



NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

**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.**

Estos documentos están disponibles en español. Para pedir una copia, por favor llame al Departamento de Miembros al número de teléfono gratis 1-800-608-8158 (T.T.Y. 1-877-650-0952)

WHO WILL FOLLOW THIS NOTICE.

This notice describes our health plan's practices and that of:

- All employees, staff , subsidiaries, contractors, and other persons authorized to access your medical information;
and
- All regions and local offices.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We receive and create information about your health care while you are enrolled in Harmony Health Plan. We need this information to provide you with health plan services and to comply with certain legal requirements. This notice applies only to the health information used by Harmony Health Plan. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created or received in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; 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 uses or disclosures 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.

For Treatment. We may use medical information about you to help health care professionals provide you with health care while you are enrolled in Harmony Health Plan. We may disclose medical information about you to doctors, medical sites, hospitals, claim administrators, the state Medicaid agency, or other entities who may be involved in coordinating and managing your healthcare.

For Payment. We may use and disclose medical information about you so that we may obtain payment for our health plan services and so we can provide payment to the providers of your health care. We may also need to use or disclose medical information to determine your eligibility in the plan or to coordinate coverage or benefits. Payment activities also include the use of information to review requests to authorize coverage for services and to review their medical necessity.

For Health Care Operations. We may use and disclose medical information about you for health plan operations. These uses and disclosures are necessary to run the health plan and make sure that all of our member's receive medically necessary services. For example, we may use and disclose medical information to assess your satisfaction with our services or to review the qualifications of health care professionals and providers who provide care to our members. Also, your health care information may be disclosed to other entities for licensing or accreditation purposes.

Business Associates. There are some services provided in our organization through contracts with other companies or persons . If it is necessary, we may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, we require these business associates to appropriately safeguard your information.

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

Treatment Alternatives. We may use and disclose medical information to discuss possible treatment options or alternatives with you or your health care provider

Health-Related Benefits and Services. We may use and disclose medical information to tell you about benefits or services that may interest you or your health provider. We may communicate with you through newsletters or other means to tell you about health-related benefits, disease-management programs, wellness programs, or other activities and programs that may interest you.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a family member or close personal friend in certain situations if they are involved in your medical care. We may also give information to someone who helps pay for your care.

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. 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, so long as the medical information they review does not leave our offices.

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, in our judgment, it would be 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. If you are an organ donor, 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 Risks. We may disclose medical information about you for public health purposes. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- 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 Member 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.

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 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:

- 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;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who may have 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 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 release medical information about you to the correctional institution or law enforcement official. This release would be necessary (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.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

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

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about coverage of the care you receive. Usually, this includes enrollment, payment, claims adjudication, and case or medical

management records. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. We may also deny your request to inspect and copy in other 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 Harmony 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.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing on a form available from the Harmony Health Plan Compliance Department (1-800-608-8156). 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.

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 us during your enrollment in the plan.

To request an amendment, your request must be made in writing on a form available from the Harmony Health Plan Compliance Department (1-800-608-8156). 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 Harmony Health Plan;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

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. The list does not include uses and disclosures that have been made for treatment, payment, or healthcare operations, or disclosures that were made with your authorization or consent. To request this list or accounting of disclosures, you must submit your request in writing on a form available from the Harmony Health Plan Compliance Department (1-800-608-8156). 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.*** 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 on a form available from the Harmony Health Plan Compliance Department (1-800-608-8156). 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 a specific person .

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 on a form available from the Harmony Health Plan Compliance Department (1-800-608-8156). We will attempt to accommodate all reasonable requests, however, we are only *required* to accommodate reasonable requests if you state that the disclosure of some or all of the information would put you in danger. 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. You may obtain a copy of this notice at our website at www.harmonyhpi.com. To obtain a paper copy of this notice, contact the Harmony Health Plan Compliance Department (1-800-608-8156).

CHANGES TO THIS NOTICE

We reserve the right to change this notice. 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. The notice will contain the effective date at the top of the first page. We will provide you with a new notice within 60 days of any material revisions. We will notify you at least once every three years as to how you can request and obtain a notice of privacy practices.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Harmony Health Plan or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. To request a complaint form, contact the Harmony Health Plan Compliance Department (1-800-608-8156).

You will not be penalized for filing a complaint.

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, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. 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 health plan services that we provided to you.

If you have any questions about this notice, please contact the

Harmony Health Plan Compliance Department at 1-800-608-8156