

POLICY AND PROCEDURE	
Policy # and TITLE: HPA16 Notice of Privacy Practices	
Primary Policy owner: Compliance	POLICY #: HPA16
Impacted/Secondary policy owner: Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) <input checked="" type="checkbox"/> All Departments 2) <input type="checkbox"/> Behavioral Health (BH) 3) <input type="checkbox"/> Benefits Administration (BA) 4) <input type="checkbox"/> Care Management (CM) 5) <input type="checkbox"/> Claims (CLMS) 6) <input type="checkbox"/> Community Marketplace & Member Engagement (MAR) 7) <input type="checkbox"/> Compliance (CMP/HPA) 8) <input type="checkbox"/> Configuration (CFG) 9) <input type="checkbox"/> Provider Contracting (CONT) 10) <input type="checkbox"/> Cultural & Linguistics (CL) 11) <input type="checkbox"/> Customer Service (CS)	12) <input type="checkbox"/> Facilities (FAC) 13) <input type="checkbox"/> Finance (FIN) 14) <input type="checkbox"/> Health Equity (HEQ) 15) <input type="checkbox"/> Human Resources (HR) 16) <input type="checkbox"/> Information Technology / Core Systems (IT) 17) <input type="checkbox"/> Pharmacy (PH) 18) <input type="checkbox"/> Provider Networks (PRO) 19) <input type="checkbox"/> Quality Management (QM/GRV/HE) 20) <input type="checkbox"/> Utilization Management (UM)
PRODUCT TYPE: <input checked="" type="checkbox"/> Medi-Cal	Supersedes Policy Number: Policy # and Policy Title

I. PURPOSE

The purpose of this policy is to outline San Joaquin County Health Commission (“Commission”), operating and doing business as Health Plan of San Joaquin and Mountain Valley Health Plan (“Health Plan”)’s privacy practices and how the Plan uses personal information.

II. POLICY

A. The Health Plan maintains a Notice of Privacy Practices (NPP) in accordance with applicable federal and state laws and in compliance

with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules.

- B. It is the policy of the Health Plan that our members are provided with an NPP that describes how the Health Plan and any vendor, Subcontractors, Downstream Subcontractors, and Network Providers, may use and disclose their Protected Health Information (PHI), their rights with respect to PHI, and the legal obligations of the Health Plan in accordance with the HIPAA Regulations.

III. PROCEDURE

- A. Rights to NPP: The Health Plan's members have the right to adequate notice of the Uses and Disclosures of PHI that may be made by the Health Plan and its subcontractors. This includes but is not limited to the health Plan's legal duties with respect to personal health information (PHI) and personally identifiable information (PII). Exceptions for treatment, payment, and health plan operations.
1. The Health Plan sends a notice to members informing them of their rights “..to adequate notice of the uses and disclosures of protected health information that may be made by the covered entity, and of the individual's rights and the covered entity's legal duties with respect to protected health information” (45 CFR §164.520).
 2. The notice is mailed to all active members upon enrollment and no less than once every three (3) years.
 3. The Health Plan's [Privacy Statement](#) and Notice of Privacy Practices is available online for public view.
- B. Contents of NPP: The NPP is written in plain language, and incorporates cultural and linguistic standards set forth by DHCS for Medi-Cal. The NPP includes the following elements:
1. A tagline to describe how members can request a copy of the NPP translated into their preferred language.
 2. A description of the types of uses and disclosure that require an authorization, member, or individual rights, as well as the duties of the Health Plan. For example, the Health Plan may use or share PHI or PII for treatment, payment, and health care operations (TPO)

related to the Medi Cal program. The Health Plan may also share information with our subcontractors and business associates as well as a health information exchange. Health information is also exchanged with providers involved in our member's care.

3. A description of use or disclosure for any purpose which may be prohibited or materially limited.
 4. A description of the types of uses and disclosures that require an authorization (i.e., for psychotherapy notes, marketing, and the sale of PHI), a statement that other uses and disclosures will be made only with the member's written authorization, and a statement that the member may revoke an authorization.
 5. Members may submit a complaint to the Health Plan and to the Secretary of the Department of Health and Human Services (HHS) if they believe their privacy rights have been violated, using the Health Plan's member grievance procedure and a statement that the member will not be retaliated against for filing a complaint.
 6. The NPP contains the title, and how to contact the Health Plan's Chief Compliance Officer for further information.
 7. The NPP contains the date on which the NPP is first in effect, which may not be earlier than the date on which the NPP is printed or otherwise published.
- C. Member Rights: The NPP contains a statement of the members' rights with respect to PHI and a brief description of how members may exercise their rights, as follows:
1. To request and receive a written version of the NPP at any time, in the language of their choice with the understanding that it may take some time to translate by an outside vendor.
 2. To request restrictions on certain uses and disclosures of PHI, including that the Health Plan is not required to agree to a requested restriction, except as noted by HIPAA Privacy rules.
 3. To receive confidential communications of PHI, as applicable.
 4. The right to inspect and copy PHI

5. The right to amend PHI
 6. The right to receive an accounting of disclosures of PHI
 7. To receive an electronic or paper copy of the NPP upon request.
- D. In accordance with the DHCS contract and privacy laws, the Health Plan will make the NPP available upon request to the member as follows:
1. No later than the compliance date for the Health Plan, to members covered by the plan.
 2. Thereafter, at the time of enrollment for new members
 3. Within 60 days of a material revision to the NPP, to all members.
 4. No less frequently than once every three years, the Health Plan will notify members of the availability of the NPP and how to obtain the NPP.
- E. The Chief Compliance Officer or his/her designee is responsible to review this policy a minimum of annually and revise as necessary, ensuring version control and compliance with applicable laws and contract requirements.
1. If revisions are made to the NPP, the Health Plan will promptly revise and distribute, or make available, its NPP whenever there is a material change to the uses or disclosures, the member's rights, the Health Plan's legal duties, or other privacy practices stated in the NPP. Except when required by law, a material change to any term of the NPP may not be implemented prior to the effective date of the NPP in which such material change is reflected.
- F. In accordance with the Health Plan's Code of Conduct and policies, any knowledge of a violation of this policy must be reported to the Compliance Privacy Officer as cited in policy HPA07. Violations of this policy will result in imposition of sanctions in accordance with the Health Plan's HPA and HR sanctions policy. This may include suspension or loss of the violator's use privileges, with respect to the Health Plan's information systems, termination of employment or volunteer, intern, contractor status with the Health Plan. Additional civil, criminal, and equitable remedies may apply.

G. The Chief Compliance Officer (CCO) is responsible to review this policy a minimum of annually and revise as necessary, ensuring version control and compliance with applicable laws and contract requirements. The CCO is responsible for ensuring this version of the policy, together with any forms and other documentation created or obtained in accordance with the CMP02 Records Management and Retention policy.

IV. ATTACHMENT(S)

1. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
2. [Glossary of Terms Link](#)
3. [HPSJ-Notice-of-Privacy-Practices-English-20221012.pdf](#)
4. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)
5. [Privacy Statement \(hpsj.com\)](#)

V. REFERENCES

- A. 22 CCR §53895(a) and §53896
- B. 45 CFR §164.520 (a) – Notice of Privacy Practices
- C. 45 C.F.R. §164.520(b) – Content of Notice.
- D. 45 C.F.R. §164.520(c) – Provision of Notice.
- E. 45 C.F.R. §164.520(d) – Joint notice by separate covered entities.
- F. 45 C.F.R. §164.520(e) – Documentation.
- G. 45 CFR §164.530(j) – Retention Period
- H. 45 CFR Parts §160, §162 and §164 HIPAA Regulations
- I. California Civil Code §1798.29 – Information Practices Act of 1977
- J. California Civil Code §56 - §56.37 – Confidentiality of Medical Information Act
- K. CMP02 Records Management and Retention
- L. DHCS Contract Exhibit G. – Health Insurance Portability and Accountability Act
- M. DHCS Contract, Exhibit A, Attachment 9, §14(B)(2) – Access and Availability

- N. Health Information Technology for Economic and Clinical Health Act (HITECH Act)
- O. HPA07 Reporting Suspected Security Incidents and Breaches
- P. HPA09 Workforce Sanctions
- Q. HPA11 Changes in HIPAA Law
- R. HPA21 Right of member to request restricted use or disclosure of PHI
- S. HPA34 Use of Member PHI
- T. HPA42 Safeguarding PHI
- U. Human Resources disciplinary policies
- V. Knox-Keene Act §1364.5
- W. Welfare & Institutions Code §14100.2

VI. REVISION HISTORY

**Version 001 as of 01/01/2023*

Version*	Revision Summary	Date
000	03/03, 04/05, 03/12, 06/12, 07/12, 09/14, 04/16, 11/16, 06/17, 11/18, 07/20, 04/21, 11/22, 12/22	N/A
001	Moved HPA16 to new template	06/07/2023
002		
003		
Initial Effective Date: 04/01/2003		

VII. Committee Review and Approval

Committee Name	Version	Date
Compliance Committee	001	8/17/2023
<ul style="list-style-type: none"> • Privacy & Security Oversight Committee (PSOC) 	001	6/6/2023
<ul style="list-style-type: none"> • Program Integrity Committee 		
<ul style="list-style-type: none"> • Audits & Oversight Committee 		
<ul style="list-style-type: none"> • Policy Review 	001	6/21/2023
Quality and Utilization Management		

<ul style="list-style-type: none"> Quality Operations Committee 		
<ul style="list-style-type: none"> Grievance 		

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)	Travis Romo	001	5/18/2023
Department of Managed Care (DMHC)			

IX. Approval signature*

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

*Signatures are on file, will not be on the published copy