

AllHealth CHOICE NOTICE OF PRIVACY PRACTICES

Effective Date: June 1, 2016

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

This notice is available in other languages and alternative formats that meet the guidelines for the Americans with Disabilities Act (ADA). Contact (*AllHealth CHOICE- Privacy Officer*) at 855-713-0255 Ext 7005 or email Secure@allhealthchoice.com

Esta noticia está disponible en otras idiomas y formatos alternativos que van por los reglamentos del Acto de Americanos con Incapacidades. Llame al (*Privacy Officer*) at 855-713-0255 Ext 7005 or email Secure@allhealthchoice.com

As your case management provider, *AllHealth CHOICE nurse care managers* must collect information about you to provide services. *AllHealth CHOICE* knows that the information we collect about you and your health is private. *AllHealth CHOICE* is required to protect this information by federal and state law. This information is known as "Protected Health Information" (PHI).

The Notice of Privacy Practices tells you how *AllHealth CHOICE* may use or disclose your PHI. This notice may not be all inclusive of all situations. *AllHealth CHOICE* is required to give you notice of our privacy practices for the information we collect and keep about you. *AllHealth CHOICE* is required to follow the terms of the notice currently in effect.

AllHealth CHOICE is required by law to maintain the privacy of your PHI, provide you with notice of our legal duties and privacy practices with respect to PHI, and notify you if your PHI is affected in a breach of unsecured PHI.

AllHealth CHOICE ensures that customers are aware of their obligations and rights, and accept the responsibilities and liabilities involved in accessing, processing, communicating, or managing the organization's information and information assets. (11/19 MT)

When *AllHealth CHOICE* May Use, and Disclose Information Without Your Authorization

- **For Treatment.** *AllHealth CHOICE* may use or disclose information with health care providers who are involved in your health care. This may include health care providers (doctors, nurses, licensed practitioners) employed by or outside of AllHealth CHOICE. For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment.** *AllHealth CHOICE* may use or disclose information to get effect payment for the health care services you receive. For example, *AllHealth CHOICE* may provide PHI in relation to a bill received for health care services provided to you.

For Health Care Operations. *AllHealth CHOICE* may use or disclose information to manage its programs and activities. These uses and disclosures are necessary to run the case management program and to make sure that people receiving case management services receive quality care.

For example,

AllHealth CHOICE may use PHI to review the quality of services you receive or to evaluate a provider's performance prior to providing payment.

- **Other Disclosures for Plan Operations.** *AllHealth CHOICE* may use or disclose PHI for

the following activities

- *AllHealth CHOICE* may disclose PHI to your plan sponsor as required under the plan's contract,
 - *AllHealth CHOICE* will use or disclose PHI to third-parties or sub-contractors who have a business associate agreement (BAA) with *AllHealth CHOICE*,
 - *AllHealth CHOICE* may use or disclose PHI for fundraising purposes. However, you have the right to opt out of any fundraising communications.
- **Appointments and Other Health Information.** *AllHealth CHOICE* may send you reminders for medical care checkups. *AllHealth CHOICE* may send you information about health services that may be of interest to you. You have a right to place restrictions on these communications and request how these communications occur.
 - **For Public Health Activities.** *AllHealth CHOICE* may send PHI to the state or local public health agency that keeps and updates vital records, such as births and deaths, and tracks some diseases. We may disclose medical information to these agencies as required by law.
 - **For Health Oversight Activities.** *AllHealth CHOICE* may use or disclose information to inspect or investigate health care providers. We may disclose medical information to health oversight agencies for activities authorized by law.
 - **As Required by Law and For Law Enforcement.** *AllHealth CHOICE* will use and disclose information when required by federal or state law; by court order, subpoena, warrant, summons, administrative request or similar process; or in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
 - **For Abuse Reports and Investigations.** *AllHealth CHOICE* is required by law to receive and investigate reports of abuse (administrative related to violations of regulation).
 - **For Government Programs.** *AllHealth CHOICE* may use and disclose information for public benefits under other government programs. For example, *AllHealth CHOICE* may disclose information for the determination of Supplemental Security Income (SSI) benefits.
 - **To Avoid Harm.** *AllHealth CHOICE* may disclose PHI to law enforcement to avoid a serious threat to the health and safety of a person or the public.

For Research. *AllHealth CHOICE* may use information for studies and to develop reports. These reports do not identify specific people. These types of disclosures may only occur without specific patient authorization when you (the patient) has previously agreed to participate in a research study and the report disclosures are included in participation agreements.

- **Disclosures to Family, Friends and Others Who Are Involved in Your Medical Care.** *AllHealth CHOICE* may disclose information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information. Disclosures may only occur without authorization in instances of emergency or incapacity to effect treatment or care.
- **Other Uses and Disclosures Require Your Written Authorization.** For other situations, *AllHealth CHOICE* will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. *AllHealth CHOICE* cannot take back any uses or disclosures already made with your authorization. However, disclosures made in conjunction with a valid authorization and prior to a written revocation cannot be withdrawn.

Other Laws Protect PHI. Many *AllHealth CHOICE* programs have other laws for the use and

disclosure of information about you. For example, you must give your written authorization for *AllHealth CHOICE* to use and disclose your chemical dependency treatment records and AllHealth CHOICE will obtain your authorization prior to any such disclosures.

Your PHI Privacy Rights

You have the following rights regarding health information AllHealth CHOICE maintains about you:

- **Right to Inspect and Receive Copies of Your Records.** In most cases, you have the right to inspect or receive copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records. AllHealth CHOICE may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.
- **Right to Request a Correction or Update of Your Records.** You may ask AllHealth CHOICE to amend information you feel to be incorrect or add missing information to your records. You must make the request in writing, and provide a reason for your request. AllHealth CHOICE may deny your request in certain limited circumstances.
- **Right to Get a List of Disclosures.** You have the right to ask AllHealth CHOICE for a list of disclosures or access report made within the last three years. You must make the request in writing. The list will not include information provided directly to you or your family, or information that was sent with your authorization.

Right to Request Limits on Uses or Disclosures of PHI. You have the right to ask that AllHealth CHOICE limit how your information is used or disclosed. You must make the request in writing to [AllHealth CHOICE PO Box 7429, Tifton, Ga 31793] and tell AllHealth CHOICE what information you want to limit and to whom you want the limits to apply. AllHealth CHOICE is not required to agree to the restriction, unless the restriction is for disclosures to a health plan for carrying out payment or health care operations that are not otherwise required by law, and the PHI pertains solely to a health care item or service for which you personally, and not your plan, have paid in full, you can request that the restrictions be terminated in writing or verbally.

- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing to [AllHealth CHOICE PRIVACY OFFICIAL at PO Box 7429, Tifton, Ga 31793.]. This will not affect information that has already been shared.
- **Right to Choose How We Communicate with You.** You have the right to request that AllHealth CHOICE share information with you in a certain way or in a certain place. For example, you may ask AllHealth CHOICE to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.
- **Right to File a Complaint.** You have the right to file a complaint if you do not agree with how AllHealth CHOICE has used or disclosed information about you or if you believe your privacy rights have been violated. You will not be penalized for filing a complaint. To file a complaint, you may write to us at:

AllHealth CHOICE

PO Box 7429, Tifton, Ga 31793

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office of Civil Rights.

- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.