

# 2017-2018 Notice of Privacy Practices

# Notice of Privacy Practices

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.

## Available documents

### Privacy Statement

Your member materials include a Privacy Statement that offers details about your rights. Those rights regard the privacy of protected health information (PHI). We protect PHI for our current, prospective, and former members.

### Notice of Privacy Practices

This document is UPMC Health Plan's Notice of Privacy Practices ("Notice"). We give this to you so that you know how we may use or disclose PHI. By law, we must protect your health information and provide you with a copy of this Notice. You have rights related to PHI. This Notice describes those rights.

### Changes to this Notice of Privacy Practices

We reserve the right to change our privacy practices and our Notice of Privacy Practices. If we make a material change to our practices, we will:

- Notify you about the change.
- Post the new notice on our website.
- Provide you with a copy of this Notice 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 (PHI)
- Health information
- Information

These words refer to information that we collect, create, maintain, or transmit about you. This information may, on its own or when used with other information, be used to identify you. It may relate to past, present, or future health status or condition and mental health services. It may also describe payments for such services.

### How we use and disclose your protected health information (PHI)

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 (below) a few examples of how we may use or disclose your information for each of these purposes. 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 coverage eligibility
- Payment for health services
- Payments due from members

### 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
- Coordinating member benefits, and care and case management
- Planning member benefits, care and case management
- Providing for continuity of member benefits, and care and case management
- Referrals and consultations

## **Other uses and disclosures**

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

**Business Associates.** We have business partners that we call business associates. Business associates perform functions for us that may require them to use or access your PHI. We enter in contracts with business associates that require them to protect your PHI. They may use or disclose 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, receive payment, or to help them with their health care operations.

**Plan Sponsors.** If your coverage is through a group health plan, we may disclose summary health information to the plan sponsor. We may also share enrollment and disenrollment information with them. We may also disclose other PHI to the group for administrative use if the plan sponsor agrees to restrict use and disclosure. We may share the names of the members who have completed wellness program, requirements or 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 or state health department. For example, this could happen if a health department would 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. For example, it could 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 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 Institutes or Law Enforcement Officials.** If you are in jail or in law enforcement custody, we may share your PHI 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 of breach of your PHI as required by law. A breach can include unauthorized acquisition, access, or disclosure of your PHI. We may provide this notification directly to you or give notice to the employer or group that sponsors your health coverage.

**ClinicalConnect Health Information Exchange (HIE).** UPMC Insurance Services Division participates in the ClinicalConnect HIE. The individual PHI and health information stored within ClinicalConnect HIE includes data such as test results, medication lists, consultation and progress notes, and clinical claims information. UPMC Insurance Services Division data will be shared only if the member has been to a ClinicalConnect HIE provider or facility and, while there, did not choose to opt out of such information sharing. Members must notify their ClinicalConnect HIE provider if they do not wish to participate in the HIE.

**Organized Health Care Arrangement (OHCA).** UPMC Insurance Services Division and UPMC established an OHCA to conduct analysis for quality assessment and improvement activities, utilization review, payment activities, and clinical solutions development to facilitate more effective and efficient delivery of health care services to patients and members. This includes participation in various health care quality measures. Individual PHI may be accessed, used, and/or shared in the course of carrying out such OHCA activities.

### **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. However, please understand that any action already taken based upon your authorization cannot be reversed and your revocation will not affect those actions.

### **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 that all health plans and providers involved in your care must honor. They are listed below. Your request to exercise these rights must be in writing and signed by you or your representative. We have developed forms to help you. Forms are on our website, or you can call the Member Services Department at the phone number listed on your member ID card to have a form mailed to you.

Your 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 Privacy 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 manner. 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 have 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. We may charge for records.

We may deny your request for records. If that happens, 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 many times we have disclosed your PHI, who we shared it with, and why. 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 the following:

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

### **Copies of this Notice**

You may ask for a paper copy of this Notice, even if you already have an electronic copy. We will promptly provide you with a paper copy. You can also find the Notice online at [www.upmchealthplan.com](http://www.upmchealthplan.com).

### **Using your rights**

Contact us toll-free at 1-877-574-5517. We will answer any questions about using your rights.

Or, write to us at:

UPMC Health Plan  
Attn: Chief Privacy Officer  
600 Grant Street  
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 Office for Civil Rights by:

- Mailing a completed Health Information Privacy Complaint Form (available at [www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html)) to:  
U.S. Department of Health  
and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, DC 20201

- Emailing a completed Health Information Privacy Complaint Form to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)
- Visiting the complaint portal at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

We will not take any action against you for filing a complaint.

### **Write down your complaint and send it to us at:**

UPMC Health Plan  
Attn: Chief Privacy Officer  
600 Grant Street  
Pittsburgh, PA 15219

### **Effective Date**

Originally issued in April 14, 2003, this Notice is revised and effective as of [January 1, 2018].

This notice is for UPMC Health Plan, Inc. and UPMC Health Network, Inc. It is also for UPMC Health Benefits, Inc. and UPMC Benefit Management Services. It may be related to our various programs. They include UPMC Health Plan, Federal Employee Health Benefit Plan, and the Children's Health Insurance Program (CHIP).

## **Nondiscrimination Notice**

**UPMC for Kids** complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

**UPMC for Kids** does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

**UPMC for Kids** provides to people with disabilities to communicate effectively with us free aids and services, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

**UPMC for Kids** provides to people whose primary language is not English free language services, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact **UPMC for Kids** at **1-800-650-8762**.

If you believe that **UPMC for Kids** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation, you can file a grievance with:

Bureau of Equal Opportunity  
Room 223, Health and Welfare Building  
PO Box 2675  
Harrisburg, PA 17105-2675  
Phone: (717) 787-1127; TTY: 1-800-654-5484; Fax: (717) 772-4366  
Email: RA-PWBEOAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a grievance, the Bureau of Equal Opportunity are 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, DC 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

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

## Translation Services

**ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call: 1-800-650-8762 (TTY: 1-800-361-2629).

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-650-8762** (TTY: **1-800-361-2629**).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-650-8762** (телетайп: **1-800-361-2629**).

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-650-8762** (TTY: **1-800-361-2629**)。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-650-8762** (TTY: **1-800-361-2629**).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-650-8762 (رقم هاتف الصم والبكم: 1-800-361-2629).

**ध्यान दिनुहोस्:** तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-650-8762 (टिटिवाइ: 1-800-361-2629) ।

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-650-8762** (TTY: **1-800-361-2629**) 번으로 전화해 주십시오.

**សម្គាល់:** ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ យើងមានផ្តល់សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខ 1-800-650-8762 (TTY: 1-800-361-2629)។

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-650-8762 (ATS: 1-800-361-2629).

**သတိပြုရန် -** အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် **1-800-650-8762** (TTY: **1-800-361-2629**) သို့ ခေါ်ဆိုပါ။

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-650-8762** (TTY: **1-800-361-2629**).

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-650-8762 (TTY: 1-800-361-2629).

**লক্ষ্য করুন:** যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-650-8762 (TTY: 1-800-361-2629)।

**KUJDES:** Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-800-650-8762** (TTY: **1-800-361-2629**).

**सुचना:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-650-8762 (TTY: 1-800-361-2629).



## UPMC HEALTH PLAN

U.S. Steel Tower, 600 Grant Street  
Pittsburgh, PA 15219

[www.upmchealthplan.com](http://www.upmchealthplan.com)

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