

America's Health Care/Rx Plan, Inc. (AHCP)

Privacy Notice

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.

AHCP refers to America's Health Care/Rx Plan, Inc. AHCP maintains your confidential healthcare information.

EFFECTIVE APRIL 14, 2003

At AHCP, we respect the confidentiality of your health information and will protect your information in a responsible and professional manner. We are required by law to maintain the privacy of your health information and to send you this notice.

This notice explains how we use information about you and when we can share that information with others. It also informs you of your rights with respect to your health

information and how you can exercise those rights.

When we talk about “information” or “health information” in this notice we mean Personal Health Information including individually identifiable health information, which relates to your past, present or future health, treatment or payment for health care services.

HOW WE USE OR SHARE INFORMATION

The following are ways we may use or share information about you:

- We may use the information to help pay your medical bills that have been submitted to us by doctors and hospitals for payment.
- We may share your information with your doctors or hospitals to help them provide medical care to you. For example, if you are in the hospital, we may give them access to any medical records sent to us by your doctor.
- We may share your information with others who help us conduct our business operations. **We will not share your information with these outside groups unless they agree to keep it protected.**
- We may use or share your information for certain types of public health or disaster relief efforts.

- We may use or share your information to give you information about alternative medical treatments and programs or about health related products and services that you may be interested in.
- We may use or share your information to share information with an employee benefit plan through which you receive health benefits. **We will not share detailed health information with your benefit plan unless they promise to keep it protected.**

There are also state and federal laws that may require us to release your health information to others. We may be required to provide information for the following reasons:

- We may report information to state and federal agencies that regulate us such as the US Department of Health and

Human Services and the Texas Department of Health.

- We may share information for public health activities. For example, we may report information to the Food and Drug Administration for investigating or tracking of prescription drug and medical device problems.
- We may report information to public health agencies if we believe there is a serious health or safety threat.
- We may share information with a health oversight agency for certain oversight activities (for example, audits, inspections, licensure and disciplinary actions.)
- We may provide information to a court or administrative agency (for example, pursuant to a court order, search warrant or subpoena).
- We may report information for law enforcement purposes. For example, we may give information to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness or missing person.

- We may report information to a government authority regarding child abuse, neglect or domestic violence.
- We may share information with a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also share information to funeral director as necessary to carry out their duties.
- We may use or share information for procurement, banking or transplantation of organs, eyes, or tissue.
- We may share information relative to specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- We may report information on job-related injuries because of requirements of your state worker compensation laws.

If one of the above reasons does not apply, **we must get your written permission to use or disclose your health information.** If you give us written permission and change your mind **you may revoke your written permission at any time.**

WHAT ARE YOUR RIGHTS

The following are your rights with respect to your health information. If you would like to exercise any of the following rights, please contact our Member Services Department by calling 1 (888) 416-2764 or by writing to us at:

AHCP

PO Box 610810
Dallas, TX 75261

- **You have the right to ask us to restrict** how we use or disclose your information for treatment, payment, or health care operations. You also have the right to ask us to restrict information that we have been asked to give to family members or to others who are involved

in your health care or payment for your health care. *Please note that while we will try to honor your request, we are not required to agree to these restrictions.*

- **You have the right to ask to receive confidential communications** of information. For example, if you believe that you would be harmed if we send your information to your current mailing address (for example, in situations involving domestic disputes or violence), you can ask us to send the information by alternative means (for example, by fax) or to an alternative address. We

will accommodate your reasonable requests as explained above.

- **You have the right to inspect and obtain a copy** of information that we maintain about you in your designated record set. A “designated record set” is the application, payment, claims adjudication and case or medical management record systems that we maintain. However, you do not have the right to access certain types of information and we may decide not to provide you with copies of the following information:

- psychotherapy notes;
- information that is compiled in reasonable anticipation of, or for use in a civil criminal or administrative action or proceeding; and
- information that is subject to certain federal laws governing biological products and clinical laboratories.

In certain other situations, we may deny your request to inspect or obtain a copy of your information. If we deny your request, we will notify you in writing and may provide you with a right to have the denial reviewed.

- **You have the right to ask us to make changes** to information we maintain about you in your designated record set. These changes are known as amendments. We require that your request be in writing and that you provide a reason for your request. We will respond to your request no later than 60 days after we receive it. If we are unable to act within 60 days, we may extend that time by no more than an additional 30 days. If we need to extend this time, we will notify you of the delay and the date by which we will complete action on your request.

If we make the amendment, we will notify you that it was made. In addition, we will provide the amendment to any person that we know has received your health information. We will also provide the amendment to other persons identified by you.

If we deny your request to amend, we will notify you in writing of the reason for the denial. The denial will explain your right to file a written statement of disagreement. We have a right to respond to your statement. However, you have the right to request that your written request, our written denial and your statement of disagreement be included with your information for any future disclosures.

- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. Please note that we are not required to provide you with an accounting of the following information:

- Any information collected prior to April 14, 2003
- Information disclosed or used for treatment, payment, and health care operations purposes.
- Information disclosed to you or pursuant to your authorization;
- Information that is incidental to a use or disclosure otherwise permitted.
- Information disclosed for a facility's directory or to persons involved in your care or other notification purposes;
- Information disclosed for national security or intelligence purposes;
- Information disclosed to correctional institutions, law enforcement officials or health oversight agencies;

- Information that was disclosed or used as part of a limited data set for research, public health, or health care operations purposes.

We require that your request for the accounting be in writing. We will act on your request for an accounting within 60 days. We may need additional time to act on your request. If so, we may take up to an additional 30 days. Your first

accounting will be free. We will continue to provide you with one free accounting upon request every 12 months. If you request an additional accounting within 12 months of receiving your free accounting, we may charge you a fee. We will inform you in advance of the fee and provide you with an opportunity to withdraw or modify your request.

EXERCISING YOUR RIGHTS

You have a right to receive a copy of this Notice upon request at any time. Should any of our privacy practices change, we reserve the right to change the terms of this Notice and to make the new Notice effective for all protected health information we maintain. Once revised, we will provide the new Notice to you by direct mail and post it on our website.

If you have any questions about this Notice or about how we use or share information, please contact our Hospital Department toll-free at 1 (888) 416-2764. You may contact AHCP during the following hours:

Monday through Friday 8:00 a.m. to 6:00 p.m. (CST)

HOW TO FILE A PRIVACY COMPLAINT

If you believe that AHCP has violated your privacy rights, you may file a complaint with us by writing to:

AHCP
HIPAA Privacy Office
PO Box 610810
Dallas, TX 75261

Or you can call AHCP at 1 (888) 416-2764 during the hours listed above. You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint by calling Voice Phone (212) 264-3313 or TDD (212) 264-2355 or writing to:

Region II, Office for Civil Rights
U.S. Department of Health and Human Services
Jacob Javits Federal Bldg
26 Federal Plaza, Suite 3312
New York, NY 10278

WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.