

Notice of Privacy Practices for Health Information

This is your Health Information Privacy Notice for QCA Health Plan, Inc., QualChoice Life and Health Insurance Company, Inc., QualChoice Advantage, Inc., Heartland Plains Health, Soundpath Health, Riverlink Health and Riverlink Health of Kentucky, Inc.

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.

Our Responsibilities

- We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information.
- We will follow the privacy practices described in this notice and provide you with a copy of it.
- We will not use or share your information other than as described here without your written authorization. We will honor your written request to revoke an authorization.
- We will let you know promptly if a breach occurs that may compromise the privacy or security of your information.
- We will not use genetic information to decide whether we will give you coverage or the price of that coverage.

We may use and share your health information without your authorization in the ordinary course of business for Treatment, Payment and Healthcare Operations in the following ways:

- ***Treatment:*** We do not provide treatment. We may, however, use or share health information to help manage the healthcare you receive. We may share health information with healthcare providers who request it in connection with your treatment, preventive health, early detection and care management programs, in plans that offer these programs.
- ***Payment:*** We use and share health information to manage your account or benefits, to pay your healthcare claims, and to coordinate benefits with other insurers. Example: We share information about you with other health benefit plans that you are covered by in order to coordinate payment for your health services under the terms of your health plan.
- ***Healthcare operations:*** We may use and share health information for healthcare operations which include risk and quality assessment and improvement activities, wellness initiatives preventative health initiatives, and performance measurement outcomes. Example: We may use health information in order to develop better coverage and service offering for our insured members, or provide you with case management or care coordination services for conditions like asthma, diabetes or traumatic injury.

Your Choices

In certain situations, you have the right to choose whether we disclose your health information, such as to a family member, close friend, or other person you identify who is involved in your care, for payment for your care, or to assist in disaster relief efforts. If you are not able to tell us your preference, such as if you're not present or if you're incapacitated, but we believe it is in your best interest, we may go ahead and share your information.

In the following situations we will not share your health information without your authorization:

- We will not share copies of any psychotherapy notes without your authorization.
- We will not share health information for certain marketing activities without your authorization.
- We will not disclose your health information for a sale where we directly or indirectly receive remuneration without your authorization.

You may authorize us to share your health information with someone else for any reason. For example, you may authorize us to discuss your claims with a family member or advocate. If you have provided your written authorization, and you change your mind, you have the right to revoke the authorization.

Other Uses and Disclosures

As allowed or required by law. We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Some of the ways that we may share health information as allowed or required by law include:

Administer your plan: If you are enrolled in a group health plan, we may share health information with your group health plan's Plan Sponsor, for plan administration, but only if the Plan Sponsor promises to protect your PHI and only use it as allowed by law.

Health oversight, public health and safety: We may share health information to health agencies for oversight, public health, audits, inspections, investigations, for licensing actions, government benefits programs, prevent the spread of disease, to report abuse or neglect, to report adverse events or product defects and to prevent or lessen a serious and imminent threat to public or personal health or safety.

Judicial and administrative proceedings and law enforcement. We may share health information in response to a court or administrative order, subpoena, discovery request, to identify a suspect, fugitive, witness, or missing person or other lawful process.

Workers' compensation. We may share health information for Workers' Compensation purposes and similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by, and necessary to comply with the laws.

Comply with the law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Specialized government functions. For example: We may share information about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command to authorized federal officials for national security or intelligence activities; and we may share health information about inmates with correctional facilities or custodial law enforcement officials.

Research purposes. We may share health information for research purposes, subject to approval by institutional or private privacy review boards, and certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project.

Your Rights

Request restrictions. You have the right to ask us to restrict the disclosure of your health information for treatment, payment, or health care operations, except for disclosures required by law. Your request must be in writing. We are not required to agree to this request, but if we do agree, we will honor your request.

Receive confidential communications. You may request that we contact you in a specific way, for example through a different phone number or address that you designate that may be different than the contact information we have on file. We will consider all requests, and must abide by any request where you indicate that you may be in danger if we do not. Your request must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

Get a copy of health and claims information. You can request a copy of the health and claims records we maintain about you. We will provide a summary or copy of your health and claims records, usually within 30 days of your request. We may charge a reasonable cost-based fee.

Request a correction to health claims and records. You can ask us to correct your health and claims records if you think they are inaccurate or incomplete. We may deny your request but if so, we will tell you why in writing within 60 days.

Request a list (accounting) of disclosures of your health information. You may submit a written request for a list of disclosures of your health information for up to six years before the date of your request. Normally we will provide the list of disclosures within 60 days of the request. We will provide one free accounting per year but may charge a fee for subsequent requests within 12 months. The accounting will not include disclosures for Treatment, Payment or Healthcare Operations, or those made to you, or pursuant to your authorization.

Obtain a paper copy of this notice. You can request a paper copy of this privacy notice and it will be provided, even if you agreed to receive this notice electronically.

File a complaint. If you believe your privacy rights have been violated, you may file a complaint by contacting us using the information below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to protect the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Effective Date and Changes

This notice takes effect on January 1, 2016. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on request and on our website, and if the changes are material, we will redistribute the notice.

Contact

For more information on our privacy policies, to assert your rights under HIPAA, or file a privacy complaint please contact:

QualChoice Privacy Officer
11045 E. Lansing Circle
Englewood, CO 80112
720-874-1261
alanfong@catholichealth.net