

NOTICE OF PRIVACY PRACTICES

Blue Shield of California Promise Health Plan

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 PRIVACY COMMITMENT

At Blue Shield of California Promise Health Plan, we understand the importance of keeping your personal information private, and we take our obligation to do so very seriously.

In the normal course of doing business, we create records about you, your medical treatment, and the services we provide to you. The information in those records is called “protected health information” (PHI) and includes your individually identifiable personal information such as your name, address, telephone number, and Social Security number, as well as your health information, such as healthcare diagnosis or claim information.

We are required by federal and state law to provide you with this notice of our legal duties and privacy practices as they relate to your PHI. We are required to maintain the privacy of your PHI and to notify you in the event that you are affected by a breach of unsecured PHI. When we use or give out (“disclose”) your PHI, we are bound by the terms of this notice, which applies to all records that we create, obtain, and/or maintain that contain your PHI.

HOW WE PROTECT YOUR PRIVACY

We maintain physical, technical, and administrative safeguards to ensure the privacy of your PHI. To protect your privacy, only Blue Shield Promise workforce members who are authorized and trained are given access to our paper and electronic records and to non-public areas where this information is stored.

Workforce members are trained on topics including:

- Privacy and data protection policies and procedures, including how paper and electronic records are labeled, stored, filed, and accessed.
- Physical, technical, and administrative safeguards in place to maintain the privacy and security of your PHI.

Our corporate Privacy Office monitors how we follow our privacy policies and procedures, and educates our organization on this important topic.



Promise
Health
Plan

H0148_21_226_C_11302021

Uses of PHI without your authorization

We may disclose your PHI without your written authorization if necessary while providing health benefits and services to you. We may disclose your PHI for the following purposes:

Treatment

- To share with nurses, doctors, pharmacists, optometrists, health educators, and other healthcare professionals so they can determine your plan of care.
- To help you obtain services and treatment you may need – for example, ordering lab tests and using the results.
- To coordinate your health care and related services with a healthcare facility or professional.

Payment

- To obtain payment of premiums for your coverage.
- To make coverage determinations – for example, to speak to a healthcare professional about payment for services provided to you.
- To coordinate benefits with other coverage you may have – for example, to speak to another health plan or insurer to determine your eligibility or coverage.
- To obtain payment from a third party that may be responsible for payment, such as a family member.
- To otherwise determine and fulfill our responsibility to provide your health benefits – for example, to administer claims.

Health care operations

- To provide customer service.
- To support and/or improve the programs or services we offer you.
- To assist you in managing your health – for example, to provide you with information about treatment alternatives you may be entitled to, or to provide you with healthcare services or treatment reminders.
- To support another health plan, insurer, or health care professional who has a relationship with you, to improve the programs it offers you – for example, for case management or in support of an accountable care organization (ACO) or patient-centered medical home arrangement.
- For underwriting, dues, or premium rating, or other activities relating to the creation, renewal, or replacement of a contract for health coverage or insurance. Please note, however, that we will not use or disclose your PHI that is genetic information for underwriting purposes – doing so is prohibited by federal law.

We may also disclose your PHI without your written authorization for other purposes, as permitted or required by law. This includes:

Disclosures to others involved in your health care

- If you are present or otherwise available to direct us to do so, we may disclose your PHI to others, such as, for example, a family member, a close friend, or your caregiver.
- If you are in an emergency situation, are not present, are incapacitated, or if you are deceased, we will use our professional judgment to decide whether disclosing your PHI to others is in your best interest. If we do disclose your PHI in a situation where you are unavailable, we will disclose only information that is directly relevant to the person's involvement with your treatment or the payment related to your treatment. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, your general medical condition, or your death.
- We may disclose your minor child's PHI to the child's other parent.

Disclosures to vendors and accreditation organizations

We may disclose your PHI to:

- Companies that perform certain services on behalf of Blue Shield Promise. For example, we may engage vendors to help us provide information and guidance to members with chronic conditions like diabetes and asthma.
- Accreditation organizations such as the National Committee for Quality Assurance (NCQA) for quality measurement purposes.

Please note that before we share your PHI, we obtain the vendor's or accreditation organization's written agreement to protect the privacy of your PHI.

Communications

We may use your PHI to contact you with information about your health plan coverage, benefits, health-related programs and services, treatment reminders, or treatment alternatives available to you.

Fundraising

We do not use your PHI for fundraising purposes.

Health or safety

We may disclose your PHI to prevent or lessen a serious and imminent threat to your health or safety, or the health or safety of the general public.

Public health activities

We may disclose your PHI to:

- Report health information to public health authorities authorized by law to receive such information for the purpose of preventing or controlling disease, injury or disability, or monitoring immunizations.
- Report child abuse or neglect, or adult abuse, including domestic violence, to a government authority authorized by law to receive such reports.
- Report information about a product or activity that is regulated by the U.S. Food and Drug Administration (FDA) to a person responsible for the quality, safety, or effectiveness of the product or activity.

- Alert a person who may have been exposed to a communicable disease, if we are authorized by law to give such a notice.

Health oversight activities

We may disclose your PHI to:

- A government agency that is legally responsible for oversight to the healthcare system or for ensuring compliance with the rules of government benefit programs such as Medicare or Medicaid.
- Other regulatory programs that need health information to determine compliance.

Research

We may disclose your PHI for research purposes, but only according to, and as allowed by, law.

Compliance with the law

We may use and disclose your PHI to comply with the law.

Judicial and administrative proceedings

We may disclose your PHI in a judicial or administrative proceeding or in response to a valid legal order.

Law enforcement officials

We may disclose your PHI to the police or other law enforcement officials, as required by law or in compliance with a court order or other process authorized by law.

Government functions

We may disclose your PHI to various departments of the government, such as the U.S. military or the U.S. Department of State, as required by law.

Workers' compensation

We may disclose your PHI when necessary to comply with workers' compensation laws.

Uses of PHI that require your authorization

Other than for the purposes described above, we must obtain your written authorization to use or disclose your PHI. For example, we will not use your PHI for marketing purposes without your prior written authorization, nor will we give your PHI to a prospective employer without your written authorization.

Uses and disclosures of certain PHI deemed “highly confidential”

For certain kinds of PHI, federal and state law may require enhanced privacy protection. This includes PHI that is:

- Maintained in psychotherapy notes
- About alcohol and drug abuse, prevention, treatment, and referral
- About HIV/AIDS testing, diagnosis, or treatment
- About venereal and/or communicable disease(s)
- About genetic testing

We can only disclose this type of specially protected PHI with your prior written authorization except when specifically permitted or required by law.

Authorization cancellation

At any time, you may cancel a written authorization that you previously gave to us. When submitted to us in writing, the cancellation will apply to future uses and disclosures of your PHI. It will not affect uses or disclosures made previously, while your authorization was in effect.

YOUR INDIVIDUAL RIGHTS

You have the following rights regarding the PHI that Blue Shield Promise creates, obtains, and/or maintains about you:

Right to request restrictions

You may ask us to restrict the way we use and disclose your PHI for treatment, payment, and healthcare operations, as explained in this notice. We are not required to agree to your restriction requests, but we will consider them carefully.

If we agree to a restriction request, we will abide by it until you request or agree to terminate the restriction. We may also inform you that we are terminating our agreement to a restriction. In that case, the termination will apply only to the PHI created or received after we have informed you of the termination.

Right to receive confidential communications

You may ask to receive Blue Shield Promise communications containing PHI by alternative means or at alternate locations. As required by law, and whenever feasible, we will accommodate reasonable requests. We may require that you make your request in writing. If your request involves a minor child, we may ask you to provide legal documentation to support your request.

Right to access your PHI

You may ask to inspect or to receive a copy of certain PHI that we maintain about you in a “designated record set.” This includes, for example, records of

enrollment, payment, claims adjudication, and case or medical management record systems, and any information we used to make decisions about you. Your request must be in writing. Whenever possible, and as required by law, we will provide you with a copy of your PHI in a form (paper or electronic) and format you request. If you request a copy of your PHI, we may charge you a reasonable, cost-based fee for preparing, copying, and/or mailing it to you. In certain limited circumstances permitted by law, we may deny you access to a portion of your records.

Right to amend your records

You have the right to ask us to correct or amend the PHI that we maintain about you in a designated record set. Your request must be made in writing and explain why you want your PHI amended. If we determine that the PHI is inaccurate or incomplete, we will correct it if permitted by law. If a doctor or health care facility created the PHI that you want to change, you should ask them to amend the information.

Right to receive an accounting of disclosures

Upon your written request, we will provide you with a list of the disclosures we have made of your PHI for a specified time period, up to six years prior to the date of your request. However, the list will exclude:

- Disclosures you have authorized.
- Disclosures made earlier than six years before the date of your request.
- Disclosures made for treatment, payment, and healthcare operations purposes, except when required by law.
- Certain other disclosures that we are allowed by law to exclude from the accounting.

If you request an accounting more than once during any 12-month period, we will charge you a reasonable cost-based fee for each accounting report after the first one.

Right to name a personal representative

You may name another person to act as your personal representative. Your representative will be allowed access to your PHI, to communicate with the healthcare professionals and facilities providing your care, and to exercise all other HIPAA rights on your behalf. Depending on the authority you grant your representative, he or she may also have authority to make healthcare decisions for you.

Right to receive a paper copy of this notice

Upon your request, we will provide a paper copy of this Notice, even if you have agreed to receive this Notice electronically. See the "Notice Availability and Duration" section of this Notice.

ACTIONS YOU MAY TAKE

Contact Blue Shield Promise

If you have questions about your privacy rights, believe that we may have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact us:

Blue Shield of California Promise Health Plan Privacy Office

P.O. Box 272540
Chico, CA 95927-2540

Phone: (888) 266-8080 (toll-free)
Hotline: (855) 296-9086 (toll-free)
Fax: (800) 201-9020 (toll-free)
Email: privacy@blueshieldca.com

For certain types of requests, you must complete and mail us a form that is available either by calling the Customer Care number on your Promise Health Plan member ID card or by visiting our website at blueshieldca.com/bsca/bsc/wcm/connect/sites/Sites_Content_EN/bsp/about-promise/privacy.

Contact a federal government agency

You may also file a written complaint with the Secretary of the U.S. Department of Health & Human Services (HHS) Office for Civil Rights if you believe we may have violated your privacy rights:

Office for Civil Rights

U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Phone: (877) 696-6775
Website: hhs.gov/ocr/privacy/hipaa/complaints

If you are a California resident, you may also contact the OCR Regional Manager for California:

Region IX Regional Manager

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

Phone: (800) 368-1019
Fax: (202) 619-3818
TTY: (800) 537-7697

Contact a state government agency

You may also file a written complaint with the California Department of Health Care Services (DHCS):

DHCS

Privacy Officer
c/o Office of HIPAA Compliance DHCS
P.O. Box 997413, MS 4721
Sacramento, CA 95899-7413

Phone: (916) 445-4646
Fax: (916) 440-7680
Website: dhcs.ca.gov/formsandpubs/laws/priv

Phone: (888) 839-9909

We will not retaliate against you for filing a complaint about our privacy practices.

NOTICE OF AVAILABILITY AND DURATION

Notice of Availability

A copy of this Notice is available by calling the Customer Care number on your Promise Health Plan member ID card or by visiting our website at blueshieldca.com/bsca/bsc/wcm/connect/sites/Sites_Content_EN/bsp/about-promise/privacy.

Right to change terms of this Notice

We are required to abide by the terms of this Notice as long as it remains in effect. We may change the terms of this Notice at any time, and at our discretion, we may make the new terms effective for all of your PHI in our possession, including any PHI we created or received before we issued the new notice.

If we change this notice, we will update the notice on our website, and if you are enrolled in a Blue Shield Promise benefit plan at the time, we will send you the new notice when and as required by law.

Effective date: This Notice is effective as of 1/1/2022

Blue Shield Promise Health Plan is an independent licensee of the Blue Shield Association. For more help and resources, visit blueshieldca.com/promise/medical. You can also call Customer Care at (855) 905-3825 (TTY: 711) 8:00 a.m. to 8:00 p.m., seven days a week. Blue Shield of California Promise Health Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

English:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-905-3825 (TTY: 711), 8:00 a.m. to 8:00 pm., seven days a week. The call is free.

中文 (Chinese):

请留意：如果您说中文，可以免费获得语言协助服务。请拨打 1-855-905-3825（听障和语障专线：711），每周七天办公，早上 8:00 至晚上 8:00。此电话为免付费专线。

한국어(Korean):

주: 귀하가 한국어를 사용하시는 경우, 무료로 언어 지원 서비스를 이용하실 수 있습니다. 1-855-905-3825(TTY: 711)번으로 주 7 일, 오전 8 시부터 오후 8 시까지 전화하실 수 있습니다. 이 전화는 무료입니다.

Русский (Russian):

ОБРАТИТЕ ВНИМАНИЕ! Если Вы говорите по-русски, мы можем предложить Вам бесплатные услуги языковой поддержки. Звоните по телефону 1-855-905-3825 (TTY: 711) с 8:00 до 20:00 без выходных. Звонок бесплатный.

فارسی (Farsi):

توجه: اگر به زبان فارسی صحبت می کنید، خدمات امداد زبانی بدون اخذ هزینه در اختیار شما می باشد. با شماره 1-855-905-3825 (TTY: 711)، از ساعت 8:00 صبح تا 8:00 شب در هفت روز هفته تماس بگیرید. این تماس رایگان است.

भाषा (Hindi):

ध्यान: यदि आप भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। फ़ोन करना 1-855-905-3825 (TTY: 711), सुबह 8:00 बजे से शाम 8:00 बजे तक, सप्ताह के सातों दिन। फ़ोन करना फ़्री है।

Lus Hmoob (Hmong):

LUS CEEV: Yog koj hais Lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-855-905-3825 (TTY: 711), 8:00 teev sawv ntxov txog 8:00 teev tsaus ntu, xya hnuv hauv ib lub as thiv. Qhov hu xov tooj no yog hu dawb xwb.

Español (Spanish):

ATENCIÓN: Si usted habla español, hay a su disposición servicios de asistencia de idiomas sin costo. Llame al 1-855-905-3825 (TTY: 711), de 8:00 a.m. a 8:00 p.m., los siete días de la semana. La llamada es gratuita.

Tiếng Việt (Vietnamese):

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi sẽ cung cấp miễn phí dịch vụ hỗ trợ ngôn ngữ cho quý vị. Gọi số 1-855-905-3825 (TTY: 711), 8 giờ sáng đến 8 giờ tối, bảy ngày trong tuần. Cuộc gọi này miễn phí.

Tagalog (Tagalog):

PAUNAWA: Kung nagsasalita kayo ng Tagalog, may mga available na libreng serbisyo ng tulong sa wika para sa inyo. Tumawag sa 1-855-905-3825 (TTY: 711), 8:00 a.m. hanggang 8:00 p.m., pitong araw sa isang linggo. Libre ang tawag.

:العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، يتوفر لك خدمات المساعدة اللغوية المجانية. اتصل على الرقم 1-855-905-3825 (TTY: 711)، من الساعة 8:00 صباحًا إلى 8:00 مساءً طوال أيام الأسبوع. علمًا بأن هذه المكالمات مجانية.

ພາສາລາວ (Laotian):

ສິ່ງສຳຄັນ: ຖ້າທ່ານເວົ້າພາສາລາວແມ່ນມີບໍລິການຊ່ວຍເຫຼືອທາງດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໂທຫາເບີ 1-855-905-3825 (TTY: 711), 8:00 ໂມງເຊົ້າ ຫາ 8:00 ໂມງແລງ, ເຈັດວັນຕໍ່ອາທິດ. ການໂທແມ່ນບໍ່ເສຍຄ່າ.

日本語 (Japanese):

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-905-3825 (TTY: 711) まで、お電話にてご連絡ください。毎日午前 8 時から午後 8 時まで受け付けています。通話は無料です。

ภาษาไทย (Thai):

เรียน หากคุณพูดภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาให้แก่คุณโดยไม่มีค่าใช้จ่าย โทร 1-855-905-3825 (TTY: 711) 8:00 น. ถึง 20:00 น. ได้ตลอดเจ็ดวันต่อสัปดาห์ โทรฟรี ไม่มีค่าใช้จ่าย

ਪੰਜਾਬੀ (Punjabi):

ਸਾਵਧਾਨ : ਜੇ ਤੁਸੀਂ [ਪੰਜਾਬੀ] ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਉਪਲਬਧ ਹਨ | ਕਾਲ ਕਰੋ 1-855-905-3825 (TTY: 711), ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8:00 ਵਜੇ ਤੱਕ, ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ | 711), ਸਵੇਰ ਦੇ 8 ਵਜੇ ਤੋਂ ਲੈ ਕੇ ਸ਼ਾਮ ਦੇ 8 ਵਜੇ ਤੱਕ, ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ. ਕਾਲ ਫ਼ੀ ਹੈ |

ខ្មែរ (Khmer):

ចាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសា គឺមានសំរាប់អ្នក ដោយឥតគិតថ្លៃ។ ហៅ 1-855-905-3825 (TTY: 711) ម៉ោង 8:00 ព្រឹក ដល់ 8:00 យប់ ប្រាំពីរថ្ងៃមួយអាទិត្យ។ ហៅគឺឥតគិតថ្លៃទេ។

Հայերեն (Armenian):

Ուշադրություն: Եթե խոսում եք հայերեն, Ձեզ տրամադրվելի են անվճար լեզվաբան օգնություն ծառայություններ: Ձանգահարեք 1-855-905-3825 (TTY` 711) համարով, 8:00-ից 20:00, շաբաթը յոթ օր: Հեռախոսազանգն անվճար է:

Українська (Ukrainian):

ЗВЕРНІТЬ УВАГУ! Якщо Ви розмовляєте українською, ми можемо запропонувати Вам безкоштовні послуги мовної підтримки. Телефонуйте 1-855-905-3825 (TTY: 711) з 8:00 до 20:00 без вихідних. Дзвінок безкоштовний.

Mienh (Mien):

TOV JANGX LONGX OC: Beiv taix meih gorngv Mienh waac nor, ninh mbuo gorn zangc duqv mbenc nzoih wang-henh nzie weih faan waac bun meih muangx maiv zuqc feix liuc cuotv zinh nyaanh. Douc waac lorx taux 1-855-905-3825 (TTY: 711), 8:00 diemv ziangh hoc lunggh ndorm mingh taux 8:00 ziangh hoc lunggh muonz, yietc norm liv baaiz se koi nzoih siec hnoi. Naaiv norm douc waac gorn se wang-henh longc maiv zuqc feix liuc cuotv zinh nyaanh.

Discrimination is Against the Law

Blue Shield Promise Cal MediConnect Plan complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people or treat them differently, on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability or physical disability.

Blue Shield Promise Cal MediConnect Plan provides:

- Aids and services at no cost to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Language services at no cost to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Blue Shield Promise Cal MediConnect Plan Civil Rights Coordinator.

If you believe that Blue Shield Promise Cal MediConnect Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability or physical disability, you can file a grievance with:

Blue Shield Promise Cal MediConnect Plan
Civil Rights Coordinator
601 Potrero Grande Dr.
Monterey Park, CA 91755
Phone: (844) 883-2233 (TTY: 711)
Fax: (323) 889-2228
Email: BSCPHPCivilRights@blueshieldca.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, (TTY 800-537-7697)
Complaint Portal: https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.