



## Notice of Privacy Practices Effective: September 1, 2013

**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.**

Sharp Health Plan provides health care coverage to you. We are required by state and federal law to protect your health information. We have internal processes to protect your oral, written and electronic Protected Health Information (PHI). And we must give you this Notice that tells how we may use and share your information and what your rights are. We have the right to change the privacy practices described in this Notice. If we do make changes, the new Notice will be available upon request, in our office, and on our website.

**Your information is personal and private.** We receive information about you when you become eligible and enroll in our health plan. We also receive medical information from your doctors, clinics, labs, and hospitals in order to approve and pay for your health care.

### **A. HOW WE MAY USE AND SHARE INFORMATION ABOUT YOU**

Sharp Health Plan may use or share your information for reasons directly connected to your treatment, payment for that treatment or health plan operations. The information we use and share includes, but is not limited to: Your name, address, personal facts, medical care given to you, and your medical history.

Some actions we take as a health plan include: checking your eligibility and enrollment; approving and paying for health care services; investigating or prosecuting fraud; checking the quality of care that you receive; and coordinating the care you receive. Some examples include:

**For treatment:** You may need medical treatment that requires us to approve care in advance. We will share information with doctors, hospitals and others in order to get you the care you need.

**For payment:** Sharp Health Plan reviews, approves, and pays for health care claims sent to us for your medical care. When we do this, we share information with the doctors, clinics, and others who bill us for your care. And we may forward bills to other health plans or organizations for payment.

**For health care operations:** We may use information in your health record to judge the quality of the health care you receive. We also may use this information in audits, fraud and abuse programs, planning, and general administration. We do not use or disclose PHI that is genetic information for underwriting purposes.

### **B. OTHER USES FOR YOUR HEALTH INFORMATION**

1. Sometimes a court will order us to give out your health information. We also will give information to a court, investigator, or lawyer under certain circumstances. This may involve fraud or actions to recover money from others.
2. You or your doctor, hospital, and other health care providers may appeal decisions made about claims for your health care. Your health information may be used to make these appeal decisions.
3. We also may share your health information with agencies and organizations that check how our health plan is providing services.
4. We must share your health information with the federal government when it is checking on how we are meeting privacy rules.

This notice is also available in Spanish. To request a copy, please call us at 1-800-359-2002.  
Este aviso está también disponible en español. Para solicitar una copia, llámenos por favor en 1-800-359-2002.

5. We may share your information with researchers when an Institutional Review Board (IRB) has reviewed and approved the reason for the research, and has established appropriate protocols to ensure the privacy of the information.
6. We may disclose health information, when necessary, to prevent a serious threat to your health or safety or the health and safety of another person or the public. Such disclosures would be made only to someone able to help prevent the threat.
7. We provide employers only with the information allowed under the federal law. This information includes summary data about their group and information concerning premium and enrollment data. The only other way that we would disclose your Protected Health Information to your employer is if you authorized us to do so.

### **C. WHEN WRITTEN PERMISSION IS NEEDED**

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

### **D. WHAT ARE YOUR PRIVACY RIGHTS?**

- You have the right to ask us not to use or share your personal health care information in the ways described in this notice. We may not be able to agree to your request.
- If you pay for a service or a health care item out-of-pocket in full, you can ask your provider not to share that information with us or with other health insurers.
- 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 accept reasonable requests when necessary to protect your safety.
- You and your personal representative have the right to get a copy of your health information. You will be sent a form to fill out and may be charged a fee 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 amended if it is not correct or complete. We may refuse your request if: (i) the information is not created or kept by Sharp Health Plan, or (ii) we believe it is correct and complete. If we do not make the changes you ask, you may ask that we review our decision. You also may send a statement saying why you disagree with our records, and that statement will be kept with your records. **\* Important\* Sharp Health Plan 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.**
- When we share your health information after April 14, 2003, you have the right to request a list of what information was shared, with whom we shared it, when we shared it, and for what reasons. This list will not include when we share information: with you; with your permission; for treatment, payment, or health plan operations; or as required by law.
- You have a right to receive written notification if we discover a breach of your unsecured PHI, and determine through a risk assessment that notification is required.
- You have the right to authorize any use or disclosure of PHI that is not specified within this notice. For example, we would need your written authorization to use or disclose your PHI for marketing, for most uses or disclosures of psychotherapy notes, or if we intend to sell your PHI. You may revoke an authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.
- You have a right to request a copy of this Notice of Privacy Practices. You also can find this Notice on our Web site at: [www.sharphealthplan.com](http://www.sharphealthplan.com).
- You have the right to complain about any aspect of our health information practices, per Section F.

### **E. HOW DO YOU CONTACT US TO USE YOUR RIGHTS?** If you want to use any of the

<p>This notice is also available in Spanish. To request a copy, please call us at 1-800-359-2002. Este aviso está también disponible en español. Para solicitar una copia, llámenos por favor en 1-800-359-2002.</p>
--

privacy rights explained in this Notice, please call or write us at: Privacy Officer, Sharp Health Plan, 8520 Tech Way, Ste. 200, San Diego, CA 92123-1450 (1-800-359-2002). Sharp Health Plan cannot take away your health care benefits or do anything to get in the way of your medical services or payment in any way if you choose to file a complaint or use any of the privacy rights in this Notice.

**F. COMPLAINTS** If you believe that we have not protected your privacy and you wish to complain, you may file a complaint (or grievance) by contacting:

- **Sharp Health Plan** by sending a letter to the address shown above or by calling us toll-free at 1-800-359-2002.
- **U.S. Department of Health and Human Services, Office for Civil Rights:** by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).