



## NOTICE OF PRIVACY PRACTICES

Effective: January 22, 2007

**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.**

The Health Plan of San Joaquin (Health Plan) understands that health information about you is private. Health information includes personal facts like your name and address as well as information about your physical and mental health. This Notice tells you about the ways the Health Plan may use or share your health information. We also explain your rights and our duty to keep your health information protected.

**How the Health Plan may use or share your health information**

*For Treatment:* The Health Plan may use or share your health information to help your physician in your care. An example would be arranging for a hospital stay or care in your home.

*For Payment:* The Health Plan may use your health information to pay providers such as doctors and hospitals for your medical bills. We may also use or share your information to receive reimbursement by another agency that is responsible for payment.

*For Health Care Operations:* The Health Plan may use or share your health information for required plan activities. Examples are reviewing the qualifications of your doctor and allowing agencies to review our operations. We may also use or share your information to obey the State's Department of Managed Health Care rules if you file a grievance.

*Appointments:* The Health Plan may use or share your health information to remind you about an appointment.

*Disease Management:* If you have a chronic disease, the Health Plan may use your health information to tell you how to manage and monitor your symptoms. Examples of chronic diseases are asthma and diabetes. Taking part in the Health Plan's disease management program is your choice.

*Family and Friends:* The Health Plan must ask your permission to share your health information with a family member, friend, interpreter, or other person involved in your care. If you are too sick to give us permission, we will share your information with those people only if we feel that it is in your best interest.

*Government and Military Functions:* The Health Plan must share your health information with federal officials in charge of national security. One reason this may be needed is to protect the President of United States or other leaders. Your information may also be shared with certain military command people if you are, or were, in the Armed Forces or a foreign military.

*Health Oversight Activities:* The Healthy Kids Program must be inspected by the State's Department of Managed Health Care (DMHC). This is needed to make sure that the Health Plan is following DMHC rules. The Health Plan may share your health information with the DMHC so it can do its inspections.

*Public Health Reporting:* The Health Plan may use and share your health information with certain public health agencies. These agencies are allowed by law to collect and receive your information. The purpose is for preventing or reducing the spread of disease, injury or disability.

*Public Safety:* The Health Plan may use and share your health information to prevent or reduce a serious and future threat to your health and safety. Your information may also be used or shared to protect the health and safety of the public or another person. An example would be giving your information to a disaster relief agency that is trying to find you.

*Required by Law:* The Health Plan may use and share health information about you as required by law. For example, the Health Plan may share your information when we receive a subpoena or need to help police investigate a crime.

Note: The Healthy Kids Program does not collect information on the immigration status of parents/guardians who are seeking health care coverage for their children. The program cannot and will not provide information on the immigration status of such parents/guardians to the INS.

*Research:* The Health Plan may use or share your health information for research purposes. This can only be done after an institutional review board or privacy board approves the research. Research will not be approved unless procedures are in place to protect your health information.

*Workers' Compensation:* The Health Plan may use or share your health information to obey laws related to workers compensation.

## **Your health information rights**

You have the right to any of the following:

- Ask that the Health Plan limit how we use or share your health information. The Health Plan does not have to agree to your request. The Health Plan cannot agree if it would prevent us from doing the activities listed on this Notice.
- Ask that any information be sent to you at a different address than your home. You may also ask to be contacted in some other way, such as by phone.
- Ask to see or get a copy of your health information. The Health Plan does not have complete copies of your medical records. We encourage you to first ask your doctor, clinic, or hospital. If you need copies from the Health Plan, we may ask that you pay us for materials and postage.
- Ask that your health information be changed if you feel our records are not accurate or complete.
- Ask that we tell you how we shared your health information for reasons other than treatment, payment or health care operations.

To use any of these rights, please contact our Member Services Department at (209) 942-6320. A form will be mailed to you that must be filled out before we can consider your request. You may also call Member Services to get another copy of this Notice.

## **Duties of the Health Plan**

The Health Plan must do the following:

- Make sure that we keep your health information private.
- Give you this Notice of our legal duties and privacy practices as it relates to your health information.
- Follow the terms of this Notice and tell you in advance of any changes.
- Tell you in writing if we are not able to agree to any of your requests.
- Get your written permission to use or share your health information for reasons other than those listed in this Notice, or allowed by law. We will also need written permission if you want us to send your records to someone other than you. You may withdraw your permission at anytime in writing unless the Health Plan has already shared your information.

## **Complaints**

If you feel your privacy rights have not been honored, you may file a complaint with either the Health Plan's Privacy Officer or the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint.

**Contact information**

If you have a question about this notice, or wish to file a complaint, call or write:

Health Plan of San Joaquin  
ATTN: Privacy Officer  
7751 South Manthey Road  
French Camp, CA 95231-9802  
Phone: (209) 942-6300