



THIS MEMBER'S PRIVACY POLICY 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.

There are federal and state laws that protect the privacy of your medical records and personal health information. The laws that protect your privacy give you rights related to getting information and controlling how your health information is used. Easy Choice Health Plan (referred to as “we” or “the Plan”) is required to provide you with a Notice about your rights and our legal responsibilities and privacy practices as it relates to your protected health information. We have a duty to keep your health information private and to follow the terms of this notice while it is in effect. The effective date of this notice is January 1, 2008.

Easy Choice Health Plan uses and shares protected health information about you to provide your health benefits as a Easy Choice Health Plan member. “Protected health information” (PHI) is information about you that can reasonably be used to identify you and that relates to your past, present or future physical or mental condition.

The Plan uses and shares your information to provide you with healthcare benefits. Easy Choice Health Plan uses your PHI to carry out treatment, payment and health care operations. We also use and share your information for other reasons as allowed and required by law.

HOW MAY WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Treatment – Easy Choice Health Plan may use or share your PHI to assist your health care providers (doctors, pharmacies, hospitals and others) in your diagnosis and treatment. For example, we may share information about your health condition with a specialist. This helps the specialist talk about your treatment with your doctor.

Payment – We use and disclose your PHI in order to pay for your covered health care expenses. This may include claims, approvals for treatment and decisions about medical necessity.

Health Care Operations – We may use or disclose your health information to conduct quality assessment and improvement activities, care coordination, case management, and customer service, auditing, legal, and medical reviews of the Plan or data management.

Business Associates – We may contract with business associates to perform certain functions or activities on our behalf, such as payment and health care operations. Whenever an arrangement between Easy Choice Health Plan and another organization involves the use or disclosure of your PHI, that business associate will be required to keep your information confidential.



OTHER PERMITTED OR REQUIRED DISCLOSURES

As Required by Law – We will use or disclose information about you when required to do so by law.

- **Public Health Activities** – We may disclose PHI to public health agencies to assist in preventing or controlling disease.
- **Health Care Oversight** – We may disclose PHI to government oversight agencies (e.g., California Department of Health Services) for activities authorized by law.
- **Research** – Under certain circumstances, we may disclose PHI for research purposes, provided certain measures have been taken to protect your privacy.
- **Victims of Abuse, Neglect or Domestic Violence** – We may disclose PHI to government authorities regarding abuse, neglect or domestic violence.
- **Judicial and Administrative Proceedings** – We may disclose PHI in response to a court or administrative order. We may also disclose PHI about you in certain case in response to a subpoena, discovery request or other lawful process.
- **Government Functions** – We may disclose PHI as required by military authorities or to authorize federal officials for national security and intelligence activities.
- **Law Enforcement** – We may disclose PHI under limited circumstances to a law enforcement official in response to a warrant or to help find a suspect, witness or missing person.
- **To Avert a Serious Threat to Health or Safety** – We may disclose PHI, with some limitations, when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Coroners, Funeral Directors, Organ Donation** – We may disclose PHI to coroners or funeral directors as necessary to allow them to carry out their duties. We may also disclose PHI in connection with an organ or tissue donation.

OTHER EASY CHOICE HEALTH PLAN USES AND DISCLOSURES WITH AN AUTHORIZATION

Easy Choice Health Plan needs your written approval to use or share your PHI for any purpose other than the ones listed in this notice (unless required or allowed by law). You may cancel your authorization at any time in writing; however, your cancellation will not apply to any



actions already taken by the plan based on the authorization you have already provided.

YOUR PROTECTED HEALTH INFORMATION RIGHTS

- **Right to Access Your PHI** – You have the right to review or obtain copies of your protected health information records which typically consists of enrollment, billing, claims payment, and case or medical management records. Your request to review and/or obtain a copy of your records must be made in writing. The Plan may charge a fee for the costs or producing, copying and mailing your requested information, however, we will advise you of any cost in advance.
- **Right to Amend Your PHI** – You have the right to request that we amend your PHI if you feel that the information we have is incorrect or incomplete. You may only request changes to the PHI that the plan created, we are not responsible for PHI created by another entity. Your request to amend PHI must be made in writing and must include the reason you are asking for the change. If the plan denies your request to amend the information you will be notified in writing and may file a written statement of disagreement with the plan to be included in your records.
- **Right to Receive an Accounting of PHI Disclosures by the Plan** – You have the right to request that we provide you with a list of the disclosures that we have made of your PHI during the six years prior to the date of your request. The list will not include any disclosures related to the following:
 - For treatment, payment or health care operations;
 - To persons about their own PHI;
 - Disclosure done with your authorization;
 - Uses and disclosures otherwise permitted or required by law;
 - Related to research or public health activities;
 - In the interest of national security or for intelligence purposes or
 - To correctional institutions having custody of an inmate.

Your request to receive an accounting of PHI disclosures must be in writing and should indicate how you want to receive the information (on paper or electronically). The first accounting that you request within a 12 month period will be free. Any additional lists requested in the same 12 month period may require a fee, however, we will advise you of any cost in advance.

- **Right to Request Restrictions on the Use and Disclosure of Your Protected Health Information** – You have the right to request that we restrict or limit how we use or disclose your protected health information for treatment, payment or health care operations. However, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to treat you in an emergency.



- **Right to Receive Confidential Communications** – You have the right to request that we provide you with PHI in a certain way at a certain place to help keep your PHI private if you feel that the communication could potentially endanger you. Your request to receive confidential communication must be in writing, clearly state that all or part of the communication from us could endanger you and specify how or where you wish to be contacted.
- **Right to Receive a Paper Copy of this Notice** - You have a right to request a paper copy of this notice at any time.
- **Contact Information For Exercising Your Rights** – You may exercise any of the rights described above by contacting Easy Choice Member Services or our privacy office.

Health Information Security

Easy Choice Health Plan requires its employees to follow the Easy Choice Health Plan security policies and procedures that limit access to health information about member to those employees who need it to perform their job responsibilities. In addition, Easy Choice Health Plan maintains physical, administrative and technical security measures to safeguard your protected health information.

Changes to this notice

We reserve the right to change the terms of this Notice at any time, effective for protected health information that we already have about you as well as any information that we receive in the future. We will provide you with a copy of the new Notice whenever we make a material change to the privacy practices described in this Notice. We also post a copy of our current Notice on our website at www.easychoicehealthplan.com. Any time we make a material change to this Notice, we will promptly revise and issue the new Notice with the new effective date.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with us at:

Easy Choice Health Plan
180 East Ocean Blvd. #700
Long Beach, CA 90802
Attention: Privacy Officer

1-866-999-3945

All complaints to the Plan must be made in writing.



You may also file a complaint with the Secretary of the Department of Health and Human Services at:

Office for Civil Rights
U.S. Department of Health & Human Services
50 United Nations Plaza – Room 322
San Francisco, CA 94102

1-415-437-8310

1-415-437-8329

We support your right to protect the privacy of your protected health information. ***We will not retaliate against you or penalize you for filing a complaint.***