



Health Plans

HEALTH FIRST HEALTH PLANS NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

This notice applies to all individuals with coverage from either Health First Health Plans, Inc. or Health First Insurance, Inc. and herein referred to as “the Health Plan.”

Please review this notice carefully.

If you have any questions about this notice, please contact Customer Service at 1-800-716-7737.

OUR PLEDGE REGARDING YOUR PROTECTED HEALTH INFORMATION

At Health First our greatest concerns are your health and privacy. We know how important it is to protect your privacy at all times and in all settings. Rest assured we are committed to using and disclosing this information responsibly. This Notice of Privacy Practices describes how the Health Plan may collect, use and disclose your protected health information, along with your rights concerning your protected health information.

What is protected health information?

“Protected health information” or “PHI” is information about you, including demographic information, that can reasonably be used to identify you and which relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care. For purposes of this notice, PHI means any information which is created or received by the Health Plan relating to your health, or the provision or payment for your health care.

We’re required by law to:

- Make sure that your protected health information is kept private.
- Notify you, in writing, in the event that your privacy has been compromised (breached).
- Give you this notice of our legal duties and privacy practices with respect to your protected health information; and
- Follow the terms of the current notice in effect.

Federal law requires us to maintain the privacy of your protected health information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) also requires us to provide you this notice about our legal duties and privacy practices. We must follow the privacy practices described in this notice while it is in effect. This notice takes effect September 1, 2013, and will remain in effect until we replace or modify it. We may change the terms of this notice at any time. The new notice will be effective for all protected health information that we maintain. We will provide you a new Notice of Privacy Practices whenever we make a material change to the privacy practices described in this notice.

How does Health First protect my personal health information?

The Health Plan is committed to protecting your health information. All associates are trained annually and are required to protect the confidentiality of your protected health information. Individuals may only access information when they have an appropriate reason to do so. Any associate who violates organizational privacy policies is subject to discipline, up to and including termination. The Health Plan includes confidentiality provisions in all of its contracts with participating providers and vendors to ensure physical, electronic, and procedural safeguards are maintained to protect your information.

How we may use and disclose health information about you

The following categories describe the ways in which the Health Plan may use or disclose your protected health information. For each category, we will explain what we mean and give examples. Not every use or disclosure in a category will be listed, but all of the ways we are permitted to use or disclose your information will fall within one of these categories.

- **For treatment:** We may disclose your protected health information to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) who request it in connection with your treatment. We may also disclose your protected health information to health care providers (including their employees or business associates) in connection with preventive health, early detection and disease and case management programs.
- **For payment:** We may use and disclose your protected health information to administer your health care policy or contract, which may involve:
 - Determining your eligibility for benefits
 - Paying claims for services you receive
 - Making medical necessity determinations
 - Coordinating your care, benefits or other services
 - Coordinating your coverage with other plans
 - Responding to complaints, appeals and external review requests
 - Obtaining premiums, underwriting, rate making and determining cost sharing amounts, and
 - Disclosing information to providers for their payment purposes
- **For healthcare operations:** We may use and disclose your protected health information to support business activities for healthcare operations, which include some of the following activities:
 - **Quality Management:** Conducting quality assessment and improvement activities, such as improving our members' health or reducing healthcare costs, developing clinical guidelines and protocols, and activities necessary for accreditation.
 - **Case Management:** Case management and care coordination. Operation of preventive health, early detection and disease and case management including contacting you or your doctors to provide appointment reminders or information about treatment alternatives, therapies, health care providers, settings of care or other health related benefits and services.
 - **Credentialing:** Reviewing the competence or qualifications of healthcare professionals by evaluating their performance.

- **Certification and Licensing Activities:** Activities necessary to maintain our required state licenses, accreditations and certificates, such as our Florida HMO and Third Party Administrator (TPA) licenses, in addition to our Florida Healthcare Provider Certificate.
- **Underwriting:** Underwriting, premium rating and other activities relating to administering health insurance contracts. Obtaining reinsurance and/or stop-loss insurance. Please note that all health plans are prohibited from using or disclosing genetic information for underwriting purposes.
- **Medical Review, Legal Services, and Auditing Functions:** Includes activities related to fraud and abuse detection and compliance programs requirements.
- **Business Planning and Development:** Data analyses related to operating the Health Plan, including formulary development and administration, development, or improvement of payment and coverage policies.
- **Other General Administrative Activities:** Includes, but is not limited to, data and information systems management and customer service.
- **Communicating Health Plan Benefits and Services:** Informing you about your health plan benefits or services that may be of interest to you. Please note we do not, under any circumstances, sell your protected information for marketing purposes.

Other Permitted or Required Uses and Disclosures of Protected Health Information

- **To you:** We will disclose your protected health information to you or your authorized representative upon request, except in limited circumstances. For a representative to act on your behalf, you must appoint them as your representative in writing, and provide the written appointment to the Health Plan.
- **To individuals involved in your care or payment for your care:** We may disclose your protected health information to a friend or family member who is involved in, or helps pay for, your care. In addition, we may disclose your protected health information to an entity assisting in disaster relief efforts so that your family can be notified about your condition, status and location.
- **As required by law:** We may use or disclose your protected health information to the extent we are required to do so by federal, state, or local law. For example, HIPAA law compels us to disclose PHI when required by the Secretary of the Department of Health and Human Services to investigate our compliance efforts.
- **Public health activities:** We may disclose your protected health information to an authorized public health authority for purposes of public health activities. The information may be disclosed for such reasons as controlling disease, injury or disability. We also may have to disclose your PHI to a person who may have been exposed to a communicable disease or who may otherwise be at risk of contracting or spreading the disease. In addition, we may make disclosures to a person subject to the jurisdiction of the Food and Drug Administration, for the purpose of activities related to the quality, safety or effectiveness of an FDA-regulated product or activity.
- **Abuse or Neglect:** We may make disclosures to government authorities if we believe you have been a victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when we are required or authorized by law to do so.

- **Legal Proceedings:** We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal and, in certain cases, in response to a subpoena, discovery request or other lawful process.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose your protected health information to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Law Enforcement:** We may disclose your protected health information under limited circumstances to law enforcement officials. For example, disclosures may be made in response to a warrant or subpoena or for the purpose of identifying or locating a suspect, witness or missing persons or to provide information concerning victims of crimes.
- **Organ and Tissue Donation:** We may disclose your protected health information in certain instances to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ or tissue donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Workers' Compensation:** We may disclose your protected health information to the extent required by workers' compensation laws or similar programs that provide benefits for work-related injuries or illness.

Will Health First give my PHI to my family or friends?

We will only disclose your PHI to a member of your family (including your spouse), a relative, or a close friend in the following circumstances:

- You have authorized us to do so.
- That person has submitted proof of legal authority to act on your behalf.
- That person is involved in your health care or payment for your health care and needs your PHI for these purposes. If you are present for such a disclosure (whether in person or on a telephone call), we will either seek your verbal agreement to the disclosure or provide you an opportunity to object to it. We will only release the PHI that is directly relevant to their involvement
- We may share your PHI with your friends or family members if professional judgment says that doing so is in your best interest. We will only do this if you are not present or you are unable to make health care decisions for yourself. For example, if you are unconscious and a friend is with you, we may share your PHI with your friend so you can receive care
- We may disclose a minor child's PHI to their parent or guardian. However, we may be required to deny a parent's access to a minor's PHI, for example, if the minor is an emancipated minor or can, under law, consent to their own health care treatment

Will Health First disclose my personal health information to anyone outside of Health First?

The Health Plan may share your protected health information with affiliates and third party "business associates" that perform various activities for us or on our behalf. For example, the Health Plan may delegate certain functions, such as medical management or claims repricing, to a third party that is not affiliated with us. We may also share your personal health information

with an individual or company that is working as a contractor or consultant. The Health Plan's financial auditors may review claims or other confidential data in connection with their services. A contractor or consultant may have access to such data when they repair or maintain our computer systems. Whenever such an arrangement involves the use or disclosure of your protected health information, we will have a written contract that contains terms designed to protect the privacy of your protected health information. The Health Plan may also disclose information about you to your Primary Care Physician, other providers that treat you and other health plans that have a relationship with you, for their treatment, payment and some of their health care operations.

Will Health First disclose my personal health information to my employer?

Generally, the Health Plan will only release to your employer information which has been de-identified so that your employer cannot uniquely identify you. If your employer would like more specific PHI about you to perform plan administration functions, we will either get your written permission or we will ask your employer to certify that they have established procedures that protect your PHI, and they agree that they will not use or disclose the information for employment-related actions and decisions.

When does Health First need my written authorization to use or disclose my personal health information?

We have described in the preceding paragraphs those uses and disclosures of your information that we may make either as permitted or required by law or otherwise without your written authorization. For other uses and disclosures of your medical information, we must obtain your written authorization. A written authorization request will, among other things, specify the purpose of the requested disclosure, the persons or class of persons to whom the information may be given, and an expiration date for the authorization. If you do provide a written authorization, you generally have the right to revoke it.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding health information we maintain about you:

- **Right to inspect and copy:** You have the right to inspect and copy your protected health information. This usually includes medical and billing records, but does not include psychotherapy notes. To request this information, you must submit your request in writing to the Health Plan at the address located at the end of this notice. If you request a copy of the information, we reserve the right to charge a reasonable fee for the costs of producing and mailing the information associated with your request. The information will typically be provided within 30 days.

We may deny your request in very limited circumstances. If you are denied access to your protected health information, you may request that the denial be reviewed. A licensed healthcare professional who did not deny your original request will perform the review, and we'll comply with the decision of that person.

- **Right to amend:** If you feel that your protected health information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Health Plan. To request an amendment, you must submit your request in writing to the Health Plan at the address located

at the end of this notice. You must also provide a reason that supports the requested amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us (unless the person or entity that created the information is no longer available to make the amendment),
 - is not part of the information kept by or for the Health Plan,
 - is not part of the information which you would be permitted to inspect and copy, or
 - is accurate and complete.
- **Right to an accounting of disclosures:** You have the right to request an accounting of disclosures of your protected health information that were unrelated to treatment, payment, or healthcare operations, or were not authorized by you.

To request this accounting, you must submit your request in writing to the Health Plan at the address located at the end of this notice. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we reserve the right to charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

- **Right to request restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. If we agree, we will comply with your request unless the information is needed to provide emergency treatment. We are not required to agree to your request however. The Health Plan will not agree to restrict the use or disclosure of your health information for treatment, payment or healthcare operations, as these activities are essential to the services we provide you.

To request restrictions, you must submit your request in writing to the Health Plan at the address located at the end of this notice. In your request, you must tell us: 1) what information you want to limit, 2) whether you want to limit our use, disclosure or both, and 3) to whom you want the limits to apply, for example disclosures to your spouse.

- **Right to request confidential communications:** You have the right to request that we communicate with you about health information in a certain way or at an alternative location. For example, you can ask that we only contact you at work or by email.

To request confidential communications, you must submit your request in writing to the Health Plan at the address located at the end of this notice. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a paper copy of this notice:** You have the right to a paper copy of this notice, and may obtain one by contacting the Health Plan's Customer Service Department at **1-800-716-7737**. You may also write to the address listed at the end of this notice, or obtain one through our web site, www.health-first.org. Even if you've agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future.

COMPLAINTS AND COMMUNICATIONS

If you believe your privacy rights have been violated, you may file a complaint with the Health Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with Health Plan, please write the address listed at the end of this notice, or contact Customer Service at 1-800-716-7737. You will not be penalized or retaliated against for filing a complaint.

Other Uses of Health Information

Uses and disclosures of protected health information not covered by this notice or other applicable laws will be made only with your written permission. If you provide us permission to use or disclose your protected health information, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose your protected health information for the reasons covered by your written permission. We are unable to take back any disclosures we have already made with your permission, and must retain our records of the services that we provided to you. Please note we will not, under any circumstances, sell your protected health information without your express written authorization.

To contact us regarding this information, please write to:

**Health First, HIM Department
1350 S. Hickory Street
Melbourne, FL 32901**