

# **Notice of Privacy Practices**

UPMC HEALTH PLAN

# Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAYBE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

## ► Available documents

### Privacy Statement

Your member materials include a Privacy Statement. That statement offers details about your rights. Those rights regard the privacy of protected health information (PHI). We protect PHI for our members. We also do this for people who used to be members and for people who want to become members.

### Notice of Privacy Practices

The document you are reading is a Notice of Privacy Practices. We give this to you so that you know how we may use or disclose PHI. By law, we must protect your health information. We must also send you this notice. You have rights related to PHI. This notice describes those rights.

We also have rights. One of those rights is to change our privacy practices. We can also change our notice. If we make a material change to our practices, we will do this:

- Notify you about the change.
- Post the new notice on our website.
- Provide you with a copy electronically or through the mail.

We may apply revised practices to existing and new PHI.

## ► Words to know

We will use these terms:

- Protected health information
- Health information
- Information
- PHI

Those words refer to information that we collect, create, maintain, or transmit about you. It may identify you. It may relate to past, present, or future health and mental health services. It may also describe payments for such services.

## ► **How we use and disclose your protected health information**

We collect, use, and disclose your information to administer our health plans and provide services to our members. We have the right to use or disclose your information for payment, treatment, and health care operations. We have listed some examples. You may want to see the full lists (45 C.F.R. § 164.501). We will not use or disclose any of your genetic information for any of these functions.

### **Payment**

- Collecting premiums due to us
- Determining your coverage
- Processing service claims
- Coordinating benefits
- Determining medical necessity
- Issuing an explanation of your benefits
- Pre-authorizing services
- Determining whether a service is covered

### **Health care operations**

- Credentialing health care providers
- Peer review
- Business management
- Accreditation and licensing
- Utilization review
- Quality improvement
- Enrollment
- Underwriting
- Reinsurance
- Compliance
- Auditing
- Rating
- Other functions relating to your plan

### **Treatment**

- Disease management
- Wellness programs
- Health coverage eligibility
- Payment for health services
- Payments due from members

## Other uses and disclosures

Some activities do not fit the above lists. Examples include:

**Business Associates.** We have business partners. We call them business associates. Business associates must protect your PHI. They use your information only as spelled out in our contract with them.

**Other Covered Entities.** We may use or disclose your information to health care providers to help them treat you or to receive payment. We may also disclose your information to other covered entities to help them with their health care operations.

**Plan Sponsors.** Your coverage may be through an employer or other group. If so, we may share your PHI with them. This may include information about who is enrolled with us. It may include notices of who is no longer enrolled. We may also disclose other PHI to the group for administrative use. This only happens if the group agrees to restrict use and disclosure. We may share the names of the members who have completed wellness program requirements to help provide rewards or incentives.

**Required by Law.** We may disclose your information to any federal or state agency to show our compliance with HIPAA. If an agency asks, we must share your records with them. The U.S. Department of Health and Human Services is one agency that may ask for our records.

**Public Health.** We may share PHI with a county health department. This would happen if they ask for data regarding a serious illness.

**Abuse or Neglect.** We may share your PHI with government authorities. Those authorities include social services or protective services. By law, we must provide information to them.

**Health Oversight.** We may share your PHI for legally permitted activities. These activities include:

- Licensure
- Government audits
- Fraud and abuse investigation
- Accreditation

**Legal Proceedings.** We may disclose your information in response to a court order, subpoena, or search order.

**Law Enforcement.** We may share limited PHI with the police and other law enforcement agencies. It would be used to help locate a missing person, report a crime, or other similar reasons.

**Coroners and Funeral Directors.** We may share PHI with a coroner or medical examiner. It would be used to identify someone who died, determine a cause of death, or as required by law. We may also share information with a funeral director for burial purposes.

**For Purposes of Organ Donation.** We share PHI to meet a member's wishes for organ donation.

**Research.** We may use or disclose your PHI for research. The research would be related to the study of diseases or disabilities. This would happen only if the study meets privacy law requirements.

**Serious Threat to Health or Safety.** We may share your PHI to avoid a serious threat to you, another person, or the public. Your information would be given to health agencies, the police, or other law enforcement agencies. We may also share PHI if there is an emergency or natural disaster.

**Specialized Government Functions.** We may share your PHI if there is a national crisis. We may also do this to help protect the President of the United States and other officials. Our disclosure would result from a government request.

**Workers' Compensation.** We may share PHI relevant to job-related injuries or illnesses. That would only happen for workers' compensation coverage under state law.

**Correctional Institutions or Law Enforcement Officials.** If you are in jail or in law enforcement custody, we may share your PHI. This would happen only if it is needed to:

- Provide you with health care.
- Protect your health and safety.
- Protect the health and safety of others.
- Keep the facility you are in safe.

**Data Breach.** We may use your contact information to provide notices required by law. These notices can include unauthorized acquisition, access, or disclosure of your PHI. We may provide this notification directly to you. Or we may give it to the employer or group that sponsors your health coverage.

## **Authorized use**

Except as described in this notice, we will use or disclose your PHI only if you authorize us to do so in writing. Psychotherapy notes, health plan marketing, and sale of your information are some situations that would require your authorization. If you authorize us to share your PHI, we cannot guarantee that the person receiving the PHI will not disclose it. You may revoke your authorization at any time, unless we have already acted on it.

## **Required disclosures**

We are required to share your PHI:

- To you or someone who has the legal right to act on your behalf (your personal representative). This is done in order to administer your rights as described in our notice.
- To the Secretary of the Department of Health and Human Services, if necessary, to ensure that your privacy is protected.

## **► Individual rights**

You should be especially aware of several important rights. They are shown in the list below. All health plans and providers involved in your care must honor these rights. You must write to us to use these rights. The written notice must be signed by you. Or, it can be signed by your representative. We have developed forms to help you. Forms are on our website, or you can call Member Services at the phone number listed on your member ID card to have a form mailed to you.

The rights are described below.

### **Restrictions**

You have the right to ask us to restrict how we use or disclose your information for payment, treatment, and health care operations. We do not have to approve your request. However, we consider all reasonable requests. We have the right to end restrictions we have approved. We will notify you if we approve a restriction then reverse that approval. You have the right to end – orally or in writing – any restriction by contacting our Compliance Office.

### **Confidential communications**

You have the right to ask us to send you information in a confidential way. You may want information in a different way than is typical. You may want information sent to a different address. If our standard approach could cause harm, we will consider reasonable requests to take a different approach.

### **Copies of your information**

You have a right to ask to review or copy your records. We do not have medical records.

We do have the following:

- Claims for payment from health care providers
- Enrollment data
- Member Services logs of your calls
- Medical review to approve services
- Complaints or grievances you filed

Records can be on paper or in electronic form. Electronic records can be sent to you through a computer. Records can be sent to you or your representative. There may be fees.

We may deny your request for records. That usually does not happen. If it does happen, you can ask to have the denial reviewed.

### **Amending information**

You have the right to ask to change information in your records. This happens when something is wrong or incomplete. You have to tell us why you are asking for a change. We may deny your request. If so, you can put a statement in your file. The statement will show why you disagree with our denial.

### **Accounting of disclosures**

You have the right to ask us to tell you about how we disclosed your PHI. When you ask, tell us the time period you want to review. We will not go back more than six years. Your right does not include disclosures related to:

- Payment
- Treatment
- Health care operations
- Information you requested

### **Copies of this notice**

You can ask for a copy of this notice. If you already have an electronic copy, you can ask for a paper copy. You can also find the notice on our website. It is located at [www.upmchealthplan.com](http://www.upmchealthplan.com).

## **► Using your rights**

Contact us. We will answer any questions about using your rights.  
Toll-free: **1-877-574-5517**  
TTY: **1-800-361-2629**

Or write to us here:  
UPMC Health Plan Privacy Officer  
U.S. Steel Tower  
600 Grant Street, 55th Floor  
Pittsburgh, PA 15219

## **► Filing a complaint**

If you believe your privacy rights have been violated, you may file a complaint with us. Send it to the above address. You may also notify the Secretary of the U.S. Department of Health and Human Services. We will not take any action against you for filing a complaint.

## **Effective date**

Originally issued in April 14, 2003, this Notice was revised and effective as of September 23, 2013.

This Notice of Privacy Practices applies to the UPMC *for Life* Medicare Advantage, UPMC *for Life* Dual (HMO SNP), and UPMC *for Life* Options (HMO SNP) plans. This Notice of Privacy Practices also applies to Medicare Supplement and National Complementary plans offered by UPMC Health Benefits Inc.

The UPMC *for Life* HMO and PPO plans, the UPMC *for Life* Dual (HMO SNP) plan, and the UPMC *for Life* Options (HMO SNP) plan have contracts with Medicare. UPMC *for Life* Dual also has a contract with the Pennsylvania Medical Assistance (Medicaid) program. Enrollment in UPMC *for Life* depends on contract renewal. UPMC *for Life* and UPMC *for Life* Options are products of and operated by UPMC Health Plan Inc., UPMC Health Network Inc., and UPMC Health Benefits Inc. UPMC *for Life* Dual is a product of and operated by UPMC *for You* Inc.

