.
 - c. Information shared with you or pursuant to your written permission.
 - d. Information that is a part of a use or disclosure otherwise permitted.
 - e. Information shared with persons involved in your care or other notification purposes.
 - f. Information shared for national security or intelligence purposes.

- g. Information shared with correctional institutions, law enforcement officials in custodial situations, or health care monitoring agencies. We do not have to include these on the list we give you if they informed us that giving you this information would be likely to interfere with their activities.
- h. Information that was used or shared as part of a limited data set for research, public health, or health care operations.

You have a right to a paper copy of this Notice of Privacy Practices. If you would like more information about these rights, or if you would like to use these rights, please contact your Care Advisor.

Changes to This Notice of Privacy Practices

We have the right to change this Notice of Privacy Practices at any time in the future. Until such change is made, we have to follow this notice by law. After a change is made, the changed Notice will apply to all protected information that we maintain, regardless of when it was created or received. We will mail the notice to you within sixty (60) days of any major change. We will also put the current notice on our website.

Complaints

Let us know if you have any complaints about this Notice of Privacy Practices or how the Alliance handles your information:

Alliance CompleteCare
Attn: Member Grievances
P.O. Box 2818
Alameda, CA 94501
1-800-585-PLAN (7526)
TDD 1-888-747-1574

You may also let the Secretary of the U.S. Department of Health and Human Services know of your complaint. We will never ask you waive your rights to file a complaint. You will not be penalized or retaliated against for filing a complaint.

If you are an Alliance CompleteCare Member, you may also notify the Department of Health Services Privacy Officer at:

Privacy Officer
CA Department of Health Services
P.O. Box 942732
Sacramento, CA 94234-7320, or
(916) 255-5259 or (877) 735-2929 TTY/TDD