

# Notice of Privacy Practices



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

## Your Rights

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

<b>Get a copy of your health and claims records</b>	<ul style="list-style-type: none"><li>• You can ask to see or get a copy of your records and other health information we have about you. Ask us how to do this.</li><li>• 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 cost-based fee.</li></ul>
<b>Ask us to correct health and</b>	<ul style="list-style-type: none"><li>• You can ask us to correct your health and claims records if you think they are not correct or not complete.</li></ul>

<b>claims records</b>	<ul style="list-style-type: none"> <li>• Ask us how to do this. We may say “no” to your request, but will tell you why in writing within 60 days.</li> </ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"> <li>• You can ask us to contact you in a specific way (for example, home or office phone) or mail to a different address.</li> <li>• We will consider all reasonable requests. We will say “yes” if you tell us you would be in danger if we do not.</li> <li>• We will process all confidential communication changes requested by you. This will happen within 7 calendar days of getting your written request. Within 14 calendar days of getting your request through first class mail. We will send you a letter letting you know we got your request.</li> <li>• 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.</li> </ul>
<b>Ask us to limit what we share about you</b>	<ul style="list-style-type: none"> <li>• You can ask us <b>not</b> to use or share certain health information for treatment, payment, or our operations.</li> </ul>

	<ul style="list-style-type: none"> <li>• We are not required to agree to your request, and we may say “no” if it will affect your care.</li> </ul>
<b>Get a list of those with whom we’ve shared information</b>	<ul style="list-style-type: none"> <li>• You can ask for a list (accounting) of the times we've shared your health information. This will include times six years prior to the date you ask, who we shared it with, and why.</li> <li>• We will include all disclosures except for those about treatment, payment and healthcare operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free. We will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul>
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"> <li>• You can ask for a paper copy of this notice at any time. Even if you have agreed to get the notice electronically, we will provide you with a paper copy promptly.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

	<ul style="list-style-type: none"> <li>• We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"> <li>• You can complain if you feel we have violated your rights. Contact us using the information on the last page.</li> <li>• You can file a complaint with U.S. Department of Health and Human Services Office D.C. 20201, calling <b>1-877-696-6755</b>, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints">www.hhs.gov/ocr/privacy/hipaa/complaints</a>.</li> <li>• We will not retaliate against you for filing a complaint.</li> </ul>
<b>Request Your Health Information to be Sent to an Application of Your Choice</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• When you request it through a third-party application, Health Plan reserves the right to approve the third-party application based on security analysis.</li> <li>• You can make this request directly with us by accessing the Request to Access Health Information form</li> </ul>

	<p>online (<a href="http://www.hpsj-mvhp.org">www.hpsj-mvhp.org</a>), requesting it over the phone with a Customer Service Representative, or on a walk-in basis.</p> <ul style="list-style-type: none"><li>• You must complete the entire form and mail or bring it to Health Plan's office located in 7751 South Manthey Road, French Camp, CA 95231. You may also fax the form to: <b>1-209-461-2550</b> or send it to Health Plan through a secured email.</li><li>• We are not responsible for the third-party application that you select. We are not responsible for your data once transferred to the third-party application.</li></ul>
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## **Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a preference for how we share your information in the situations 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 cannot 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 proceeding against a member, without the member's 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.

<b>Help manage the health care treatment you receive</b>	<ul style="list-style-type: none"><li>• We can use your health information and share it with professionals who are treating you.</li></ul>	<i><b>Example:</b> A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.</i>
<b>Run our organization</b>	<ul style="list-style-type: none"><li>• We can use and disclose your information to run our organization and contact you when necessary.</li><li>• We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This</li></ul>	<i><b>Example:</b> We use health information about you to develop better services for you.</i>



	does not apply to long term care plans.	
<b>Pay for your health services</b>	<ul style="list-style-type: none"> <li>• We can use and disclose your health information as we pay for your health services.</li> </ul>	<i><b>Example:</b> We share information about you with your dental plan to coordinate payment for your dental work.</i>
<b>Administer your plan</b>	<ul style="list-style-type: none"> <li>• We may disclose your health information to your health plan sponsor for plan administration.</li> </ul>	<i><b>Example:</b> 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 must 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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"><li>• We can share health information about you for certain situations such as:<ul style="list-style-type: none"><li>○ Preventing disease</li><li>○ Helping with product recalls</li><li>○ Reporting adverse reactions to medications</li><li>○ Reporting suspected abuse, neglect, or domestic violence</li><li>○ Preventing or reducing a serious threat to anyone's health or safety</li></ul></li></ul>
<b>Do research</b>	<ul style="list-style-type: none"><li>• We can use or share your information for health research.</li></ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"><li>• 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.</li></ul>
<b>Respond to organ and tissue donation requests and</b>	<ul style="list-style-type: none"><li>• We can share health information about you with organ procurement organizations.</li></ul>

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

## **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](http://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html)

## **How We Protect Your Protected Health Information**

Health Plan is committed to protecting your PHI. We keep the PHI of our current and former members private and secure as required by law and accreditation standards. We follow these procedures to protect your PHI:

- We use physical and electronic safeguards.
- We regularly train our staff in the appropriate use and sharing of PHI.
- We secure our offices and lock our desks and filing cabinets.
- We protect our computers and electronic devices with passwords and only give access to PHI to staff that need it to do their jobs.
- Our Business Partners are also required to protect the privacy of any PHI we share with them, and they are not allowed to give PHI to others except as allowable

by law, and by our Notice of Privacy Practices.

## **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 Manthey Road,  
French Camp, CA 95231

Contact our Customer Service Department for any questions or concerns regarding your privacy at [piu@hpsj.com](mailto:piu@hpsj.com) or **1-888-936-PLAN (7526) TTY 711** (Medi-Cal) or **1-888-361-PLAN (7526)** (D-SNP), or visit [www.hpsj-mvhp.org](http://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 November 1, 2025.