



**L.A. Care**  
HEALTH PLAN®



# Notice of Privacy Practices



*THIS NOTICE DESCRIBES HOW MEDICAL, DENTAL, AND VISION INFORMATION ABOUT YOU, WITH REGARD TO YOUR HEALTH BENEFITS, MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.***

The Local Initiative Health Authority for Los Angeles County, a public entity operating and doing business as L.A. Care Health Plan (L.A. Care) provides your health care benefits and coverage through State, Federal, and commercial programs. Safeguarding your protected health information (PHI) is important to us. L.A. Care is required to give you this notice about your rights and some of our responsibilities to keep your PHI safe, including California State notice of practices, and the Health Insurance Portability and Accountability Act (HIPAA) notice of practices. This notice tells you how we may use and share your PHI. It also tells you what your rights are. You may have additional or more stringent privacy rights under state law.

## **I. Your PHI is Personal and Private.**

L.A. Care receives PHI which identifies you, such as your name, contact information, personal facts, and financial information, from several sources, such as State, Federal, and local agencies after you become eligible, assigned to, and/or enroll in a L.A. Care program. We also receive PHI about you that you provide to us. Also, we receive PHI from health care providers such as physicians, clinics, hospitals, labs, and other insurance companies or payors. We use this information to coordinate, approve, pay for, and improve your health care, and to communicate with you. We cannot use your genetic information to decide whether we will give you healthcare coverage or the cost of that coverage. At times, we may receive race, ethnicity, and language information about you. We may use this information to help you, to communicate with you, and to identify your needs, such as providing you with educational materials in the language of your preference, and offering interpretation services at no cost to you. We use and share this information as provided in this notice. We do not use this information to decide whether we will give you healthcare coverage or the cost of that coverage.

## **II. How We Protect Your PHI**

L.A. Care is committed to protecting your PHI. We keep the PHI of our current and former members private and secure as required by law, and accreditation standards. We use physical and electronic safeguards, and our staff is regularly trained on the use, and sharing of PHI. Some of the ways we keep PHI safe include securing offices and locking desks, and filing cabinets, password protecting computers and electronic devices, and giving access only to the information that staff needs to do their job. Where required by law, when our business partners work with us, they must also protect the privacy of any PHI we share with them and are not allowed to give PHI to others except as allowable by law, and this notice. As required by law, we will let you know if there was a breach of your unsecured PHI. We will follow this notice, and will not use or share your information other than as described in this notice, or in compliance with State and Federal laws, or in accordance with your permission.

## **III. Changes to this Notice of Privacy Practices**

L.A. Care must adhere to the notice we are now using. We have the right to change this notice of privacy practices at any time. Any changes will apply to all your PHI, including PHI we received before the changes were made. We will let you know when we make changes to this notice through a newsletter, letter, or our website. You can also ask us for a copy of the new notice, please see below on how to contact us.

## **IV. How We May Use and Share PHI About You**

L.A. Care collects, uses or shares PHI that is provided to us as allowed by law for treatment, payment, and health care operations associated with the program in which you are enrolled. The PHI we use and share includes, but is not limited to:

- Name;
- Address;
- Date of birth;
- Care and treatment received;
- Health history;
- The cost of/payment for care;
- Race/ethnicity;
- Language;
- Sex assigned at birth;
- Gender identity;
- Sexual orientation; and
- Pronouns.

## ***Ways In Which We Typically Use and Share PHI:***

We generally use and share PHI in the following ways:

- **Treatment:** *We do not provide treatment*, but we can use and share PHI with health care and other service providers such as doctors, hospitals, durable medical equipment suppliers, and others to offer you care, and treatment and other services, and information to help you.
- **Payment:** We can use and share PHI with healthcare providers, service providers and other insurers and payors to process requests for payments, and pay for health services provided to you.
- **Health Care Operations:** We can use and share PHI to run our organization and contact you when necessary, for example for audits, quality improvement, care management, coordinating care, and day-to-day functions. We may also use and share PHI with State, Federal, and County programs for participation, and program administration.

### **Some Examples of Ways We Use PHI:**

- To give information to a doctor or hospital to confirm your benefits, copay, or deductible.
- To approve care in advance.
- To process and pay claims for health care services and treatment you received.
- To give PHI to your doctor or hospital so they can treat you.
- To review the quality of care and services you receive.
- To help you and provide you with educational and health improvement information and services, e.g. for conditions like diabetes.
- To inform you of additional services and programs that may be of interest to you and/or help you, e.g. a fitness class at a L.A. Care Family Resource Center.
- To remind you to get regular health assessments, screenings, or checkups.
- To develop quality improvement programs and initiatives, including creating, using, or sharing de-identified data as allowed by HIPAA.

- To use and share information, directly or indirectly, with health information exchanges, for treatment, payment, and health care operations.
- Investigating and prosecuting cases, such as for fraud, waste, or abuse.

## **V. Other Ways In Which We Can Use And Share PHI**

We are allowed or required to share your PHI in other ways, usually to contribute to the public good, such as public health and research. We can use or share your PHI for the following additional purposes:

- To comply with State, Federal, or local laws.
- To comply with a request of a law enforcement agency, such as the police, military, or national security agency, or a Federal, State, or local government agency or body, such as workers' compensation board, or a health oversight agency for activities authorized by law, and court or administrative order.
- To respond to the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- To help with product recalls.
- To report adverse reactions to medications.
- To report suspected abuse, neglect, or domestic violence, as required or allowed under law.
- For health care research.
- To respond to organ and tissue donation requests, and work with a medical examiner or funeral director.
- In relation to complaints, investigations, lawsuits and legal actions.
- To prevent or reduce a serious threat to anyone's health or safety.

## VI. Communicating With You

We may use PHI to communicate with you or your designee about benefits, services, selecting your health care provider and billing and payments. L.A. Care will comply with applicable laws in its communications with you, including the Telephone Consumer Protection ACT (TCPA). We may communicate with you through letters, newsletters, pamphlets, and as follows:

- **Phone Calls.** If you have provided us with your phone number (including if a guardian or designee has provided their phone number), including your cell phone number, then we, including our affiliates and subcontractors, on our behalf, may call or you, including by using an automatic telephone dialing system/or an artificial voice in accordance with applicable laws. Your mobile cell phone carrier may charge you for receiving calls, please contact your cell phone carrier for this information. If you don't want to be contacted in this way, then please let the caller know, or contact us to be placed on our Do Not Call List.
- **Texting You.** If you have provided us with your cell phone number (including if a guardian or designee has provided their phone number), then for certain purposes, such as reminders, treatment options, services, and premium payment reminders or confirmations, we, including our affiliates and subcontractors, on our behalf, may text you in accordance with applicable laws. Your mobile cell phone carrier may charge you for receiving texts, please contact your cell phone carrier for this information. If at any time you don't want to receive text messages, then please follow the unsubscribe information on the message, or please reply with "STOP" to stop receiving such messages.
- **Emails.** If you have given us your email address (including if a guardian or designee has provided their email address), then for some limited purposes, e.g. sending you enrollment, member, provider, and educational materials, or reminders or confirmation of payments, if you agree to receive these electronically, then we may email you. There may be a charge by your internet or email or mobile cell phone provider to receive emails, please contact your internet or email or mobile cell phone provider for this information. You acknowledge and agree that if you use an unencrypted email address and/or computer, or access your emails through a mobile device, or share an email, or computer, or mobile cell phone, then there is a risk that your PHI could be read by a third party and you accept the risks of such and waive any protections you may have under any laws. If at any time you don't want to receive email messages, then please follow the "Unsubscribe" instructions at the bottom of the message to stop receiving email communications.

## VII. Written Permission

If we want to use or share your PHI for any purpose not provided in this notice, then we will get your written permission. For example, using or sharing PHI for marketing or sale needs your written permission. If we use or share psychotherapy notes, we may also need your permission. If you give us your permission, you can cancel it at any time in writing, and we will not use or share your PHI for that purpose after the date we process your request. But, if we have already used or shared your PHI with your permission, then we may not be able to undo any action that happened before you cancelled your permission.

## VIII. Your Rights

You have certain rights to your PHI, and how it can be used or shared. You have the right to:

- **Get a copy of health and claims records.** You can ask to see, or get a copy of your PHI. We will provide a copy or a summary of your health and claims records. There may be some information and records we may not disclose as allowable by law, or we may not be able to provide certain information in some forms, formats, or media. We may charge a reasonable fee, for copying and mailing your PHI.  
*L.A. Care does not keep a complete copy of your medical records, please contact your healthcare provider if you want to look at, or get a copy of, or change an error in your medical records.*
- **Ask us to correct health and claims records.** If you believe there is a mistake in your PHI, you can ask us to correct it. There may be some information we may not be able to change, e.g. the doctor's diagnosis, and will tell you that in writing. If someone else gave us the information, e.g. your doctor, then we will let you know, so you can ask him/her to correct it.
- **Request that we communicate with you confidentially.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Not all requests may be agreed to, but we will grant a reasonable request.

- **Ask us to limit what we use or share.** You can ask us not to use or share certain health information for treatment, payment, or our operations. By law, we are not required to agree to your request, and we may say “no” if it would affect your care, payment of claims, key operations, or non-compliance with rules, regulations, or government agency, or law enforcement requests, or a court or administrative order.
- **Get a list of those with whom we’ve shared Your PHI.** You can ask us for a list (accounting) of the times we’ve shared your health information, who we shared it with, and a brief description of the reason. We will provide you with the list for the period you request. By law, we will provide the list for a maximum of six (6) years prior to the date of your written request. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures, such as when we shared the information with you, or with your permission. We’ll provide one accounting a year for free, but may charge a reasonable fee for any additional requests.
- **Get a copy of this privacy notice.** You can get a paper copy of this notice by calling us.
- **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We may ask that you or your designee provide us with some information and documents, e.g. copy of the court order granting guardianship. You or your guardian will need to fill out a written authorization, please contact us at the number below to find out how to do this.



## IX. Sensitive Services

A Member who may consent to receive sensitive services is not required to obtain any other member's authorization to receive sensitive services or to submit a claim for sensitive services. L.A. Care will direct communications regarding sensitive services to a member's alternate designated mailing address, email address, or telephone number or, in the absence of a designation, in the name of the member at the address or telephone number on file. L.A. Care must not disclose medical information related to sensitive services to any other member without express written authorization from the member receiving care. L.A. Care will accommodate requests for confidential communication in the form and format requested, if it is readily producible in the requested form and format, or at alternative locations. A member's request for confidential communication related to sensitive services will be valid until the member revokes the request or submits a new request for confidential communications.

Please call us at the number on your ID card, or write to us to find out about how to request any of the above. You will need to submit your request in writing, and tell us certain information. We can send you the form(s).

## X. Complaints

If you think we have not protected your PHI, you have the right to file a complaint with us, by contacting us at:

L.A. Care Member Services  
1200 West 7th Street,  
Los Angeles, CA 90017  
Phone: **1.888.839.9909**  
TTY/TDD: 711

### *You may also contact:*

U.S. Department of Health and Human Services Office for Civil Rights by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

### *Medi-Cal Members may also contact:*

California Department of Health Care Services Office of HIPAA Compliance by visiting [dhcs.ca.gov](http://dhcs.ca.gov).

## **XI. Use Your Rights Without Fear**

L.A. Care will not take any action against you for using the privacy rights in this notice or filing a complaint.

## **XII. Effective Date**

The original effective date of this notice is April 14, 2003. This notice was most recently revised on 11/01/22.

## **XIII. Contacting Us, or Questions, or if you want this notice in another language or format:**

If you have questions about this notice, or want help in applying your rights, or want this notice in another threshold language (Arabic, Armenian, Chinese, Farsi, Khmer, Korean, Russian, Spanish, Tagalog, or Vietnamese), large print, audio, or other alternative format (upon request) at no cost to you, then please call or write us at:

L.A. Care Member Services  
1200 West 7th Street,  
Los Angeles, CA 90017  
Phone: **1.888.839.9909**  
TTY/TDD: **711**

or

L.A. Care Privacy Officer  
L.A. Care Health Plan  
1200 West 7th Street,  
Los Angeles, CA 90017  
Phone: **1.888.839.9909**  
TTY/TDD: **711**  
Email: **PrivacyOfficer@lacare.org**