



# Abrazo Advantage Health Plan

## NOTICE OF PRIVACY PRACTICES

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 Abrazo Advantage Health Plan (AAHP) handles your health information.
- How AAHP uses and gives out your health information.
- Your rights concerning your health information.
- AAHP's responsibilities in protecting your health information.

### What are AAHP's Responsibilities to You about Your Protected Health Information?

Your health information and your family's health information are personal. AAHP protects the privacy of this information. We protect it in all places where we use or store it. AAHP 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. AAHP has policies about physically and electronically safeguarding your information. These policies comply with state and federal laws.

### How Will We Use And Disclose Your Medical Information?

AAHP is permitted to use and give out your health information in order to do our 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 AAHP uses and gives out information without a Privacy Authorization (special permission from you).

### **Treatment Purposes**

*Treatment Facilitation.* AAHP sometimes help decide what medical treatment may be covered by your Health Plan benefits. AAHP does not provide medical treatment.

### **Payment Purposes**

*Benefits and Claims.* AAHP and businesses we work 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 AAHP listing services provided to you. The claim form must contain your health information. AAHP needs this information so we can pay your provider. We then send a form to the provider showing the services that you received and what AAHP will pay.

### **Health Care Operations Purposes.**

*Case and Utilization Management.* AAHP may use your medical information to approve coverage for referrals or medical treatment requested by your provider. We may give out information to others who must make decisions 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 state organizations and 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 AAHP must work with many other organizations. We must share information with these organizations. We try to make sure that these organizations protect the health information we share.

*Quality Improvement Activities.* AAHP 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, AAHP 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.

*Health Promotion and Disease Prevention.* AAHP may use your health information to tell you about disease prevention and health care. For example, we may send you health care ideas for things like women's health, diabetes, asthma, etc. AAHP may also work with other agencies on good health and disease prevention programs. We must obtain written permission (a Privacy Authorization) from you if we want to share your personally identifiable health information with other agencies for things other than normal health care business.

*Individuals involved with your care or with payment for your care.* AAHP 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, AAHP may need to talk with your spouse or other responsible party listed on your records to help arrange your care.

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

*Medical and Administrative Appeals.* AAHP 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.

*Lawsuits and Disputes.* AAHP 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.* AAHP may give out health information if law enforcement officials request it. AAHP will give out health information about you when

required or permitted to do so by federal or state law.

*Health Oversight.* AAHP may give out health information to the Center for Medicare and Medicaid Services (CMS) or their designated representatives as authorized by law.

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

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

*Right to Receive AAHP's Notice of Privacy Practices.* Each new member will receive a printed copy of this Notice in the New Member Materials Packet.

AAHP 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. All members will be told how to ask for the current Notice of Privacy Practices at least every 3 years. You may request a copy of this Notice at any time - just call Member Services at (602) 824-3900 or 1-888-864-1114.

*Right to Request Confidential Communications.* You have the right to ask that AAHP communicate with you about personal information in a certain way, or in a certain place. AAHP will do this if at all possible.

- Requests to change how AAHP communicates with you should be submitted to AAHP's privacy officer. The address is at the end of this Notice.
- Requests should tell how you want us to contact you and/or where you want us 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. 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. AAHP has the right to deny a request for restriction of protected health information.

To ask for a restriction on the use of your information, send a written request to AAHP'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.
- To whom you want the restriction to apply.

*Right to withdraw a Privacy Authorization for the use or giving out of protected health information.* AAHP 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 an Privacy Authorization.

- You may cancel your Privacy Authorization (permission) at any time. To do so you must send a written cancellation to AAHP's privacy officer. The address is at the end of this Notice.
- When AAHP receives your cancellation, we will stop using or giving out the information permitted by the Privacy Authorization.
- Anything permitted by the Privacy Authorization that was done before we 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'. AAHP's designated record set includes enrollment, prior authorization and utilization management information.

- If you would like a copy of your information in AAHP's designated record, you must send a written request to AAHP's privacy officer. The address is at the end of this Notice. AAHP will answer your written request in thirty (30) days. AAHP may ask for an extra thirty (30) days if necessary. We will let you know if we need the extra time.
- AAHP 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.
- AAHP has the right to keep you from having or seeing all or part of your designated record set for certain reasons. AAHP will tell you the reasons in writing. AAHP will also give you information about how you can file an appeal if you are not satisfied with AAHP'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:
  1. Send you request in writing to AAHP's privacy officer. The address is at the end of this Notice.
  2. Include the reason why you are asking for a change.
  3. 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.
- AAHP will answer your request within sixty (60) days of when we receive it.
- AAHP may deny the request for change if:
  1. The information was not written by AAHP.
  2. The information is not information kept by AAHP.
  3. The information is not information that you are allowed to see and copy.
  4. 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 AAHP:

- Gave your health information to outside people or organizations other than you or 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 AAHP'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. AAHP will act on your request within sixty (60) days.

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

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

Local Privacy Official at (602) 824-3900 or 1-888-864-1114

National Privacy Official at 1-800-854-6413

Compliance Hot line at 1-800-300-9876

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 AAHP?***

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

**Abrazo Advantage Health Plan**

Attn: Privacy Officer

7878 N. 16th St., Suite 105

Phoenix, Arizona 85020

602-824-3900 or 1-888-864-1114

Fax: 602-246-5917

TDY: 602-824-3909 or 1-800-489-1472