

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003*

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.

THE PRIVACY OF HEALTH INFORMATION

Each individual's health information is protected under a federal law called the Health Insurance Portability and Accountability Act (HIPAA) and under state laws when they are stricter than HIPAA. These laws require the Major Risk Medical Insurance Program (MRMIP) to keep protected health information private except under certain circumstances, and to provide this Notice of our legal duties and the privacy practices we use to protect health information.

HOW HIPAA DEFINES PROTECTED HEALTH INFORMATION

The law defines protected health information as individually identifiable health information that is created, received, sent or maintained by us. It is information that identifies an individual in some way and relates to his or her past, present or future physical or mental health or condition; the provision of health care to him or her; or the past, present, or future payment for that individual's health care.

HOW WE MAY USE AND DISCLOSE INFORMATION

The law permits MRMIP to use and disclose an individual's protected health information in order to see to it that he or she receives treatment, in order to pay the program's share of treatment costs, and for health care operations. The examples below show how we may use and share health information for these purposes.

- 1. For treatment:** MRMIP may use an individual's protected health information to ensure that an individual enrolled in the Program receives medical treatment or services. For example, a provider, such as a doctor or hospital, might check to see whether that individual is actually enrolled in MRMIP. When you enroll in MRMIP, we share that enrollment information with the health plan that you select so that providers can verify that treatment may be provided to you under the Program.
- 2. For payment:** MRMIP may use and disclose an individual's protected health information in connection with payments for treatment and services that those individuals receive. For example, California law limits how much a health plan may charge you as a premium for coverage under the MRMIP Program. As a result, health plans participating in MRMIP may lose money overall. In such cases, MRMIP may reimburse these plans for their losses. In order to determine that the plans receive the correct amount of reimbursement, MRMIP may use your protected health information to make sure the reimbursement is correct.
- 3. For health care operations:** MRMIP may use and disclose protected health information for operational purposes. For example, we may share the protected health information of individuals enrolled in MRMIP with others who evaluate the quality of services providing by

MRMIP. We may also use this information in connection with determining eligibility, conducting audits, for processing appeals, and for general administration of the program.

MRMIP may use the protected health information you provide to us to contact you about health-related benefits that may be of interest to you.

OTHER USES AND DISCLOSURES WITHOUT WRITTEN PERMISSION

MRMIP is required to share an individual's protected health information with the United States Secretary of Health and Human Services in connection with compliance reviews and complaint investigations under HIPAA.

In addition, MRMIP may make uses and disclosures of your protected health information without your written permission as follows:

As required or permitted by law: MRMIP may use and disclose information about an individual as required or permitted by law. For example, we may use and disclose information about an individual for the following purposes:

- In the course of any judicial or administrative proceeding in response to a subpoena or pursuant to an order of the court or an administrative law judge;
- To report information related to child abuse or neglect; and
- For a law enforcement purpose to a law enforcement official.

Public health: An individual's protected health information may be used or disclosed for public health activities such as assisting public health authorities or other persons to prevent or control disease or injury.

Health and Safety: An individual's protected health information may be used or disclosed to prevent a serious threat to the health or safety of a person or the public.

Individuals who have died: Protected health information about individuals who have died may be disclosed to funeral directors or coroners to enable them to carry out their duties.

Health Oversight: MRMIP may disclose protected health information to a health oversight agency for oversight activities authorized by law such as determining compliance with program standards.

Specialized Government Functions: MRMIP may disclose protected health information for specialized government functions. For example, MRMIP may disclose an individual's protected health information to a correctional institution having lawful custody of that individual if the correctional institution represents that such protected health information is necessary for the provision of health care to the individual.

Research: MRMIP may use or disclose an individual's health information for research purposes when an institutional review board or privacy board has reviewed the research proposal and established procedures to ensure the privacy of health information and has approved the research.

Benefit Programs for Work-Related Injuries: MRMIP may disclose protected health information to the extent necessary to comply with laws relating to workers' compensation or

other similar programs that provide benefits for work-related injuries or illness without regard to fault.

OTHER DISCLOSURES MAY BE MADE WITH WRITTEN PERMISSION

MRMIP will not make any other disclosures of your protected health information unless you have given written permission. The following uses and disclosures of protected health information will typically require an authorization: (1) uses and disclosures of psychotherapy notes, (2) uses and disclosures of protected health information for marketing purposes, and (3) uses and disclosures for the sale of protected health information. You have the right to take back your permission in writing at a later time in order to stop any future disclosures.

YOUR PRIVACY RIGHTS

- **Right to Request Restrictions on Disclosures:** You have the right to request restrictions on certain uses and disclosures of protected health information; however MRMIP is not required to agree to those requested restrictions. These requests may have to do with the use or disclosure of protected health information to carry out treatment, payment or health care operations, or to the disclosure of the information to a family member, other relative, or close personal friend when it is important to that person's involvement with your care or payment related to that care.
- **Right to Request Confidential Communications:** You have the right to request that MRMIP make contact with you only in writing or at a different address, post office box, or telephone number. We will honor reasonable requests if you say it is necessary to protect your safety.
- **Right of Access to Protected Health Information:** You have the right to look at and get a copy of information which MRMIP has about you. We may charge you a small amount for copies to cover our costs. We may deny your request for reasons allowed by law, but if we do, our denial may be reviewed under certain circumstances.
- **Right to Request that Protected Health Information be Corrected:** You have the right to ask that information in our records be changed if it is not correct or complete. We may refuse this request if the information was not created by MRMIP or if we believe that the information is correct and complete. You may request a review of our refusal and you may send in a statement disagreeing with our decision. MRMIP will keep this statement with your records.
- **Right to Receive Information about our Disclosures:** When we share protected health information about you for reasons other than treatment, payment, or health care operations (and certain other reasons stated in the law), you have the right to request a list of the persons we shared the information with, and to ask when, for what reasons, and what information was shared.
- **Right to Receive a Paper Copy of this Notice on Request:** You have a right to receive a paper copy of our Notice of Privacy Practices at any time upon request. MRMIP must obey the terms of this Notice of Privacy Practices. However, we have the right to make a change in our privacy practices and apply it to all the records in our possession. If we do make changes, we will revise this Notice and send it promptly to persons who are then in MRMIP.

- **Right to Receive Notice of Breaches:** You have the right to and will receive notifications of breaches of your unsecured protected health information.

HOW TO EXERCISE YOUR PRIVACY RIGHTS

If you would like more information about how to exercise the privacy rights explained in this Notice, or have questions about this Notice and want further information, please call or write us at:

**Department of Health Care Services
MCQMD MS – 4410
Major Risk Medical Insurance Program
P.O. Box 2769
Sacramento, CA 95812-2769
(800) 289-6574**

PLEASE NOTE:

MRMIP 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, provider, or health plan.

HOW TO FILE A COMPLAINT

If you believe that your privacy rights are violated after April 14, 2003, and you wish to complain, you may file a complaint in writing at the address above

or

by contacting the Secretary of the United States Department of Health and Human Services at the address and phone numbers below:

**Secretary of the U.S. Department of Health and Human Services
Office for Civil Rights
Attention: Regional Manager
90 7th Street, Suite 4 - 100
San Francisco, CA 94103
For additional Information, call:
(800) 368-1019**

Or

U.S. Office for Civil Rights at (866) OCR-PRIV (866-627-7748)

or

(800) 537- 7697 TTY

NO RETALIATION

MRMIP will not take away your health care benefits or retaliate against you in any way if you choose to file a complaint or use any of the privacy rights in this Notice.

* Revised as of January 16, 2015