



## NOTICE OF PRIVACY PRACTICES

**This notice describes:**

- (1) How medical information about you may be used and disclosed and**
- (2) how you can get access to this information.**

**PLEASE REVIEW CAREFULLY**

**Effective October 1, 2009**

Care1st Health Plan Arizona, Inc. (Care1st) appreciates your confidence and trust in allowing us to manage your health care needs. We respect your privacy and will protect the medical information we receive about you.

This notice will tell you about how we may use and disclose medical information we receive about you. This notice also explains some of your rights and some of our duties regarding the use and disclosure of your medical information.

### **Our Duty**

Care1st takes the privacy of your information seriously. We are required by law to maintain the privacy of protected health information and provide you with this Notice of Privacy Practices. We are required to abide by the terms of this Notice of Privacy Practices.

We reserve the right to change the terms of this Notice of Privacy Practices and to make new Notice provisions effective for all protected health information that we maintain. Any new Notice of Privacy Practices adopted will be posted on the Care1st website:

<http://www.care1st.com/az/members/rights.asp>

### **How We May Use and Disclose Medical Information About You:**

#### **For Treatment**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, or other hospital personnel involved in taking care of you. We also may disclose medical information about you to people outside of the health plan who may be involved in your medical care, such as family members or others who provide services that are part of your care.

#### **For Payment**

We may use and disclose medical information about you so that providers you receive treatment and services from may receive payment. Examples of payment activities include billing, claims management and other related administrative functions.

#### **For Health Care Operations**

We may use and disclose medical information about you for our health care operations. These uses and disclosures are necessary to run the health plan and to make sure that people covered by

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our plan receive quality care. For example, we may use medical information to review the treatment and services rendered by a provider to evaluate the provider's performance.

### **When Required by Law**

We will disclose medical information about you when required to do so by federal or state law.

### **To Prevent a Serious Threat to Health or Safety**

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be limited to disclosure to someone able to help prevent the threat.

### **Health Oversight Activities**

We may disclose medical information to Medicare, AHCCCS or another health oversight agency for activities authorized by law.

### **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

### **Law Enforcement**

We may release medical information if asked to do so by a law enforcement official:

- As required by law
- In response to a court order, subpoena, warrant, summons, administrative request or similar process
- In emergency circumstances to report a crime; the location of the crime or victims or the identity, description or location of the person who committed the crime

### **Other Uses**

We will obtain your written permission prior to use or disclosure of your medical information if the law does not permit use or disclosure without your permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. Understand that we are unable to protect information that has already been disclosed with your permission.

### **Your Rights Regarding Your Medical Information:**

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

#### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

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 provide you emergency treatment.

To request restrictions, you must make your request in writing to the Care1st Compliance Office at 2355 E. Camelback Road, Ste. 300, Phoenix, Arizona 85016. 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.

### **Communications**

You have the right to request that we communicate with you only in writing or at a certain address. We will accept reasonable requests. Your request must specify how or where you wish to be contacted and what information is to be communicated in this manner.

### **Inspect and Copy**

You or your personal representative has the right to get a copy of your health information. The information provided will be information available to you under the law. Limitations may apply to certain types of information. You must request this information in writing and we may bill you for reasonable costs of complying with this request. The request should be addressed to the Care 1st Compliance Office and sent to the address provided below.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request.

### **Amendments**

You have the right to ask that information in your records, created by the health plan, be amended if it is not correct or complete. Your request must be in writing and submitted to the Care 1st Compliance Office. We may deny your request for the following reasons (not all inclusive)

- if it is not in writing
- does not include a reason to support the request
- is not a record completed by the health plan

### **Accounting of Disclosures**

You have the right to a request a list of

- who we shared your medical information with
- when we shared the information
- for what reasons and
- what particular information was shared

The list will not include instances when we shared information with you, with your permission, or for treatment, payment or health care operations. Upon request, one free copy is available every 12 months.

### **You Have a Right to a Paper Copy of this Notice**

You may obtain a copy of this notice by contacting our Member Services Department at 1-866-560-4042 or 602-778-1800, TTY 1-800-367-8939..

### **Changes to This Notice**

We reserve the right to change this notice.

### **Complaints**

You have the right to file a complaint if you believe your privacy rights have been violated. You will not be penalized for filing a complaint. To file a complaint you may write to us at:

Care 1st Health Plan Arizona Inc.  
Attn: Member Services Department  
2355 E. Camelback Road, Ste. 300  
Phoenix, AZ 85016

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office of Civil Rights.

For further information please contact our Member Services Department at 602-778-1800 or 1-866-560-4042, TTY 1-800-367-8939.