



Notice of Privacy Practices

A Message for Healthy Families Members

Please review it carefully

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

What is "Protected Health Information?"

Your protected health information ("PHI") is health information that contains identifiers, such as your name, Social Security number, or other information that reveals who you are. For example, your medical record is PHI because it includes your name and other identifiers.

L.A. Care Health Plan provides health care to you for the Healthy Families program. Your confidentiality is important to us. We are required by state and federal law to protect your health information. Our staff follows policies and procedures that protect your health information given to us in oral, written or electronic ways. Our staff goes through training which covers the internal ways members' oral, written and electronic PHI may be used or disclosed across the organization. All L. A. Care staff with access to your health information is trained on privacy and information security laws. Staff has access only to the amount of information they need to do their job. Our computer systems protect your electronic protected health information at all times by using various levels of password protection and software technology. Our L. A. Care employees follow internal practices, policies and

procedures to protect any conversations about your health information. For example, employees are not allowed to speak about your information in the elevators or hallways. Employees must also protect any written or electronic documents containing your health information across the organization. Fax machines, printers, copiers, computer screens, work stations, portable media disks containing your information are carefully guarded from others who should not have access. Employees must ensure member PHI is picked up from fax machines, printers and copiers and only is received by those who have access. Portable media devices with PHI are encrypted and must have password protections applied. Computer screens and work stations must have privacy screen filters and workstation drawers and cabinets have secure locks placed on them.

We also must give you this Notice. This Notice tells you how we may use and share your information. It also tells you what your rights are.

Your Information is Personal and Private

We get information about you from Healthy Families after you join our health plan. We also get medical information from your doctors, clinics, labs and hospital so we can approve and pay for your health care.

Changes to Notice of Privacy Practices

L.A. Care must obey the Notice that we are using now. We have the right to change these privacy practices. Any changes in our practices will apply to all of your medical information. Effective April 14, 2003, whenever there is an important change in our practices, we will change this Notice and notify you.

How We May Use and Share Information About You

L.A. Care may use or share your information in order to provide or arrange for your care. Some of the information we use and share is:

- Your name,
- Address,
- Personal facts,
- Medical care given to you,
- The cost of your medical care, and
- Your medical history.

Some actions we take when we act as a health plan include:

- Checking whether you are covered,
- Approving, giving, and paying for services,
- Checking the quality of care you receive,
- Making sure you get all the care you need.

These are some examples of how we may use and share information about you:

- **For treatment:** You may need medical treatment that needs to be approved ahead of time. We will share information with doctors, hospitals and others in order to get you the care you need.
- **For payment:** We share your information with other health plans or providers that are responsible to pay for your care. We may also forward bills to other health plans or providers for payment.
- **For health care operations:** We may use information in your health record to check the quality of the health care you receive. We may also use this information in audits, programs to stop fraud, planning, and general administration.

Other Uses for Your Health Information

You or your doctor, hospital, and other health care providers may not agree if we decide not to pay for your care. We may use your health information to review these decisions.

We may share your health information with groups that check how our health plan is providing services.

We may share your information with persons involved in your health care, or with your personal representative.

We must share your health information with the federal government when it is checking on how we are meeting privacy rules.

We may share your information with other companies that help us with our work. But we won't do that unless those companies agree in writing to keep your information private.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits that may be of interest to you.

We may give out your information for public health activities. These activities may include, but are not limited to the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report problems with medications and other medical products;

- to notify people of recalls of products they may be using; and
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

We may also tell the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

We may give out medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections and licensure or disciplinary actions. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

If you are involved in a lawsuit or dispute, we may give out medical information about you in response to a court or administrative order.

We may also give out medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We will only do this if the person asking for the information has tried to tell you about the request or to obtain an order protecting the information requested.

We may give out medical information if asked to do so by a law enforcement official. This could include, but not be limited to, giving out the information in the following cases:

- in response to a court order, subpoena, warrant, summons or other similar process;
- to identify or locate a suspect, fugitive, material witness or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;

- about a death we believe may be the result of criminal conduct; and
- about criminal conduct at our health plan.

We may give out medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also give our medical information about members to funeral directors so they can carry out their duties.

If you are an organ donor, we may give your medical information to organizations that handle organ and tissue donations to help with the donation and transplantation.

Under certain circumstances, we may use and give out your medical information for research purposes. All research projects are subject to a special approval process.

We may use and give out your medical information when necessary to stop a serious threat to the health and safety of a person or the public. We would only give out this information to someone who could help stop the threat. We may also use or give out information that is necessary for law enforcement authorities to catch a criminal.

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

We may give out your medical information to federal officials for national security purposes.

We may also give out your medical information to federal officials. These officials would use this information to provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.

We may give out your health information to comply with laws related to workers' compensation or other similar programs.

L. A. Care staff is trained to protect information given to plan sponsors or employers. L.A. Care requires plan sponsors or employers to have the same protections as L.A. Care has in place. Plan sponsors or employers must agree to protect your medical information.

When Written Permission is Needed

If we want to use your information for any purpose not listed above, we must get your written permission. If you give us your permission, you may take it back in writing at any time.

What Are Your Privacy Rights?

You have the right to ask us not to use or share your personal health care information. We will send you a form to fill out to tell us what you want. Or, we can fill out the form for you. We may not be able to agree to your request.

You have the right to ask us to contact you only in writing or at a different address, post office box, or by telephone. We will send you a form to fill out to tell us what you want. Or, we can fill out the form for you. We will accept reasonable requests when necessary to protect your safety.

You and your personal representative have the right to inspect and get a copy of your health information. We will send you a form to fill out to tell us what you want copied. Or, we can fill out the form for you. You may have to pay for the costs of copying and mailing records. (We may keep you from seeing certain parts of your records for reasons allowed by law.)

You have the right to ask that information in your records be changed if it is not correct or complete. We will send you a form to fill out to tell us what changes you want. Or, we can fill out the form for you. We may refuse your request if:

- The information is not created or kept by L.A. Care, or
- The information is not part of a standard set of information kept by us, or
- The information has been gathered for a court case or other legal action, or
- We believe it is correct and complete.

We will let you know if we agree to make the changes you want. If we don't agree to make the changes you want, we will send you a letter telling you why. You may ask that we review our decision if you disagree with it. You may also send a statement saying why you disagree with our records. We will keep your statement with your records.

Important

L.A. Care does not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.

Effective April 14, 2003, whenever we share your health information, you have the right to request a list of:

- Whom we shared the information with,
- When we shared it,
- For what reasons, and
- What information was shared.

This list will not include when we share information with you, with your permission, or for treatment, payment, or health plan operations.

You have a right to request a printed paper copy of this Notice of Privacy Practices.

You can also find this Notice on our website at: www.lacare.org.

How Do You Contact Us to Use Your Rights?

If you want to use any of the privacy rights explained in this Notice, please call or write us at:

L.A. Care Privacy Officer
L.A. Care Health Plan
555 West Fifth Street
Los Angeles, CA 90013
Toll-free: 1-888-4LA-CARE (1-888-452-2273)
California Relay: 1-800-854-7784 or
1-866-LACAREI (1-866-522-2731) TTY/TD

Complaints

If you believe that we have not protected your privacy, you have the right to complain. You may file a complaint (or grievance) by contacting us at:

L.A. Care Privacy Officer
L.A. Care Health Plan
555 West Fifth Street
Los Angeles, CA 90013
Toll-free: 1-888-4LA-CARE (1-888-452-2273)

OR you may contact the agency below:

- Secretary of the U.S. Department of Health and Human Services
Office for Civil Rights
Attention: Regional Manager
50 United Nations Plaza, Room 322
San Francisco, CA 94102

For additional information, call 1-800-368-1019

- **U.S. Office for Civil Rights at 1-866-OCR-PRIV**
(1-866-627-7748) or 1-866-788-4989 TTY

Use Your Rights Without Fear

L.A. Care cannot take away your health care benefits or do anything to hurt you in any way if you file a complaint or use any of the privacy rights in this Notice.

Questions

If you have any questions about this Notice and want further information, please contact the L.A. Care Privacy Officer, L.A. Care Health Plan, at the address and phone number in the "How Do You Contact Us to Use Your Rights?" section.