

POLICY AND PROCEDURE	
Policy # and TITLE: HPA16 Management of Notice of Privacy Practices and Privacy Statement	
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 & Social Services (BH/SS) 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"/> Human Resources (HR) 15) <input type="checkbox"/> Information Technology / Core Systems (IT) 16) <input type="checkbox"/> Pharmacy (PH) 17) <input type="checkbox"/> Provider Networks (PRO) 18) <input type="checkbox"/> QI Health Equity (GRV/HE/HEQ/PHM/QM) 19) <input type="checkbox"/> Utilization Management (UM) 20) <input type="checkbox"/> Procurement (PRM) 21) <input type="checkbox"/> Administration (SAF/BC/EM) 22) <input type="checkbox"/> Medical Management (MM)
PRODUCT TYPE: <input checked="" type="checkbox"/> Medi-Cal	Supersedes Policy Number: N/A

I. PURPOSE

To outline the management of Health Plan of San Joaquin and Mountain Valley Health Plan's ("Health Plan") Notice of Privacy Practices (NPP) and Privacy Statement.

II. POLICY

A. Health Plan creates and maintains NPP and Privacy Statement

regularly and makes NPP and the Privacy Statement available to Health Plan's members and general public according to all applicable State and Federal laws and regulations.

1. Health Plan maintains an NPP and a Privacy Statement in accordance with all applicable federal and state laws and in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules.¹
2. Members are provided with an NPP that describes how Health Plan and any Third Party, may use and disclose their Protected Health Information (PHI) and/or Personal Information (PI) ("PHI/PI"), their rights with respect to PHI/PI, and the legal obligations of Health Plan in accordance with HIPAA and all other applicable Regulations.
3. Health Plan's Privacy Statement and Notice of Privacy Practices are available online for public view.
4. When revisions are made to the NPP or Privacy Statement, Health Plan promptly distributes, and makes available, its NPP and Privacy Statement.
5. 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. Additionally, materials to the NPP are posted to the website and mailed to members prior to the effective date.
6. The NPP along with Privacy Statement is reviewed and updated at least annually or when there are any ad hoc and applicable regulatory changes.
7. The NPP is written in plain language and incorporates cultural and linguistic standards set forth by all applicable laws and regulations.
8. Members may submit a complaint to 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 Health Plan's member grievance procedure and a statement that the member shall not be retaliated against for filing a complaint.

¹ 42 CFR - Health Insurance Portability and Accountability Act of 1996 (HIPAA)

9. The NPP, Privacy Statement, and this policy are reviewed annually by the Program Integrity Unit (PIU) to identify and make the necessary revisions when needed. All changes to these documents are approved by the Privacy and Security Oversight Council (PSOC) and Policy Review Committee (PRC).
10. Ad hoc, or out of cycle, edits to the NPP and Privacy Statement are made as needed. All changes to these documents are approved by both PSOC and PRC.
11. The Chief Compliance Officer or his/her designee is responsible for reviewing this policy a minimum of annually and revise as necessary, ensuring version control and compliance with applicable laws and contract requirements.

III. PROCEDURE

- A. The NPP is mailed to new members within 30 days of enrollment and no less than once every three (3) years.²
- B. The NPP and Privacy Statement are posted to Health Plan's public-facing website (<https://www.hpsj.com>).
- C. The NPP is also included in the Evidence of Coverage, and other member informing documents per regulatory schedules and requirements.
- D. The CCO is responsible for ensuring this policy, together with any forms and other documentation created or obtained follow CMP02 Records and Retention Policy.³

IV. ATTACHMENT(S)

- A. [Attachment A: Health Plan's Notice of Privacy Practices](#)
- B. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
- C. [Glossary of Terms Link](#)

² 45 CFR §164.520(a) – Notice of Privacy Practices

³ Policy CMP02 Records and Retention

D. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)

V. REFERENCES

- A. 42 CFR Health Insurance Portability and Accountability Act of 1996
- 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 C.F.R §164.530(j) – Retention Period
- H. California Civil Code §1798.29 – Information Practices Act of 1977
- I. CMP02 Records and Retention
- J. Health Information Technology for Economic and Clinical Health Act (HITECH Act)
- K. HPA07 Reporting and Mitigating Suspected Privacy & Security Incidents and Breaches
- L. HPA09 Health Plan Workforce Disciplinary Action on Privacy and Security Rules Violations
- M. HPA11 Changes in HIPAA Law
- N. HPA34 Use of Member PHI, PII, and Confidential Information
- O. DHCS Contract Exhibit G. – Health Insurance Portability and Accountability Act
- P. DHCS Contract, Exhibit A, Attachment 9, §14(B)(2) – Access and Availability

VI. REVISION HISTORY

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	Proofread and revised.	05/02/2024

003	Added content for Sensitive Services and for NCOA DEI accreditation	08/15/2024
004	Edited policy content.	09/23/2024
Initial Effective Date: 04/01/2003		

VII. COMMITTEE REVIEW AND APPROVAL

Committee Name	Version	Date
Compliance Committee	004	02/120/2025
<ul style="list-style-type: none"> Privacy & Security Oversight Committee (PSOC) 	004	10/18/2024
<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 	004	11/27/2024
Quality Improvement Health Equity Committee (QIHEC)		
<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)	DHCS Contract Manager File & Use	004	12/20/2024
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

Attachment A: Health Plan’s Notice of Privacy Practices

Notice of
Privacy Practices



This notice describes how your medical and personal information, including information about your race/ethnicity, language, gender identity and sexual orientation may be used and disclosed. This notice also tells you how you can get access to this information. **Please review it carefully.**

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

<p>Get a copy of your health and claims records</p>	<ul style="list-style-type: none"> You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
<p>Ask us to correct health and claims records</p>	<ul style="list-style-type: none"> You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but <u>we</u>’ll tell you why in writing within 60 days.
<p>Request confidential communications</p>	<ul style="list-style-type: none"> You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests, and must say “yes” if you tell <u>us</u> you would be in danger if we do not. We will process all confidential communication changes requested by you within 7 calendar days of receiving your request through electronic/telephonic communication, and within 14 calendar days of receiving your request through first class mail. We will send you a letter acknowledging the receipt of your request. If you are a senior person with disability (SPD) and have a physical or mental incapacity, you do not need to complete an authorization form.
<p>Ask us to limit what we share about you</p>	<ul style="list-style-type: none"> You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it will affect your care.

<p>Get a list of those with whom we've shared information</p>	<ul style="list-style-type: none"> You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment and healthcare operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
<p>Get a copy of this privacy notice</p>	<ul style="list-style-type: none"> You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
<p>Choose someone to act for you</p>	<ul style="list-style-type: none"> If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
<p>File a complaint if you feel your rights are violated</p>	<ul style="list-style-type: none"> You can complain if you feel we have violated your rights by contacting us using the information on the back page. You can file a complaint with U.S. Department of Health and Human Services Office D.C. 20201, calling 1-877-696-6755, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints We will not retaliate against you for filing a complaint.
<p>Request Your Health Information Be Sent to an Application of Your Choice</p>	<ul style="list-style-type: none"> Interoperability Rules require us to provide up to five years of certain health care data when you request it directly with us or through a third-party application. When you request it through a third-party application, Health Plan reserves the right to approve the third-party application based on security analysis. You can make this request directly with us by accessing the Request to Access Health Information form online (hpsj.com), requesting it over the phone with a Customer Service Representative, or on a walk-in basis. You must complete the entire form and mail or bring it to the Health Plan's office located in 7751 South Mantney Road, French Camp, CA 95231. You may also fax the form to: (209) 461-2550 or send to Health Plan through a secured email. We are not responsible for the third-party application that you select and are not responsible for your data once transferred to the third-party application per your request

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care

Share information in a disaster relief situation If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission for the following:

- Marketing purposes
- Sale of your information

Also, we will not use your information in the following ways:

- Use race/ethnicity, language, gender identity or sexual orientation to make decisions for underwriting, denial of coverage or require you to give up your rights to enroll in or be covered under Health Plan.
- Release your medical or personal information about abortion services if the request comes from another state, even if it is a subpoena. You are protected by the California Reproductive Privacy Act.
- Release medical or personal information for children who receive gender-affirming health or mental health care in response to any civil, foreign subpoena, or out of state action. Disclose information about substance use disorder (SUD) treatment to a civil, criminal, administrative, or legislative proceedings against a member, without the members consent or a court order.
- Share your information on services related to sexual and reproductive health, sexually transmitted infections and diseases, and intimate partner violence without your expressive written authorization, except for treatment, payment and operations.

Our Uses and Disclosure

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

<p>Help manage the health care treatment you receive</p>	<ul style="list-style-type: none"> • We can use your health information and share it with professionals who are treating you. 	<p><i>Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.</i></p>
<p>Run our organization</p>	<ul style="list-style-type: none"> • We can use and disclose your information to run our 	<p><i>Example: We use health information about you to develop better services for you.</i></p>

	<p>organization and contact you when necessary.</p> <ul style="list-style-type: none"> We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans. 	
Pay for your health services	<ul style="list-style-type: none"> We can use and disclose your health information as we pay for your health services. 	<i>Example: We share information about you with your dental plan to coordinate payment for your dental work.</i>
Administer your plan	<ul style="list-style-type: none"> We may disclose your health information to your health plan sponsor for plan administration 	<i>Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.</i>

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues	<ul style="list-style-type: none"> We can share health information about you for certain situations such as: <ul style="list-style-type: none"> Preventing disease Helping with product recalls Reporting adverse reactions to medications Reporting suspected abuse, neglect, or domestic violence Preventing or reducing a serious threat to anyone's health or safety
Do research	<ul style="list-style-type: none"> We can use or share your information for health research
Comply with the law	<ul style="list-style-type: none"> We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests and work with a	<ul style="list-style-type: none"> We can share health information about you with organ procurement organizations We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

medical examiner or funeral director	
Address worker's compensation, law enforcement, and other government requests	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> • For worker's compensation claims • For law enforcement purposes or with law enforcement officials • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective service
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> • We can share health information about in response to a court or administrative order, or in response to a subpoena

Our Responsibilities

- We are required by law to maintain the privacy and security of your personal and protected health information
- We will let you know promptly if a breach occurs that may have comprised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice and give you a copy of it
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

This Notice of Privacy Practices applies to:

Health Plan of San Joaquin/Mountain Valley Health Plan, 7751 South Mantney Road, French Camp, CA 95231

Contact our Compliance Department for any questions or concerns regarding your privacy at piu@hpsj.com or 1-888-936-PLAN (7526) TTY 711 or visit www.hpsj-mvhp.org.

For More Information



Please contact us to request a copy of this notice in other languages or to get a copy in another format, such as large print or braille.

The effective date of this notice is December 1, 2024.