



Promise Health Plan

## Your Information. Your Rights. Our Responsibilities.

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.**

### Your Rights

#### You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

**See page 2** for more information on these rights and how to exercise them.

### Your Choices

#### You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

**See page 3** for more information on these choices and how to exercise them.

### Our Uses and Disclosures

#### We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

**See pages 3-4** for more information on these uses and disclosures.

## Your Rights

## When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

### Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home, or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on pages 6-7.
- You can file a complaint with the 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, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).
- We will not retaliate against you for filing a complaint.

## Your Choices

### For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

#### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

#### In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

**Example:** A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

#### Run our organization

We can use and disclose your information to run our organization and contact you when necessary.

**We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.

**Example:** We use health information about you to develop better services for you.

#### Pay for your health services

We can use and disclose your health information as we pay for your health services.

**Example:** We share information about you with your dental plan to coordinate payment for your dental work.

#### Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

**Example:** Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

## How else can we use or share your health information?

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 must meet many conditions in the law before we can share your information for these purposes. For more information see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

### Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### Do research

We can use or share your information for health research.

### 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.

### Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### Specific Types of medical information:

There are stricter requirements for use and disclosure of some types of information– for example, mental health and drug and alcohol abuse patient information, and HIV test results. However, there are still circumstances in which these types of information may be used or disclosed without your authorization.

*Continued on next page*

### **Abuse or Neglect:**

By law, we may disclose your medical information to the appropriate authority to report suspected elderly abuse or neglect to identify suspected victims of abuse, neglect, or domestic violence.

### **Inmates:**

Under the federal law that requires us to give you this notice, inmates do not have the same rights to control their medical information as other individuals. If you are an inmate of a correctional institution or in custody of a law enforcement official, we may disclose your medical information to the correctional institution or the law enforcement for certain purposes, for example, to protect your health or safety or someone else's.

### **All Other Uses and Disclosures of your Medical Information Require Your Prior Written Authorization:**

Except for those uses and disclosures described above, we will not use or disclose your medical information without your written authorization. When your authorization is required and you authorized us to use or disclose your medical information for some purpose, you may revoke that authorization by notifying us in writing at any time. Please note that the revocation will not apply to any authorized use or disclosure of your medical information that took place before we received your revocation.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>.

## **Changes to the Terms of this Notice**

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 upon request, on our web site, and we will mail a copy to you.

Effective Date: 09/23/2013

If you have questions about this notice, or want to lodge a complaint about our privacy practices, please let us know by calling our Member Services Call Center at 1-800-544-0088 (TTY: 711), from 8:00 a.m. – 6:00 p.m. You may also write to our Privacy Officer at: Blue Shield of California Promise Health Plan, Attention: Privacy Officer, 601 Potrero Grande Drive, Monterey Park, CA 91755 or to the Blue Shield of California Promise Health Plan Privacy Office at [privacy@blueshieldca.com](mailto:privacy@blueshieldca.com) or [call our Privacy Hotline at 1-888-266-8080](tel:1-888-266-8080).

Note: Blue Shield Promise shall obtain and maintain any and all agreements or objections related to restricting or prohibiting some or all of the uses or disclosures.

You may also file a complaint through the:

Department of Health Care Services (DHCS) Privacy Officer: [privacyofficer@dhcs.ca.gov](mailto:privacyofficer@dhcs.ca.gov)  
Phone: 916-445-4646, Fax: 1-916-440-7680.

Address: c/o Office of HIPAA Compliance DHCS, P.O. Box 977413, MS 4408,  
Sacramento, CA 95899-7413.

Website:

[https://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/default.aspx?utm\\_source=Resources&utm\\_medium=SideBar&utm\\_campaign=Privacy&HIPAA](https://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/default.aspx?utm_source=Resources&utm_medium=SideBar&utm_campaign=Privacy&HIPAA).

## The Department of Health and Human Services, Office of Civil Rights by:

### Filing A Complaint Electronically Using OCR Complaint Portal:

- Open the **OCR Complaint Portal** and select the type of complaint you would like to file. Complete as much information as possible, including:
  1. Information about you, the complainant;
  2. Details of the complaint; and
  3. Any additional information that might help OCR when reviewing your complaint
- You will then need to electronically sign the complaint and complete the consent form.
- After completing the consent form you will be able to print out a copy of your complaint to keep for your records.
- We will not take retaliatory action against you if you file a complaint about our privacy practices.

### File A Complaint Using Our Civil Rights Discrimination Complaint Package:

- Open and fill out the Civil Rights Discrimination Complaint Form Package in PDF format. You will need Adobe Reader software to fill out the complaint and consent forms. You may either:
  1. Print and mail or fax the completed complaint and consent forms to the appropriate OCR regional office; or
  2. Email the completed complaint and consent forms to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). (Please note that communication by unencrypted email presents a risk that personally identifiable information contained in such an email, may be intercepted by unauthorized third parties.)

## File A Complaint Without Using Our Civil Rights Discrimination Complaint Package:

If you prefer, you may submit a **written** complaint in your own format. Be sure to include the following information:

1. Your name
2. Full address
3. Telephone numbers (include area codes)
4. Email address (if available)
5. Name, full address, and telephone number of the person, agency, or organization you believe discriminated against you.
6. Brief description of what happened. How, why, and when you believe your (or someone else's) civil rights were violated.
7. Any other relevant information
8. Your signature and date of complaint

If you are filing a complaint on someone's behalf, also provide the name of the person on whose behalf you are filing.

If you mail or fax the complaint, be sure to send it to the appropriate OCR regional office (see below) based on where the alleged violation took place. OCR has ten regional offices, and each regional office covers specific states. Send your complaint to the attention of the OCR Regional Manager. *You do not need to sign the complaint and consent forms when you submit them by email because submission by email represents your signature.*

### Region IX – San Francisco (American Samoa, Arizona, California, Guam, Hawaii, Nevada)

Regional Manager  
Office for Civil Rights  
U.S. Department of Health and Human Services  
90 7th Street, Suite 4-100  
San Francisco, CA 94103

Voice Phone (800) 368-1019  
FAX (202)619-3818  
TDD (800) 537-7697

If you need this information in your language or in an alternative format (i.e. Braille, Large Print or Audio), please call our toll-free number 1-855-699-5557.

**\*\* ENGLISH\*\***

1 855-699-5557 (J...JI)

**\*\* ARABIC\*\***

Si necesita esta información en español, o en formato alterno (por ejemplo, braille, letra grande o audio), por favor llame al 1-855-699-5557. Esta llamada es gratuita.

**\*\* SPANISH\*\***

Nếu bạn cần thông tin này trong ngôn ngữ của bạn hoặc trong một định dạng khác (ví dụ như chữ nổi, lớn In hoặc Audio), xin vui lòng gọi số điện thoại miễn phí của chúng tôi số 1-855-699-5557.

**\*\* VIETNAMESE\*\***

Blue Shield of California Promise Health Plan is contracted with LA Care Health Plan to provide Medi-Cal Managed Services in Los Angeles County.

[blueshieldca.com](http://blueshieldca.com)

