



## NOTICE OF PRIVACY PRACTICES

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.***

Dear Member/Patient,

Information about your health and money is private. This information is called protected health information (PHI). The law says we must keep this kind of information safe for our members and patients. That means if you're a member or patient right now or if you used to be, your information is safe.

Please let us help if you have any questions or concerns about this notice or your privacy rights.

Sincerely,

Privacy Office  
(562) 677-2402

### **What Is Protected Health Information (PHI)**

PHI is information that may identify you and is about your physical or mental health. It can be about you in the past, right now, or in the future. We may collect PHI about you from other persons or entities. These may include doctors, hospitals, or other health plans or insurance companies.

### **When We Don't Need Your OK**

Sometimes, we can use or share your PHI without your OK. Some examples of how we can use or share your PHI:

#### *For your medical care ("treatment"):*

- To provide the care, medicine, and services you need
- To help doctors, hospitals, and others get you the care you need

#### *To pay for your medical care ("payment"):*

- To share information with the doctors, clinics, and others who bill us for your care
- To get payment for the medical care you receive from us

#### *For health care business reasons ("health care operations"):*

- To find ways to make our programs better
- To help with audits and fraud and abuse prevention programs
- To help with everyday work

There are other ways when we can or the law says that we have to, use or share your PHI:

MMPNOPPAUG2017  
H6229\_18\_32887\_I

- To help the police and other people who make sure others follow laws
- To help public health officials or the FDA keep people from getting sick or hurt
- To report abuse and neglect
- To help the court when we're asked
- To answer legal documents
- To give information to health oversight agencies for things like audits or exams
- To give information to government programs that run public benefits for things like enrollment or finding out if you qualify
- To help coroners, medical examiners, or funeral directors to identify you and your cause of death
- To help when you've asked to give your body parts to science
- For research
- To keep you or others from getting sick or badly hurt
- To your school when the law says you need proof that you were immunized
- To help people who work for the government with certain jobs
- To give information to workers' compensation if you get sick or hurt at work
- When the law says we have to

### **When We Need Your OK**

In most cases, we must get your OK in writing before we use or share your PHI for all but your care, payment, everyday business, research, or other things listed below. We have to get your written OK before we share psychotherapy notes from your doctor about you. We will also get your written OK before we sell your PHI or use or share it for marketing.

You may tell us in writing that you want us to stop sharing your PHI. We can't take back what we

used or shared when we had your OK. But we will stop using or sharing your PHI in the future.

We can share your PHI with your family or a person you choose who helps with or pays for your health care if you tell us it's OK.

### **What Do We Have to Do?**

We must tell you what the law says we have to do about privacy. If a state law says we have to do more than what we've said here, we'll follow those rules.

We must keep your PHI private except as we've said in this notice. This notice tells you who can see your PHI. It tells you when we have to ask for your OK before we share it. It tells you when we can share it without your OK. It also tells you what rights you have to see and change your information. We must do what we say we'll do in this notice.

We may make changes to this notice or the ways we keep your PHI safe. If we make changes, we will let you know. We may let you know about the changes in a newsletter. We may also send you a new notice. The new changes will apply to any PHI we already have about you. The changes will also apply to any PHI we may get in the future about you.

### **How We Protect Your PHI**

To protect PHI, we lock our offices and files. We also destroy paper with health information so others can't get it.

We use passwords so only the right people can get into our computers. We also use special programs to watch our systems.

We make rules for keeping your information safe.

MMPNOPPAUG2017  
H6229\_18\_32887\_I

People who work for us are trained to follow these rules when they use or share your PHI. If we think your PHI has been breached, we will let you know.

### **We May Contact You**

We may use your PHI to let you know about other benefits available to you. We also may let you know about health-related products or services that may be useful to you. We will limit how we use this information.

We, along with our affiliates and/or vendors, may call or text any phone numbers you give to us, including a cell phone number. We may do so using an automatic telephone dialing system and/or a pre-recorded message. Without limit, these calls or texts may be about treatment options, other health-related benefits and services, enrollment, payment, or billing.

### **What are Your Rights?**

You can ask us to not share your PHI. Send your request in writing to the Privacy Office. If sharing your PHI is required by law or for our everyday work we won't be able to meet with your request.

If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with your health plan.

You can ask us to send PHI to a different address than the one we have for you or in some other way. We can do this if sending it to the address we have for you may put you in danger. Send your request in writing to the Privacy Office.

You can ask to look at your PHI and get a copy of it. To get a copy or review your PHI send a written notice to the Privacy Office. If there is a

cost for your request we will let you know. By law, there are some parts of your record you may not be able to see.

You can ask us to change your medical record if you think something is wrong or missing. To make a change send a written notice to the Privacy Officer. You must include a reason why you think your record should be changed. In some cases, we may say no to your request.

You can ask us to tell you all the times over the past six years we've shared your PHI with someone else. The list will not include the times we've shared it for health care, payment, everyday health care business, or some other reasons we didn't list here.

You can ask for a paper copy of this notice at any time, even if you asked for this one by e-mail.

You can get forms for sending your written requests from our Privacy Office at:

Privacy Office  
12900 Park Plaza Dr., Suite 150  
Mail Stop CA4600-6170  
Cerritos, CA 90703

Or by telephone at:  
(562) 677-2402

### **Other Important Rights and Information**

We cannot use or disclose your genetic information to:

- Issue health insurance
- Decide how much to charge for services
- Determine benefits

We may receive race, ethnicity, and language

information about you. We protect this information as described in this notice.

We may use race, ethnicity, and language information to:

- Make sure you get the care you need
- Create programs to improve health outcomes
- Create and send health education information
- Let your health care providers know about your language needs
- Provide translation services to you

We do not use this information to:

- Issue health insurance
- Decide how much to charge for services
- Determine benefits
- Disclose to users who are not approved

If you are a minor and you give your OK to your health care provider to treat you, you can contact the Privacy Office if you want to keep access or sharing of your record private.

#### **Breast reconstruction surgery benefits.**

The health plan benefits follow the Women's Health and Cancer Rights Act of 1998. If you ever need a benefit-covered mastectomy, we hope it will give you some peace of mind to know that we comply with this Act. The Act allows for:

- Reconstruction of the breast(s) that underwent a covered mastectomy.
- Surgery and reconstruction of the other breast to restore an even appearance.
- Prostheses and coverage for physical problems linked to all stages of a covered mastectomy, including lymphedema.

All appropriate benefit conditions will apply, including any out-of-pocket costs like deductibles or co-pays. Call the member services number on the back of your ID card for help.

For more information about the Women's Health

and Cancer Rights Act, visit the federal Department of Labor website at:

[dol.gov/ebsa/publications/whcra.html](http://dol.gov/ebsa/publications/whcra.html).

#### **Complaints**

We're here to help. If you feel your PHI hasn't been kept safe, you may call the Member Services number on the back of your identification card. You can also call the Privacy Office or the Department of Health and Human Services. Nothing bad will happen to you if you complain.

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201  
Phone: (800) 368-1019  
Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

#### **Effective Date.**

The most recent revision date of this notice is December 31, 2017.

#### **Contact Information**

If you have questions or would like more information about our privacy rules, call or write our Privacy Office at:

Privacy Office  
12900 Park Plaza Dr., Suite 150  
Mail Stop CA4600-6170  
Cerritos, CA 90703  
(562) 677-2402

#### **It's important we treat you fairly**

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For

MMPNOPPAUG2017  
H6229\_18\_32887\_I

people whose primary language is other than English, we offer free language assistance services. We offer interpreters services and translated materials. For these services call the Member Services. Call the number on your ID card (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint. This is also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, 12900 Park Plaza Drive, Suite 150, Mailstop 6150 Cerritos, CA 90703-9329. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You can send it to 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call them at 1-800-368-1019 (TDD: 1- 800-537-7697) or online at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>.

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That's why we follow Federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call Customer Service for help 1-888-350-3447 (TTY: 711).

If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, 12900 Park Plaza Drive, Suite 150, Mailstop 6150 Cerritos, CA 90703-9329. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TTY: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources>

### **Get help in your language**

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the Customer Service 1-888-350-3447 (TTY: 711).

If you speak English, language assistance services, free of charge, are available to you. Call 1-888-350-3447 (TTY: 711), Monday through Friday from 8:00 a.m. to 8:00 p.m. The call is free.

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-350-3447 (TTY: 711), de lunes a viernes de 8:00 a.m. a 8:00 p.m. Esta llamada es gratuita.

Spanish

如果您講中文，將可提供您免費的語言協助服務。請致電 1-888-350-3447 (TTY: 711)，週一至週五上午 8 點至下午 8 點。此為免費電話。

Chinese

Nếu quý vị nói tiếng Việt, chúng tôi có thể cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Hãy gọi số 1-888-350-3447 (TTY: 711), thứ Hai đến thứ Sáu, từ 8 giờ sáng đến 8 giờ tối. Cuộc gọi này miễn phí.

Vietnamese

Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-350-3447 (TTY: 711), Lunes hanggang Biyernes mula 8 a.m. hanggang 8 p.m. Libre ang tawag.

Tagalog

한국어를 사용하시는 경우, 통역 서비스를 무료로 이용하실 수 있습니다. 1-888-350-3447 (TTY: 771) 월요일부터 금요일까지 오전 8 시에서 오후 8 시 사이에 통화 가능합니다. 통화는 무료입니다.

Korean

MMPNOPPAUG2017  
H6229\_18\_32887\_I

Եթե Ղուր խոսում եք հայերեն, սպաս լեզվական աջակցություն ծառայություններն անվճար մատչելի են Ձեզ: Զանգահարեք՝ 1-888-350-3447 (TTY: 711), երկուշաբթիից ուրբաթ՝ 08:00-20:00: Այս զանգն անվճար է:

Armenian

اگر به زبان فارسی گفتگو می کنید، خدمات زبانی بصورت رایگان به شما ارائه می شود. با شماره 1-888-350-3447 (TTY: 711) تماس بگیرید. از دوشنبه تا جمعه 8 صبح تا 8 شب. این تماس رایگان است.

Persian (Farsi)

Если вы говорите по-русски, вам доступны бесплатные услуги переводчика. Звоните по тел. 1-888-350-3447 (TTY: 711) с понедельника по пятницу с 08:00 до 20:00. Звонок бесплатный.

Russian

日本語を話される場合、無料の言語支援をご利用いただけます。月曜日から金曜日の午前8時から午後8時まで 1-888-350-3447 (TTY: 711)へ、お電話にてご連絡ください。通話料は無料です。

Japanese

إذا كنت تتحدث اللغة العربية، ستكون خدمات المساعدة اللغوية متوفرة لك مجانًا. اتصل على الرقم 1-888-350-3447 (TTY: 711) من الإثنين إلى الجمعة من الساعة 8:00 صباحًا وحتى الساعة 8:00 مساءً. تكون المكالمات مجانية.

Arabic

ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-350-3447 (TTY: 711) ਤੇ ਫੋਨ ਕਰੋ, ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਰਾਤ 8 ਵਜੇ ਤੱਕ। ਇਹ ਕਾਲ ਮੁਫਤ ਹੈ।

Punjabi

បើលោកអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ សូមហៅទូរស័ព្ទមកលេខ 1-888-350-3447 (TTY: 711) ថ្ងៃចន្ទដល់ថ្ងៃសុក្រចាប់ពីម៉ោង 8:00 ព្រឹកដល់ម៉ោង 8:00 យប់។ ការហៅទូរស័ព្ទនេះគឺឥតគិតថ្លៃ។

Cambodian

Yog koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-888-350-3447 (TTY: 711), Txij hnuv Monday txog hnuv Friday thaum 8:00 teev sawv ntxov txog 8:00 teev tsaus ntuj. Tus xov tooj no yog hu dawb xwb.

Hmong

यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। सोमवार से शुक्रवार सुबह 8:00 बजे से शाम 8:00 तक, 1-888-350-3447 (TTY: 711) पर कॉल करें। यह कॉल मुफ्त है।

Hindi

ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-350-3447 (TTY: 711), วันจันทร์ถึงวันศุกร์ เวลา 8:00 a.m. ถึง 8:00 p.m. โดยที่ไม่เสียค่าใช้จ่ายใดๆ

Thai

ຖ້າທ່ານເວົ້າພາສາລາວແມ່ນມີບໍລິການແປພາສາບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໂທຫາເບີ 1-888-350-3447 (TTY: 711), ວັນຈັນ ຫາ ວັນສຸກ 8:00 ໂມງເຊົ້າ ຫາ 8:00 ໂມງແລງ. ການໂທແມ່ນພຣີ.

Laotian

MMPNOPPAUG2017  
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