

# NOTICE OF PRIVACY PRACTICES FOR VANTAGE HEALTH PLAN



## **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 Vantage Health Plan (Vantage), we respect the confidentiality of your health information and will protect it in a responsible and professional manner. We consider this information private and confidential and have policies and procedures in place to protect the information against unlawful use and disclosure.

This Notice describes what types of information we collect, explains when and to whom we may disclose it, and provides you with additional important information. We are allowed by law to use and disclose your health information to carry out the operations of our business. We are required by law to maintain the privacy of your health information, to provide you with this Notice, and abide by the Notice in effect. This Notice takes effect January 1, 2022 and will remain in effect unless we replace it. This Notice also informs you of your rights with respect to your health information and how you can exercise those rights.

### **WHAT IS PROTECTED HEALTH INFORMATION OR PHI?**

When we talk about “information” or “health information” in this Notice we mean Protected Health Information or PHI. PHI is any information, including genetic information, which identifies an individual enrolled in our Plan.

It relates to the person’s participation in the plan, the person’s past, present or future physical or mental health or condition, the provision of health care to that person, or the past, present, or future payment for the provision of health care to that person. PHI also includes information which identifies the person or for which there is a reasonable basis to believe it could be used to identify the person. This information includes many common identifiers (e.g., name, address, birth date, social security number). It does not include publicly available information, or information that is available or reported in a summarized fashion that does not identify any individual person.

### **WHAT TYPES OF PERSONAL INFORMATION DO WE COLLECT?**

Like all health benefits companies, we collect the following types of information about you:

- Information we receive directly or indirectly from you or your employer through applications, surveys, or other forms, in writing, in person, by telephone,

or electronically, including our website (e.g., name, address, social security number, date of birth, marital status, dependent information, employment information, medical history).

- Information about your relationship and transactions with us, our affiliates, our providers, our agents, and others (e.g., health care claims and encounters, medical history, eligibility information, payment information, service request, and appeal and grievance information).
- Information we receive from the Centers for Medicare & Medicaid Services (CMS) and other authorized federal and state regulatory agencies.

### **HOW DO WE PROTECT THIS INFORMATION?**

We have policies that limit internal and external sharing of PHI to only those persons who have a need for it to provide benefit services to you and your dependents. We protect all PHI including information in spoken, written and electronic forms. We maintain physical, electronic, and procedural safeguards to protect PHI against unauthorized access and use. For example, access to our facilities is limited to authorized personnel and we protect information electronically through a variety of technical tools. We have also designated a Privacy Official who has overall responsibility for the development, implementation, training, oversight, and enforcement of policies and procedures to safeguard PHI against inappropriate access, use and disclosure, consistent with applicable law. If there is a reportable breach of unsecured PHI, we will notify you.

### **HOW MAY WE USE OR SHARE YOUR INFORMATION?**

To effectively operate your health benefit plan, we may use and share PHI about you to:

- Help a physician or other health care provider treat you. For example, we may send a copy of your medical records that we maintain to a physician who needs the additional information for your treatment.
- Perform certain duties, which may involve claims review and payment or denial; coordination of benefits; utilization review; medical necessity review; coordination of care; response to member inquiries or requests for services; conduct of grievance, appeals, and external review programs; benefits and program

analysis and reporting; risk management; detection and investigation of fraud and other unlawful conduct; auditing; underwriting as permitted by law (genetic information may not be used or disclosed for underwriting purposes); administration and coordination of reinsurance contracts.

- Operate preventive health programs, early disease detection programs, disease management programs and case management programs in which we or our affiliates or contractors send educational materials and screening reminders to eligible members and providers; perform health risk assessments; identify and contact members who may benefit from participation in disease or case management programs; and send relevant information to those members who enroll in the programs, and their providers.
- Conduct quality improvement activities, such as the credentialing of participating network providers; and accreditation by the National Committee for Quality Assurance (NCQA), CMS, and/or other independent organizations, where applicable.
- Conduct performance measurement and outcomes assessment; health claims analysis and reporting.
- Provide data to outside contractors who help us conduct our business operations. **We will not share your PHI with these outside contractors unless they agree in writing to keep it protected.**
- Manage data and information systems.
- Perform mandatory licensing, regulatory compliance/reporting, and public health activities; responding to requests for information from regulatory authorities; responding to government agency or court subpoenas as required by law, reporting suspected or actual fraud or other criminal activity; conducting litigation, arbitration, or similar dispute resolution proceedings; and performing third-party liability and subrogation activities.
- Change policies or contracts from and to other insurers, Health Maintenance Organizations, or third-party administrators with compliant business associate agreements.
- Provide data to the employer or group that sponsors the benefit plan through which you receive health benefits. **We will not share your PHI with your benefit plan sponsor except for de-identified summary health information, enrollment and disenrollment information, specific information authorized by you, and any information necessary to administer the plan.** De-identified means PHI that does not identify an individual and there is no reasonable basis to believe that the information could be used to identify an individual.

We consider the activities described above as essential for the operation of our plan. For example, we may feature:

- Cancer screening reminder programs that promote early detection of breast, ovarian, and colorectal cancer, when these illnesses are most treatable.
- Disease management programs that help members work with their physicians and other providers to effectively manage chronic conditions like asthma, diabetes, and heart disease to improve quality of life and avoid preventable emergencies and hospitalizations.
- Quality assessment programs that help us review and improve the services we provide.
- Outreach programs that help us educate members about the programs and services that are available to them, and let members know how they can make the most of their health benefits.

The federal health care Privacy Regulations generally do not “preempt” (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Regulations, might impose a privacy standard under which we will be required to operate. There are also state and federal laws that may require us to release your health information to others. We may be required to provide information as follows:

- To state and federal agencies that regulate us such as the U.S. Department of Health and Human Services, the Department of Insurance for the state in which your insurance was sold, and CMS.
- For public health activities. We may report information to the Food and Drug Administration for investigating or tracking of prescription drug and medical device issues or problems.
- To public health agencies if we believe there is a serious health or safety threat.
- To a health oversight agency for certain oversight activities (for example, audits, inspections, licensure, and disciplinary actions).
- To a court or administrative agency (for example, pursuant to a court order, search warrant or subpoena).
- For law enforcement purposes. We may give information to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness or missing person.
- To a government authority regarding child abuse, neglect, or domestic violence.

- To a coroner or medical examiner to identify a deceased person, determine a cause of death, or as otherwise authorized by law. We may also share information with funeral directors as necessary to carry out their duties.
- For procurement, banking, or transplantation of organs, eyes, or tissue.
- To specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protective services for the President and other government officials.
- For on-the-job-related injuries because of requirements of state workers' compensation laws.

Unless you object, we may share your health information with a family member, friend, or any other person you involve in your health care or payment for your health care. We will disclose only the health information that is related to the person's involvement. We also use your name, location, and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your health in appropriate situations, such as medical emergency or during disaster relief efforts. Before we share such information, we will provide you with an opportunity to object. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing your health information is in your best interest under the circumstances.

We do not share PHI for any purpose other than those listed above. If one of the above reasons does not apply, **we must obtain your written authorization to use or disclose your health information.** For example, written authorization from you would be required for the use and/or disclosure of psychotherapy notes (if applicable) and the use of PHI for marketing purposes. Written authorization is also required for the "sale" of PHI as defined under 45CFR Section 164.502. If you are unable to provide the authorization (for example, if you are medically unable to give consent), we will accept authorization from any person legally authorized to give consent on your behalf, such as a parent, guardian, or court-appointed representative. If you give us written authorization and change your mind, you may revoke your written authorization at any time.

## WHAT ARE YOUR RIGHTS?

The following are your rights with respect to your PHI. If you would like to exercise any of these rights, please contact us at the address or phone numbers listed at the end of this Notice. We will require that you make your request in writing and will provide you with the appropriate forms.

***You have the right to inspect and/or obtain a copy or***

***summary of information*** that we maintain about you in your designated record set. A "designated record set" is a group of records maintained by or for us that are your enrollment, payment, claims determination, and case or medical management records or a group of records, used in whole or in part, by us to make decisions about you, such as appeals and grievance records. We may charge you a reasonable administrative fee for copying, postage or summary preparation depending on your specific request.

*However*, you do not have the right to inspect certain types of information and we cannot provide you with copies of the following information:

- contained in psychotherapy notes; or
- compiled in reasonable anticipation of, or for use in a civil, criminal, or administrative action or proceeding.

We will do our best to respond to your request no later than thirty (30) days after we receive it. If, however, we are unable to fulfill your request within this 30-day period, we may extend the period to respond by an additional 30 days provided we have given you a timely explanation for the delay.

*Additionally*, in certain other situations, we may deny your request to inspect or obtain a copy of your information. If we deny your request, we will notify you in writing and may provide you with a right to have the denial reviewed.

***You have the right to ask us to amend information*** we maintain about you in your designated record set. We will require that your request be in writing. We will respond to your request no later than 30 days after we receive it. If we are unable to act within 30 days, we may extend that time by no more than an additional 30 days. If we need the extension, we will notify you of the delay, the reason for the delay, and the date by which we will complete action on your request.

If we make the amendment, we will notify you that it was made. In addition, we will provide the amendment to any person that we know has received your health information. We will also provide the amendment to other persons identified by you.

If we deny your request to amend, we will notify you in writing of the reason for the denial. The denial will explain your right to file a written statement of disagreement. We have a right to dispute your statement through a written rebuttal. However, you have the right to request that your written request, our written denial, and your statement of disagreement be included with your information for any future disclosures.

**NOTE:** If you want to access or amend information about yourself, you should first go to your provider (e.g., physician,

pharmacy, hospital, or other caregiver) that generated the original records, which could be more complete than any we maintain.

**You have the right to receive an accounting of certain disclosures** of your information made by us during the six (6) years prior to your request. Please note that we are not required to provide you with an accounting of the following information:

- Any information collected prior to April 14, 2003;
- Information disclosed or used for treatment, payment, and health care operations purposes;
- Information disclosed to you or pursuant to your authorization;
- Information that is incidental to a use or disclosure otherwise permitted;
- Information disclosed for a facility's directory or to persons involved in your care or other notification purposes;
- Information disclosed for national security or intelligence purposes;
- Information disclosed to correctional institutions, law enforcement officials or health oversight agencies;
- Information that was disclosed or used as part of a limited data set for research, public health, or health care operations purposes.

We will act on your request for an accounting within 30 days. If we need additional time to act on your request, we may take up to an additional 30 days. In connection therewith, we will provide you with a written statement of the reasons for the delay and the date by which we will provide the accounting. Your first accounting will be free, and we will continue to provide to you one free accounting upon request every twelve (12) months. However, if you request an additional accounting within 12 months of receiving your free accounting, we may charge you a fee. The fee will be reasonable and cost based. We will inform you in advance of the fee and provide you with an opportunity to withdraw or modify your request.

**You have the right to ask us to restrict** how we use or disclose your information for treatment, payment, or health care operations. We are not required to agree to your request. If we do agree, we will honor our agreement, except in a medical emergency or as required or authorized by law. You also have the right to ask us to restrict information that we have been asked to give to family members or to others who are involved in your health care or payment for your health care. If we engage in any type of fundraising activity, you have the right to opt out of receiving any such communication.

**You have the right to ask to receive confidential communications** of information. We may require that your

request include a statement that disclosure of all or part of the information to which the request pertains could endanger you or someone else. For example, in situations involving domestic disputes or violence, you can ask us to send the information to an alternative address. We will try to accommodate a reasonable request made by you.

### **WHAT DO WE DO WITH MEMBER PHI WHEN THE MEMBER IS NO LONGER ENROLLED IN OUR PLAN?**

We do not destroy PHI when individuals terminate their coverage. The information is necessary and used for many purposes as described in this Notice, even after the individual leaves a plan. However, the policies and procedures that protect that information against inappropriate use and disclosure apply regardless of the status of any individual member. In many cases, PHI is subject to legal retention requirements, and after that requirement for record maintenance is met, PHI is destroyed in a secure process.

### **EXERCISING YOUR RIGHTS:**

- **You have a right to receive a copy of this Notice upon request at any time.** We provide this Notice to our subscribers upon enrollment in a Vantage health plan. You can also view a copy of the Notice on our website at [www.VantageHealthPlan.com](http://www.VantageHealthPlan.com). If you receive this Notice on our website or by electronic mail (e-mail), you have the right to receive this Notice in written form. Please contact us using the information at the end of this Notice to obtain this Notice in written form.
- Should any of our privacy practices change, **we reserve the right to change the terms of this Notice and to make the new Notice effective for all protected health information that we maintain.** Once revised, we will provide the new Notice to you and post it on our website.
- If you have any questions about this Notice or about how we use or share information, please write to the Vantage Privacy Officer, P.O. Box 84656, Baton Rouge, LA 70884-4656 or email [Privacy.Office@vhpla.com](mailto:Privacy.Office@vhpla.com). You may also call us at (225) 298-1751 or 1-855- 258-3746.

If you are concerned that your privacy rights may have been violated, you may file a complaint with us. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

**Vantage Health Plan will not take any action against you for filing a complaint.**