



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 helps provide health care to you for the Medi-Cal program. We are required by state and federal law to protect your health information. And we must give you this Notice that tells how we may use and share your information and what your rights are.

Your information is personal and private.

We receive information about you from Medi-Cal after you become eligible and enroll in our health plan. We also receive medical information from your doctors, clinics, laboratories, and hospitals in order to approve and pay for your health care.

HOW WE MAY USE AND SHARE INFORMATION ABOUT YOU

Your information may be used or shared by the Health Plan only for a reason directly connected to the Medi-Cal Program. The information we use and share includes, but is not limited to:

- Your name,
- Address, and
- What kind of medical care you received

Some actions we take when we act as a Medi-Cal Health Plan include:

- Checking your eligibility and enrollment.
- Approving and paying for Medi-Cal services.
- Calling to remind you of your doctors' appointment.
- Investigating or prosecuting Medi-Cal cases (like fraud).
- Checking the quality of care that you receive.
- Coordinating the care you receive.
- Giving you information to help manage a serious illness.
- Sharing information with public health agencies when allowed by law.

Some Examples:

1. **For treatment:** You may need medical treatment that requires us to approve care in advance. We will share information with doctors, hospitals and others in order to get you the care you need.
2. **For payment:** The Health Plan reviews, approves, and pays for medical claims sent to us for your care. When we do this, we share information with the doctors, clinics, and others who bill us for your care. And we may forward bills to other health plans or organizations for payment.
3. **For health care operations:** We may use information in your health record to judge the quality of the health care you receive. We may also use this information in audits, fraud and abuse programs, planning, and general administration.

**OTHER USES FOR YOUR
HEALTH INFORMATION**

1. Sometimes a court will order us to give out your health information. We will also give information to a court, investigator, or lawyer if it is about the operation of Medi-Cal. This may involve fraud or actions to recover money from others, when Medi-Cal has paid your medical claims.
2. You or your doctor, hospital, and other health care providers may appeal decisions made about claims for your Medi-Cal care. Your health information may be used to make these appeal decisions.
3. We may also share your health information with agencies and organizations that check how our health plan is providing services.
4. We will also share your information with federal officials in rare instances involving national security, including protective services to the President of the United States.
5. We must share your health information with the federal government when it is checking on how we are meeting privacy rules.

**WHEN WRITTEN
PERMISSION IS NEEDED**

If we want to use your information for any reason not listed above, we must get your written permission. If you give us your permission, you may take it back in writing at any time.

WHAT ARE YOUR PRIVACY RIGHTS?

- You have the right to ask us not to use or share your personal health care information in the ways described above. We may not be able to agree to your request.
- You have the right to ask us to contact you only in writing or at a different address, post office box, or by telephone. We will accept reasonable requests when necessary to protect your safety.
- You and your personal representative have the right to get a copy of your health information. You will be sent a form to fill out and may be charged a fee for the cost of copying and mailing records. (We may keep you from seeing certain parts of your records for reasons allowed by law.)
Important: The Health Plan does not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor, clinic or hospital.
- You have the right to ask that information in your records be amended if it is not correct or complete. We may refuse your request if:
 - The information is not created or kept by the Health Plan, or
 - We believe it is correct and complete.If we do not make the changes you ask, you may ask that we review our decision. You may also send a statement saying why you disagree with our records and your statement will be kept with your records.
- When we share your health information after April 14, 2003, you have the right to request a list of:
 - Who we shared the information with,
 - When we shared it,
 - For what reasons, and
 - What information was shared.

Important: This list will not include information shared with you, with your permission, or for treatment, payment, or health plan operations as described on page two.

HOW DO YOU CONTACT US TO USE YOUR RIGHTS?

You have a right to request a paper copy of this Notice of Privacy Practices. Written notices are available in English and other languages. You can also get a copy in Braille or on audiocassette. You can also find this Notice on our website at www.hpsj.com. If you want to use any of the privacy rights explained in this Notice, please call or visit:

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| Health Plan of San Joaquin 7751 South Manthey Road French Camp, CA 95231-9802 (209) 942-6320 |
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COMPLAINTS

If you believe that we have not protected your privacy and wish to complain, you may file a complaint by calling or writing to our Privacy Officer at:

Health Plan of San Joaquin
ATTN: Privacy Officer
P.O. Box 30490
Stockton, CA 95213
(209) 942-6300 or (800) 430-7077 TTY/TDD

Or

Privacy Officer
c/o Office of Legal Services
CA Department of Health Services
1501 Capitol Avenue
P.O. Box 997413
MS 00100
Sacramento, CA 94234-7413
(916) 255-5259

OR you may contact the agency below:

Secretary of the U.S. Department of Health and Human Services
Office for Civil Rights
Attention: Regional Manager
50 United Nations Plaza, Room 322
San Francisco, CA 94102
For additional information, call (800) 368-1019
or
U.S. Office for Civil Rights at (866) OCR-PRIV (866-627-7748)
or (866) 788-4989 TTY

USE YOUR RIGHTS WITHOUT FEAR

The Health Plan cannot take away your health care benefits or take any action against you if you choose to file a complaint or use any of the privacy rights in this Notice.

CHANGES TO THE NOTICE OF PRIVACY PRACTICES

The Health Plan must obey the Notice currently in effect. We have the right to change these privacy practices. If we do make changes after April 14, 2003, we will revise this Notice and send it to you right away.

QUESTIONS

If you have any questions about this Notice and want further information, please contact our Member Services department at the address and phone number on page three.