



# Notice of Privacy Practices

**This notice describes how health information about you may be used and disclosed. This notice also describes how you can access this information. Please review it carefully. If you have questions about this Notice, please contact CenCal Health's Privacy Officer at 1-800-421-2560, extension 1015.**

## **Why am I receiving this Notice?**

This Notice tells you about the ways in which CenCal Health (referred to as "we") may collect use or disclose (share) your protected health information and your rights about your health information. We understand that health information about you is personal and we are committed to protecting your privacy.

This Notice only covers CenCal Health's "Privacy Practices". Your doctor may have different policies or notices regarding his/her use and disclosure of your health information created in the doctor's office.

## **CenCal Health is required by law to:**

- Make sure that health information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices about your health information; and
- Follow the terms of the Privacy Notice that is currently in effect.

## **How CenCal Health may use or disclose my health information:**

We may use and disclose your protected health information for different purposes. The examples below are provided to show the types of uses and

information about you that we may make that do not need your permission for payment, health care operations and treatment.

**Payment.** We use and disclose your protected health information in order to pay for your covered health expenses. For example, we may use your protected health information to process claims or be repaid by another insurer that may be responsible for payment.

**Health Care Operations.** We use and disclose your protected health information in order to perform our plan activities, such as quality assessment activities or administrative activities, including data management or customer service. In some cases, we may use or disclose the information for underwriting (process for determining rates or costs of health care - does not apply to CenCal Health at this time) or determining premiums.

**Treatment.** We may use and disclose your protected health information to assist your health care providers (doctors, dentists, pharmacies, hospitals and others) in your diagnosis and treatment. For example, we may disclose your protected health information to providers to give them information about alternative treatments.

**Plan Sponsor.** If you are enrolled through the State of California's Medi-Cal Program, the Managed Risk Medical Insurance Board (MRMIB) for Healthy Families, or with the AIM Program, we may provide summaries of claims and expenses for enrollees in a group health plan to the plan sponsor.

**Enrolled Dependents and Family Members.** We will mail explanation of benefits forms and other mailings containing protected health information to the address we have on record for the member or head of household on record with the health plan. We may also contact you by telephone or in writing to discuss an issue that may include your protected health information.

### **Other permitted or public interest disclosures**

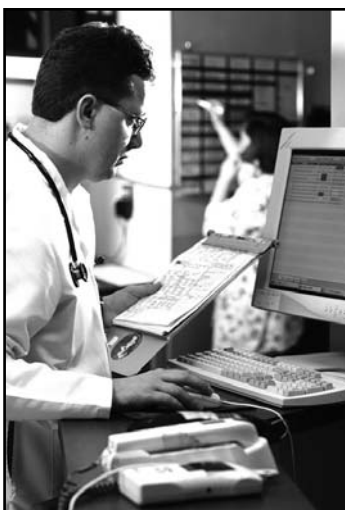
**We may also disclose your health information for the following purposes. However, if you are enrolled in Medi-Cal, Healthy Families or the County Medical Services Program, we may not make these disclosures for any purpose that is not directly connected with the program that you are enrolled in, unless we are specifically required to do so by law or by a court.**

**As Required by Law.** We must disclose protected health information about you when required to do so by law.

**Public Health Activities.** We may disclose protected health information to public health agencies for reasons such as preventing or controlling disease, injury or disability.

**Victims of Abuse, Neglect or Domestic Violence.** We may disclose protected health information to government agencies about abuse, neglect or domestic violence.

**Health Oversight Activities.** We may disclose protected health information to government oversight agencies (e.g., state insurance departments) for activities authorized by law.



**Judicial and Administrative Proceedings.** We may disclose protected health information in response to a court or administrative order. We may also disclose protected health information about you in certain cases in response to a subpoena, discovery request or other lawful process.

**Law Enforcement.** We may disclose protected health information under limited circumstances to a law enforcement official in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victim of a crime.

**Coroners, Funeral Directors, Organ Donation.** We may release protected health information to coroners or funeral directors as necessary to allow them to carry out their duties. We may also disclose protected health information in connection with organ or tissue donation.

**Research.** Under certain circumstances, we may disclose protected health information about you for research purposes, provided certain measures have been taken to protect your privacy.

**To Avert a Serious Threat to Health or Safety.** We may disclose protected health information about you, with some limitations, when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Special Government Functions.** We may disclose information as required by military authorities or to authorized federal officials for national security and intelligence activities.

**Workers' Compensation.** We may disclose protected health information to the extent necessary to comply with state law for workers' compensation programs.

**Your Health.** Your health information may be subject to restrictions that may limit or prevent some uses or disclosures. For example, there are restrictions on the disclosure of health information relating to HIV/AIDS status, mental health treat-

ment, developmental disabilities, and drug and alcohol abuse treatment. We comply with these restrictions in our use of your health information.

## **Other uses or disclosures with an authorization**

Other uses or disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law.

You may revoke an authorization at any time in writing, except to the extent that we have already taken action on the information disclosed or if we are permitted by law to use the information to contest a claim or coverage under the Plan.

## **Your rights regarding your protected health information**

You have certain rights regarding protected health information that the Plan maintains about you.

**Right To Access Your Protected Health Information.** You have the right to review or obtain copies of your protected health information records, with some limited exceptions. Usually the records include enrollment, billing, claims payment and case or medical management records. Your request to review and/or obtain a copy of your protected health information records must be made in writing. We may charge a fee for the costs of producing, copying and mailing your requested information, but we will tell you the cost in advance.

**Right To Amend (Change) Your Protected Health Information.** If you feel that protected health information maintained by the Plan is incorrect or incomplete, you may request that we change the information. Your request must be made in writing and must include the reason you are seeking a change. We may deny your request if, for example, you ask us to change information that was not created by the Plan, (as is often the case for health information in our records), or you ask to change a record that is already accurate and complete.

If we deny your request to change a record, we will notify you in writing. You then have the right to submit to us a written statement of disagreement with our decision and we have the right to respond to that statement.

**Right to an Accounting (Listing) of Disclosures, by the Plan.** You have the right to request an accounting of the times we have shared your protected health information. The list will not include the times we shared your protected health information when it is related to your treatment, our payment or health care operations, or information given to you or with your authorization. The list may also exclude certain other times of information shared, such as for national security purposes.

Your request for an accounting of your shared protected health information must be made in writing and must state a time period for which you want an accounting. This time period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically).

The first accounting that you request within a 12-month period will be free. For additional lists within the same time period, we may charge for providing the accounting, but we will tell you the cost in advance.

**Right to Request Restrictions on the Use and Disclosure of Your Protected Health Information.** You have the right to request that we restrict or limit how we use or disclose your protected health information for treatment, payment or health care operations. *We may not agree to your request.* If we do agree, we will process your request unless the information is needed for an emergency. Your request for a restriction must be made in writing. In your request, you must tell us **(1)** what information you want to limit; **(2)** whether you want to limit how we use or disclose your information, or both; and **(3)** to whom you want the restrictions to apply.

## Right To Receive Confidential

**Communications.** You have the right to request that we use a certain method to communicate with you about the Plan or that we send Plan information to a certain location if the communication could endanger you. Your request to receive confidential communications must be made in writing. Your request must clearly state that all or part of the communication from us could endanger you. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of this Notice.** You have a right at any time to request a paper copy of this Notice, even if you had previously received an electronic copy.

**Contact Information for Exercising (Using) your Rights.** You may exercise any of the rights described above by contacting our privacy office. See the end of this Notice for the contact information.

## Health Information Security

Employees of CenCal Health are required to follow CenCal Health's security policies and procedures which limit access to health information about members to those employees who need it to perform their job responsibilities. In addition, CenCal Health maintains physical, administrative and technical security measures to safeguard your protected health information.

## Changes to This Notice.

We reserve the right to change the terms of this Notice at any time, effective for protected health information that we already have about you as well as any information that we receive in the future. We will provide you with a copy of the new Notice whenever we make a material change to the privacy practices described in this Notice. We also post a copy of our current Notice on our website at [www.cencalhealth.org](http://www.cencalhealth.org). Any time we make a material change to this Notice, we will promptly revise and issue the new Notice with the new effective date.



## Complaints

If you believe that your privacy rights have been violated, you may file a complaint with us and/or with the Secretary of the Department of Health and Human Services. All complaints to the Plan must be made in writing and sent to the privacy officer listed at the end of this Notice.

We support your right to protect the privacy of your protected health information. ***We will not retaliate against you or penalize you for filing a complaint.***

## Contact the Plan

If you have any complaints or questions about this Notice or if you want to send a written request to the Plan as required in any of the previous sections of this Notice, please contact CenCal Health's Privacy Officer at:

**Address:** Donna M. Slimak, Privacy Officer  
Director, Member Services  
110 Castilian Drive  
Goleta, CA 93117  
**Telephone:** 805-562-1015  
**Fax:** 805-685-2767  
**Email:** [privacy@cencalhealth.org](mailto:privacy@cencalhealth.org)

## Alternative Contact

If you do not wish to file a complaint with CenCal Health and its Privacy Office, you may contact the California Department of Health Services, Privacy Officer at:

**Privacy Officer**  
C/O Office Legal Services  
California Department of Health Services  
MS 0010  
P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 255-5259