

Effective December 15, 2005

## IMPORTANT INFORMATION ABOUT YOUR PRIVACY RIGHTS

# HIP 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 READ IT CAREFULLY.**

### SUMMARY

*This document contains an important message about the information we collect from you. Please read it before filing it with your other important papers.*

*The document describes:*

- ▶ *The kind of information we collect.*
- ▶ *The ways that we protect this information.*
- ▶ *How we use and share this information.*
- ▶ *Your rights, as a subscriber, regarding this information.*

*The document tells you that:*

- ☞ *HIP is required by federal and state law to protect the privacy of all personal and nonpublic information we collect from our subscribers.*
- ☞ *We collect this information – name, address, date of birth, Social Security number and the like – from enrollment applications, medical records, claim forms and other documents.*
- ☞ *We also collect income and asset information from Medicaid, Child Health Plus, Family Health Plus and Healthy New York subscribers, as well as from Medicare subscribers applying for a Medicare savings program or for a credit to*

*help pay for prescription drugs through the HIP Medicare Approved Prescription Drug Program.*

- ☞ *We don't share any of the information we collect with anyone, except as permitted by law.*
- ☞ *We are permitted by law to share the information in the course of administering subscriber benefits.*
- ☞ *We are also permitted by law to share the information under the special circumstances described in this booklet.*
- ☞ *We have internal safeguards to protect the information we collect.*
- ☞ *Any organization we might share the information with in the administration of benefits is obligated to have internal safeguards as well.*
- ☞ *If we need to share the information in a way other than the law permits, we will do so only after obtaining the subscriber's written authorization.*
- ☞ *Questions about how we protect subscriber information may be directed in writing to: HIPAA Privacy Officer, HIP Health Plan of New York, 55 Water Street, New York, NY 10041.*

*For details, please read the entire document.*

At HIP, which includes Health Insurance Plan of Greater New York, HIP Insurance Company of New York and Vytra Health Plans, we appreciate the trust our members place in us and recognize the importance of protecting the confidentiality of nonpublic personal financial and health information that we collect from them. We are required by law to maintain the privacy of this information and to keep accurate reports and records related to providing

health care benefits. We are also required by law to send you this Notice of Privacy Practices describing our legal duties and privacy practices related to the uses and disclosures of protected health information. For the purposes of this Notice of Privacy Practices, individually identifiable nonpublic financial and health information will be referred to as "protected health information."

## THE INFORMATION HIP COLLECTS

We collect protected health information about our members from the following sources:

- 1 Information we receive from eligibility and enrollment applications and other forms, including such items as name, address, date of birth, Social Security number, assets, income and tax returns. (We only collect asset, income and tax return information from individuals enrolled in the Medicaid, Healthy New York, Child Health Plus and Family Health Plus benefit plans we offer. We do not collect this information from individuals enrolled in the commercial or Medicare benefit plans we offer, except when a Medicare member is applying for a Medicare Savings Program or for a credit to help pay for prescription drugs through the HIP Medicare Approved Prescription Drug Program.)
- 2 Information about your transactions with us, our affiliated health care providers or others, including, but not limited to, claims for benefits, medical records and coordination of benefits information.

At present, we do not disclose any protected health information about our members or former members to anyone except as permitted by law. If we were to do so in the future, we would notify you of such a change in policy and advise you of your right to instruct us not to make such disclosure.

## SPECIAL TREATMENT OF YOUR PROTECTED HEALTH INFORMATION

HIP will not disclose any of your protected health information without your written authorization, unless such disclosure is permitted by law. Protected health information is individually identifiable information that we maintain relating to the provision of your health care, such as:

- 🔒 Your medical records.
- 🔒 Claims payment information.
- 🔒 Health care visit and treatment patterns.

We have developed an authorization form that we will send to you to obtain your authorization to disclose your protected health information when authorization is required before information is shared. The form describes the purpose for which the information is to be used, the time period during which the authorization form will be in effect, and your right to revoke authorization at any time. The authorization form requires your signature or the signature of your duly authorized representative before we will disclose any of your protected health information.

In addition, we use a special authorization form for the release of HIV and AIDS information to comply with New York State's requirements for the release of this information.

## PERMITTED USES AND DISCLOSURES OF HEALTH INFORMATION

The law permits HIP to disclose protected health information about you without your written consent or authorization when such disclosure is necessary to assist us with providing your health care benefits. We may disclose protected health information about you to our affiliates as well as to nonaffiliated third parties for assistance in the administration of claims and other services necessary for the provision of your health care benefits. When we hire other organizations to provide support services, we require them to conform to our privacy standards and to allow us to audit them for compliance. In all instances, HIP will disclose the minimum necessary protected health information that the circumstances require. Here are some examples of when we may disclose information:

### Treatment and Disease Management

HIP will disclose your protected health information to health care providers in the coordination of your health care or related services.

HIP may use or disclose your health information to provide you with preventive care reminders and to advise you of possible treatment options or disease management programs you may be interested in.

For example, we may send you information about programs for smoking cessation, weight loss or remote heart monitoring for congestive heart disease.

### Payment

HIP may release protected health information about you, including copies or excerpts from your medical records, for the purposes of determinations of coverage, the adjudication or subrogation of health benefits claims, billing, claims management, medical data processing or reimbursement. HIP may also communicate to subscribers decisions related to payment and benefits that may contain protected health information about covered dependents.

### Health Care Operations

HIP may use or disclose protected health information about you in the process of routine operations of the organization related to health care, such as quality assurance, utilization review, internal audit, accreditation, certification, credentialing or routine insurance activities. In addition, we may disclose protected health information about you to arrange for care coordination or community services (e.g., the delivery of meals to your home).

### Business Associates

HIP may use and disclose certain protected health information about you to business associates who perform an activity on our behalf that requires the use or disclosure of protected health information. Some examples of business associates include consultants,

accountants, lawyers, pharmacy claims adjudication providers and delegated entities. HIP will enter into agreements with business associates with specific provisions to ensure that the appropriate safeguards are maintained to prevent any improper use or disclosure of protected health information, and that members' rights to access, amend and obtain an accounting of disclosures of their protected health information are maintained.

### **Regulatory and Law Enforcement Authorities**

HIP may also disclose certain protected health information to a variety of regulatory or law enforcement authorities. For example, HIP may share information with insurance and health oversight agencies, such as the New York State Department of Health and Department of Insurance, in the course of audits, inspections, licensure or disciplinary proceedings. We may also share information for law enforcement purposes as required to respond to a subpoena or court order, or to locate a suspect, a material witness or a missing person. We may share information for certain types of public health or disaster relief efforts, such as with the Food and Drug Administration's investigating a prescription drug or with the Centers for Disease Control and Prevention's tracking a communicable disease. In addition, we may share information with the appropriate governmental authorities in reporting instances of child abuse, neglect or domestic violence. Finally, we may share information related to a deceased person to a medical examiner or funeral director, as necessary, to carry out their duties, or with the appropriate institutions, as necessary, for organ, eye or tissue transplant.

*Other uses and disclosures of protected health information that are not included in these general categories will be made only with your written authorization, which you may revoke in writing at any time, unless HIP has already taken action based on the authorization or the authorization was a condition of obtaining the health insurance. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is released will not disclose the information.*

### **DISCLOSURES TO PLAN SPONSORS**

HIP may disclose summary health information that is not individually identifiable to a plan sponsor, if the summary health information is sought for the purposes of obtaining premium bids or modifying, amending or terminating the group health plan coverage. We may also disclose enrollment and disenrollment information with the plan sponsor.

HIP may also disclose protected health information to a plan sponsor for the purposes of performing administrative functions, but only when the employer agrees to certify that processes are in place to safeguard the confidentiality of this information. The health plan document itself must also reflect these certifications.

These certifications will record the plan sponsor's agreement to:

- 👉 Not use or disclose the information other than as permitted by the plan or law.
- 👉 Ensure that any agent or subcontractor will maintain these same protections and restrictions on the use of the information as required by the employer.
- 👉 Not use the information for employment-related actions and decisions related to employee benefits.
- 👉 Report any uses or disclosures of the information that are inconsistent with these certifications.
- 👉 Make available the protected health information to those individuals who are entitled to such information.
- 👉 Permit individuals to amend the protected health information as permitted by law.
- 👉 Provide an accounting of disclosures of information as required by law.
- 👉 Make available its internal practices and records related to the protected information to the U.S. Department of Health and Human Services to determine compliance.
- 👉 If feasible, return to HIP, or destroy, all protected health information when it is no longer needed.
- 👉 Ensure that there is adequate separation between HIP and the employer (restricting access to certain designated employees and providing a mechanism for resolving issues of noncompliance).

### **CONFIDENTIALITY AND SECURITY OF PROTECTED HEALTH INFORMATION**

We restrict access to your protected health information to those HIP employees who need to know that information in order to provide services to you. We maintain physical, electronic and procedural safeguards that are designed to ensure the privacy of our members' protected health information. Employees who violate our data security policies are subject to disciplinary action, up to and including termination.

### **YOUR RIGHTS WITH RESPECT TO PROTECTED HEALTH INFORMATION**

Members and their authorized representatives are granted specific rights related to protected health information. Your rights with respect to your health information include the right to:

- 👉 Request restrictions on certain uses and disclosures of your health information. (HIP will try to honor your requests, but we are not required to agree to a requested restriction.)
- 👉 Receive confidential communications of protected health information by reasonable alternatives or at

alternative locations. (Again, we will try to honor such reasonable requests. However, we must accommodate reasonable requests to receive health information by a reasonably alternative means if you state in your request that the disclosure of the information could endanger you.)

- ☞ Upon written request, inspect and copy your health information in your “designated record set,” which includes medical, billing, enrollment, claims adjudication and case management records. (Please note that the denial of access to certain information may be required or permitted by the applicable laws and regulations, such as psychotherapy notes, information compiled in connection with a civil, criminal or administrative proceeding, or information subject to federal laws governing biological products and clinical laboratories.)
- ☞ Obtain access to your protected health information within 60 days of the request, unless additional time is required and permitted. Denials of access to protected health information will be made in writing, and you may request a review of any denial of access to protected health information.
- ☞ Amend protected health information. We may require that you submit your request in writing and provide a reason for your request. We will respond to your request within 60 days after we receive it and may extend the time by an additional 30 days, if required. If we make the amendment, we will notify you that it was made and provide the amendment to any person whom we know has received the information, as well as other people identified by you. If we deny the request to amend, we will notify you in writing of the reason for the denial and advise you of your right to file a written statement of disagreement. Your statement, at your request, may be included with your information for future disclosures.
- ☞ Upon written request, receive an accounting of disclosures of protected health information. Please note that we are not required to provide an accounting of the following:
  - Any protected health information collected prior to April 14, 2003.
  - Any information shared for treatment, payment and health care operations purposes.
  - Information disclosed pursuant to your authorization.
  - Information disclosed for national security or intelligence purposes.
  - Information disclosed to correctional institutions.
  - Information disclosed to law enforcement officials or health oversight agencies in response to a request for a temporary suspension of an accounting.

- Information disclosed as part of a limited data set for research, public health or health care operations purposes.
- Incidental or unavoidable disclosures that occur as a result of a permitted disclosure.

We will attempt to respond to your request for an accounting within 60 days, unless an additional 30 days are required. We will provide you with one free accounting every 12 months.

A fee may be charged for any additional accountings within a 12-month period, and you will be advised in advance of the fee and permitted an opportunity to withdraw or amend your request.

- ☞ Revoke authorization to use or disclose protected health information, except to the extent that action has already been taken based upon the authorization.
- ☞ Obtain a paper copy of this notice, even if you have agreed to receive notices electronically. You may also view a copy of this notice on our Web site at [hipusa.com](http://hipusa.com)®.

#### COMPLAINTS AND INQUIRIES

Members may complain to HIP and the Secretary of the U.S. Department of Health and Human Services if they believe that their privacy rights have been violated. There will be no retaliation for filing a complaint.

Members wishing to file a complaint with HIP should submit their complaint in writing to: HIPAA Privacy Officer, HIP Health Plan of New York, 55 Water Street, New York, NY 10041.

Members who wish further information on HIP’s Notice of Privacy Practices should call **1-800-HIP-TALK (1-800-447-8255)**. TDD: **1-888-HIP-4TDD (1-888-447-4833)**.

#### CHANGES IN HIP’S NOTICE OF PRIVACY PRACTICES

HIP is required to abide by the terms of this Notice of Privacy Practices as currently in effect. HIP reserves the right to change the terms of the notice and to make the new notice effective for all the protected health information that it maintains. Prior to implementing any revised notice, HIP will mail members copies of it. In addition, for the convenience of its members, but not as a substitute to the direct delivery described above, HIP will post the revised notice on its Web site, [hipusa.com](http://hipusa.com).

**Now that’s** **HIP**  
HEALTH PLAN OF NEW YORK