

**HARBOR HEALTH PLAN, INC.**  
**NOTICE OF PRIVACY PRACTICES**  
*Effective September 23, 2013*

**This notice describes how medical information about you may be used and shared and how you can get access to this information**  
*Please Review It Carefully*

**What is this Notice?**

This notice tells you:

- How your health plan handles your health information.
- How your health plan uses and gives out your health information.
- Your rights concerning your health information.
- Your health plan's responsibilities in protecting your health information.

**What are Your Health Plan's Responsibilities Regarding Your Protected Health Information?**

Your health information and your family's health information are personal. Your health plan protects the privacy of this information. It protects your information in all places where it is used or stored. Your health plan uses the least amount of health information needed to do our work. Only persons who need your health information to provide you services see it. Your health plan has policies about physically and electronically safeguarding your information. These policies comply with state and federal laws.

**How Will Your Health Plan Use and Disclose Your Medical Information?**

Your health plan is permitted to use and give out your health information in order to do its business, which is to see that you receive the health care you need. Information may also be shared with other health care businesses that give you care. This could include doctors, hospitals and other agencies. This document tells some of the ways your health plan uses and gives out information without a Privacy Authorization (special permission from you).

**Treatment Purposes**

*Treatment Facilitation.* Your health plan does not provide medical treatment but may help to decide what medical treatment may be covered by your

health plan benefits. It may also use your medical information to provide you with medical services and supplies. It may disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care. Your health plan may use and disclose your medical information to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, to tell you about health related services available to you, or to perform follow-up calls to monitor your care experience.

**Payment Purposes**

*Benefits and Claims.* Your health plan and businesses it works with get and give out health information for:

- The billing and payment of claims
- Reviewing health care given to members
- Reviewing the use of benefits by members

For example, your provider must submit a claim form to your health plan listing services provided to you. The claim form must contain your health information. Your health plan needs this information so it can pay your provider. It then sends a form to the provider showing the services that you received and what your health plan will pay.

**Health Care Operations Purposes.**

*Case and Utilization Management.* Your health plan may use your medical information to approve coverage for referrals or medical treatment requested by your provider. It may give out information to others who must make decisions

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about your care. This could include doctors, nurses, therapists, hospitals, etc. For example, if you have an ongoing health problem your health information may be shared with a case manager. The case manager works with your primary care provider and other health care workers to help them manage your care. The case manager may also refer you to other government programs or school systems. This requires giving these agencies and professionals your health information.

**Other Uses of Health Information.**

*Business Associates.* To do business your health plan must work with many other organizations. It must share information with these organizations. It tries to make sure that these organizations protect the health information it shares.

*Quality Improvement Activities.* Your health plan may use and give out health information to help doctors and hospitals improve the care they give you. This includes looking at and checking the treatment and services you receive.

*Appointment Reminders.* To help you receive good health care, your health plan may use your health information to remind you of needed services or treatments. Reminders may be mailed to you about shots, checkups and screenings like mammograms and other health checkups.

*Marketing purposes.* Your health plan is required to obtain authorization from you when it receives payment for making communications from a third party whose product or service is being marketed to you. This does not apply to programs that your health plan promotes as its own program to encourage you to live healthier, e.g. a disease management program.

*Health Promotion and Disease Prevention.* Your health plan may use your health information to tell you about disease prevention and health care. For example, it may send you health care ideas for things

like women's health, diabetes, asthma, etc. Your health plan may also work with other agencies on good health and disease prevention programs. However, it must obtain written permission (a Privacy Authorization) from you if it receives payment from a third party (for example, a supplier of breathing machines or a doctor who does a special medical procedure) to make these communications to you, unless permission is given in a face to face meeting.

*Individuals involved with your care or with payment for your care.* Your health plan may give out your health information to a friend or family member identified by you, who are helping with your care or with payment for your care. For example, if you have a serious accident, your health plan may need to talk with your spouse or other responsible party listed on your records to help arrange your care.

*Underwriting.* Your health plan cannot use or disclose genetic information for underwriting purposes.

**Provider Services and Claims Custom Service Departments**

*Group Health Plan.* A Group Health Plan, or a health insurance insurer or HMO with respect to a group health plan, may disclose protected health information to the sponsor of the plan.

*Member Services, Provider Services and Claims Customer Service Departments.* Your health plan's staff is trained to answer calls that may involve reviewing your personally identifiable health information.

*Medical and Administrative Appeals.* Your health plan at times may make decisions about claims for services provided to you. You or your provider may appeal these decisions. Your health information may be used to make appeal decisions. The information used could include parts of your medical record.

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*Lawsuits and Disputes.* Your health plan must give out your medical information if it is legally required. An example is if you are involved in a lawsuit or legal dispute and the court orders the release of your information. Legal requests include subpoenas, discovery requests, and other court or legal orders.

*Law Enforcement.* Your health plan may give out health information if law enforcement officials request it. Your health plan will give out health information about you when required or permitted to do so by federal or state law.

*Health Oversight.* Your health plan may give out health information to The Centers for Medicare and Medicaid Services (CMS) or their designated representatives as authorized by law or other regulatory agencies as appropriate.

**What Are Your Rights Regarding Your Health Information?**

Your health plan wants you to know your rights regarding your health information and your dependent's health information.

*Right to Receive Your Health Plan's Notice of Privacy Practices.* This Notice of Privacy Practices became effective in September 23, 2013. Members can access the Notice of Privacy Practices on the website at [www.HarborHealthChoice.com](http://www.HarborHealthChoice.com). All new members receive a printed copy of this Notice in their New Member Material Packet.

Your Health Plan has the right to change parts of this Notice and make the new parts effective for all protected health information that it keeps. If a major change is made to the notice it will be mailed to all members within 60 days.

*Right to Request Confidential Communications.* You have the right to ask that your health plan

communicates with you about personal information in a certain way, or in a certain place. Your health plan will do this if at all possible.

- Requests to change how your health plan communicates with you should be submitted to your health plan's privacy officer. The address is at the end of this Notice.
- Requests should tell how you want it to contact you and/or where you want it to contact you.

*Right to Request Restrictions.* You have the right to ask that your health information not be used or given out for treatment, payment, and health care operation reasons. You also have the right to request a limit on your health information that we disclose to someone involved in your care or the payment for your care, like a family member or friend. This is called requesting a restriction. You do not have the right to ask for restrictions for giving out your information when we are asked to do so by law enforcement officials or court officials. Your health plan is not required to agree to your request for a restriction unless you are asking us to restrict the use and disclosure of your health information to a health plan for payment or health care operation purposes and the health information you wish to restrict pertains solely to a health care item or service for which you have paid for yourself "out-of-pocket" in full. If your health plan agrees, it will comply with your request unless the information is needed to provide you with emergency treatment.

To ask for a restriction on the use of your information, send a written request to your health plan's privacy officer. The address is at the end of this Notice. The request should include at a minimum:

- The information you wish to restrict.
- Whether you wish to restrict the use of information, the giving out of information, or both.

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- To whom you want the restriction to apply.

*Right to withdraw a Privacy Authorization for the use or giving out of protected health information.* Your health plan must have your written permission to use or give out your information for reasons other than normal treatment, payment and health care operations. You give permission by signing a form called a Privacy Authorization.

You may cancel your Privacy Authorization (permission) at any time. To do so you must send a written cancellation to your health plan's privacy officer. The address is at the end of this Notice.

When your health plan receives your cancellation, it will stop using or giving out the information permitted by the Privacy Authorization.

Anything permitted by the Privacy Authorization that was done before it received your cancellation cannot be changed.

*Right to Access.* You have the right to look at and get a copy of your protected health information contained in a specific set of records. This is called a 'designated record set'. Your health plan's designated record set includes pharmacy records, prior authorization and claim records.

If you would like a copy of your information in your health plan's designated record, you must send a written request to your health plan's privacy officer. The address is at the end of this Notice. Your health plan will answer your written request in thirty (30) days. Your health plan may ask for an extra thirty (30) days if necessary. It will let you know if it needs the extra time.

Your health plan does not keep complete copies of your medical record. If you would like a copy of your medical record, contact your doctor and give him or her a written request for your records. You are allowed one free copy of your medical record from your doctor.

Your health plan has the right to keep you from having or seeing all or part of your designated record set for certain reasons. Your health plan will tell you the reasons in writing. Your health plan will also give you information about how you can file an appeal if you are not satisfied with your health plan's decision.

*Right to Amend.* You have the right to ask that information in your medical record or designated record set be changed if it is not correct.

To request a change, you must do the following:

- Send your request in writing to your health plan's privacy officer. The address is at the end of this Notice.
- Include the reason why you are asking for a change.
- If the change you ask for is for your medical record, contact the doctor who wrote the record. The doctor will tell you how to ask for a change to the medical record.

Your health plan will answer your request within sixty (60) days of when it receives it.

Your health plan may deny the request for change if:

- The information was not written by your health plan.
- The information is not information kept by your health plan.
- The information is not information that you are allowed to see and copy.
- The information is already correct and complete.

*Right to an Accounting of Disclosures.* You have the right to ask for an accounting of disclosures. This is a list of every time your health plan:

- Gave your health information to outside people

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or organizations other than to you or to those who are involved in your care.

- Gave or used your information when it was not part of normal treatment, payment or health care operations.

To ask for an accounting of disclosures, please send a request in writing to your health plan's privacy officer. The address is at the end of this Notice. Your request must give a time period that you want to know about. The time period may not be longer than six years and may not include dates of service before April 14, 2003. Your health plan will act on your request within sixty (60) days.

*Right to be notified of a breach.* You have a right to be notified when your Protected Health Information (PHI) has been compromised, meaning exposed to a person or company who received it by mistake. You will be notified within 60 days of such breach.

*Restriction on Sale of Protected Health Information.* Your health plan cannot sell your Protected Health Information (PHI) without your permission. Your health plan currently does not sell your PHI and from now on we cannot sell it without your authorization.

*Disclosures of Student Immunization.* Your health plan may request permission from you, (which may be oral) to release immunization (shots to prevent medical conditions for your child) records to schools.

*Fundraising Activities.* Your health plan is permitted to send you materials related to fundraising activities. You may always opt out of receiving such documents. Your health plan does not currently use fundraising activities. Any fundraising materials you may receive will tell you how to opt out of such activities.

Any other uses and disclosures not outlined in this Notice for Privacy Practices will only be made with permission from you.

**What should you do if you have a complaint about the way that your health information is handled?**

Please tell your health plan if you have any problems or concerns with your privacy. If you have a concern, please contact:

Harbor Health Plan Privacy Official at  
1-800-838-4427

If for some reason, your concern is not taken care of, you may also file a complaint with the federal government at the OCR/ DHHS regional office.

You will not lose your Health Plan membership or health care benefits if you file a complaint.

**Where should you send requests or questions about your protected health information and your health plan?**

Please send questions or requests, such as the examples listed in this Notice to the following address:

Harbor Health Plan, Inc.  
Attn: Privacy Officer  
7878 N. 16th Street, Suite 105  
Phoenix, AZ 85020