



Banner
University Health Plans
Banner – University Family Care

Notice of Privacy Practices

Effective date: October 1, 2019

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.

At BUFC/ALTCS, we take the privacy of your health information seriously. This notice explains how we protect health information for current and former members. By law we must maintain the privacy of your health information. We must also provide you with a description of our legal duties and privacy practices. We must abide by the terms of this notice and notify you if your health information is subject to a breach of unsecured protected health information.

Our Customer Care Center can answer questions about this Notice or send another copy. Please call them at **(833) 318-4146**, weekdays, 8 a.m. to 5 p.m.

OUR PRIVACY PRACTICES

This notice tells you how we use your health information and when we may share it with others. It also explains your rights regarding your health information. The law says we must keep your health information private, give you a copy of this Privacy Practices Notice and we must follow the practices listed in this Notice.

HEALTH INFORMATION COVERED BY THIS NOTICE

BUFC/ALTCS keeps health information about you that we get from you, your doctors, and your other health care providers. This includes your name, address and date of birth. It also includes information that describes your current or past health condition and the care you received. This information to ensures you receive appropriate health care services and to abide with the law.

HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

This Notice tells how we use and share your health information. We explain each way and give you some examples to help you understand each of them. We will not use or share your health information in any way that is not mentioned in this Notice of Privacy Practices unless we get your written permission.

FOR TREATMENT

We may share your health information with your doctors and other health care providers who you see for medical treatment and services. For example, we may give a pharmacist or your doctor information about your past prescriptions. This may help them decide if a new prescription may be harmful to you.

FOR PAYMENT OF HEALTH CARE SERVICES

We may use your health information to decide if you are eligible for plan benefits, to pay providers for treatment and services you receive, or to handle benefits with your other health care coverage, if you have it. For example, this may include telling your health care provider about your medical history. This can help determine if treatment is medically necessary and whether the plan will cover the cost of the treatment. We may also share your health information with another health plan to handle coordination of benefits between the health plans.

FOR HEALTH CARE OPERATIONS

We may use and share your health information for health care operations. This includes any activities necessary to operate our health plan and to make sure all members receive quality care.

Health care operations include:

- Reviewing quality of care and ways we can improve our service.
- Reviewing provider and health plan performance.
- Carrying out medical reviews to define medical needs, level of care and to decide if there was a good reason for the services.
- Performing audit functions.
- To fix internal complaints, such as problems or complaints about your access to care or satisfaction with services.
- To make a benefit decision, manage a benefit plan and provide customer services.
- Other uses approved by law.

We may also use and share health information with other people or companies, which we call “Business Associates.” We do this to help carry out payments or health care operations. These Business Associates only get information for what they need to perform their job. Before sending the information, we require them to agree in writing to protect the privacy of that information.

TO KEEP YOU INFORMED

We may use your health information when we need to contact you about appointment reminders or to describe or suggest treatments. Also, we may use it, give you other information about health-related topics you may be interested in. For example, we may tell you about a class or seminar we offer when it relates to a condition your records say you have, such as diabetes. We may also inform you about changes to your health plan coverage.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE

We may tell a friend or family member involved in your care or who helps pay for your care some details from your health information. If you cannot tell us not to share your information, we may use our professional judgment to determine if it is in your best interest. Remember, you can tell us to keep this information private by calling our Customer Care Center at **(833) 318-4146**.

SPECIAL SITUATIONS

Special situations may require sharing your health information. For example, we may release your information for any of the following reasons:

- When the disclosure or use is required to comply with state, federal or local law
- To report information to state and federal agencies who manage our business. These include, the U.S. Department of Health and Human Services, the Arizona Health Care Cost Containment System (AHCCCS) and other federal and state regulatory agencies. We may release information for audits, research, inspection, and licensure purposes. Also, it may include reports to patient registries for conditions such as tumors, traumas and burns. The government requires this to monitor the health care system, the outbreak of disease, government programs, compliance with civil rights laws, and to improve patient outcomes.

TO PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY AND FOR PUBLIC HEALTH PURPOSES

When necessary, we may use and share your health information to prevent a serious health and safety threat to you or the public. This may include disaster relief efforts. We may also share your health information to help with public health activities. This might include:

- Preventing or controlling disease, injury, or disability
- Reporting births and deaths
- Reporting abuse or neglect
- Reporting reactions to medications or problems with a product to the Food and Drug Administration or to a product manufacturer
- Notifying people of product recalls of things they may be using
- Telling a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition
- To tell government authorities if we believe you have been the victim of abuse, neglect or domestic violence. We will only share this if you agree or when we are required by law

RESEARCH

We may allow researchers to use and disclose your health information when we have your written authorization. When this happens, we have a special process to protect the confidentiality of your health information. The institutional review board, an ethics board, reviews all research proposals to, ensure your privacy of your health information before approving research. We may also use your information to contact you about your interest in participating in research studies. We may also permit researchers to review your information to prepare for research studies, as long as they do not remove or take a copy of your information.

ORGAN AND TISSUE DONATION

If you are an organ donor, we may share health information to places that receive organs, eye or tissue transplantation. This may include, an organ donation bank, as needed to fulfill your donation wishes.

MILITARY AND VETERANS

If you are a member of the armed forces, we may share your health information with military personnel, when needed. We may also share health information about foreign military personnel with the correct military authority.

WORKERS' COMPENSATION

We may share your health information if you get sick or hurt on the job. Typically, the state's workers compensation laws require this.

LAWSUITS AND DISPUTES

We may share your health information in legal matters. This includes responses to a court or administrative order, subpoena, or discovery request. It may also include other lawful means by someone involved in the dispute.

LAW ENFORCEMENT

We may share your health information if asked to do so by a law enforcement official. Specific reasons we will do this include:

- If we are required by law to do so.
- In response to a court order, subpoena, warrant, summons or similar process.
- For the reporting of certain types of wounds.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- To inform them about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- To inform them about a death we believe may be the result of criminal conduct.
- To inform them about criminal conduct on our premises.
- In the case of an emergency, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS

We may share your health information with a coroner or medical examiner. This may be necessary, for example, to identify someone who has died or to decide the cause of death. We may also share your health information with funeral directors as needed to carry out their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES

By law we may share your health information with authorized federal officials for intelligence, counterintelligence, and other national security events.

INMATES

An inmate does not have any of the rights in this Notice or the right to receive this Notice. We may release your health information to a correctional facility or law enforcement official when you are incarcerated. This release ensures inmates and those under custody receive needed health care. This also protects the health and safety of others.

INFORMATION NOT PERSONALLY IDENTIFIABLE

We may use or share your health information when it cannot be used to identify you. We may also use a "limited data set" that does not contain any information that can directly identify you. We only use this for the purposes of research, public health matters or health care operations. For example, a "limited data set" may include your city, county and zip code, but not your name or street address.

Your Rights Regarding Your Health Information

The following are your health information rights. If you would like to use the following rights, please call our Customer Care Center to request the forms or to get further information.

- **Review and Copy Your Record.** You have the right to review and get copies of your own health information annually. BUFC/ALTCS has a specific record set. This includes your medical claims history, pharmacy claim history, grievance and appeals documents, your uniform assessment tool, and integrated assessment and home and community-based needs assessment tool and your BUFC/ALTCS phone call record. You can receive these at no cost to you. You can request through your BUFC/ALTCS Case Manager or you can contact our Customer Care Center to initiate the request and the Compliance Department will respond.
- We will send you an authorization form to complete. Please return it to the Compliance Department with a copy of a picture ID so we can make sure we only send your records to you or someone you request to receive your records. We can also make sure it is you if your BUFC/ALTCS Case Manager says it is you or your authorized representative. You can receive your records in paper form or by email (encrypted or not) if you prefer.
- Remember, a third party can gain access to Protected Health Information (PHI) without your consent when electronic media or email is unencrypted. We are not responsible for unauthorized access to unencrypted media or email or for any risks, such as a computer virus, potentially introduced to your computer/device when receiving PHI in electronic format or email.
- We must reply to your request for medical records no later than thirty (30) days, we may take any additional 30 days after telling you of the reason for the delay. In that case, we will provide you with a new date the request will be completed. This response will either be a copy of your records in the manner you requested, permission for you to view your records on-site or a reason for denying your request. If a request is denied, in whole or in part, we must give you a reason for the denial. We must also explain your rights to a review of the denial of access.

- If you request additional copies of your information, we may charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can look at your record at no cost.
- Under very limited situations, your request may be denied, such as a request for psychotherapy notes. You may request a review of a denial by contacting our Customer Care Center at (833) 318-4146.
- Request an Amendment of Your Record. If you feel the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep your information. We require you to provide a request in writing to our Customer Care Center and it must provide a reason supporting your request. We may deny your request if it is not in writing or does not include a reason to support the request. We also may deny your request if you ask us to amend information created by someone else, is not part of the record used to make decisions about you, is not part of the information you are permitted to inspect or copy, or is accurate and complete.
- Accounting of Disclosures. You have the right to receive a list of disclosures of your health information for any purposes other than your treatment, payment, or health care operations. You may request disclosures for up to six years prior to the date of your request. We will provide the first list to you at no cost to you, we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost. You must submit your request for an Accounting of Disclosures to our Customer Care in writing on an authorization form we will provide to you.
- Request Restrictions on Use or Disclosure of Your Health Information. You have the right to ask us not to use or disclosure your health information in times we normally would. For example, in cases where the information is needed for treatment, getting paid, or our health care operations. We are not required to agree to your request. However if we do agree, we will comply with that agreement unless the information is needed to provide you emergency treatment. Your request for restriction must be made in writing to our Customer Care Center. You must tell us what information you want to limit and to whom you want it limited. You must also tell us if you want to limit our use, our disclosure or both.
- Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at certain locations. For example, you may ask us to contact you at work instead of your home. Your request for confidential communications must be made in writing to our Customer Care Center.

RIGHT TO A PAPER COPY OF THIS NOTICE

You may request a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. You may download a copy of our current notice from our website at www.BannerUFC.com/ALTCS.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us by calling our Customer Care Center at **(833) 318-4146**. You may also choose to write us:

Banner — University Family Care/ALTCS
Customer Care Center
2701 East Elvira Road
Tucson, AZ 85756

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services or the Office of Civil Rights (www.hhs.gov/ocr). All complaints must be sent in writing. You will not receive a penalty if you decide to file a complaint.

DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

We require written authorization for certain uses and disclosures of your health information. For example, we must obtain your authorization to use or disclose your psychotherapy notes in all situations, except the following:

- When the person who wrote the notes is using or use or disclosing for treatment
- For us to do certain training programs
- For us to use for defense if a legal action was made by you
- If the disclosure is to you regarding your request under HIPAA, the disclosure is required by law or is to the Department of Health and Human Services
- The use or disclosure is for health oversight for the person who wrote the notes
- The use or disclosure is to the coroner, medical examiner or funeral director as described in this Notice
- The use or disclosure is needed to stop or lessen a serious and real threat to health or safety.

We must also obtain your written authorization to use or disclose your information for certain marketing activities or if we sell your information. You may revoke your authorization as described in the following paragraph.

OTHER USES AND DISCLOSURES

If we wish to use or disclose your health information for a purpose that is not discussed in this Notice, we will seek your permission.

If you give your permission, you may take back that permission any time, unless we have already relied on it to use or disclose the health information. We are unable to take back any disclosures we have already made with your permission. To take back your permission, please contact Customer Care Center. We must also continue to keep certain records in our files even if you leave our health plan.

CHANGES TO THIS NOTICE

Please note we can change this Notice at any time. We can revise or change this Notice effective for health information we already have about you or may get in the future. We will post a copy of the current Notice on our website at **www.BannerUFC.com/ALTCS**.