

# 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 review it carefully.

If you have any questions about this Notice, please call Passport Advantage HMO SNP at 1-800-578-0603, then press 1. You can call 7 days a week from 8 a.m. to 8 p.m. TTY users please call 1-800-648-6056.

## What is This Notice?

This Notice tells you:

- How Passport Advantage (PAD) handles your health information.
- How PAD uses and gives out your health information.
- Your rights concerning your health information.
- PAD's responsibilities in protecting your health information.

PAD is required by law to abide by the terms of this Notice.

## What Are Passport Advantage's Responsibilities to You About Your Protected Health Information?

Your health information and your family's health information is personal. PAD protects the privacy of this information. We protect it in all places where we use or store it. PAD uses the smallest amount of health information needed to do our work. The only people who see your health information are those who need it to provide you services. PAD has policies about physically and electronically safeguarding your information. These policies comply with state and federal laws.

## How Do We Use Health Information About You?

PAD is permitted to use and give out your health information in order to do our business. Information may also be shared with other health care businesses that give you care. This could include providers, hospitals, and other agencies. Here are some of the ways PAD uses and gives out information without a Privacy Authorization (special permission from you):

## Treatment Purposes

PAD sometimes helps decide what medical treatment may be covered by your Passport Advantage benefits. PAD does not provide medical treatment.

## Payment Purposes

PAD and businesses we work with get and give out health information for:

- The billing and payment of claims.
- Reviewing health care given to members.
- Reviewing the use of benefits by members.

For example, your provider must submit a claim form to PAD listing services provided to you. The claim form must contain your health information. PAD needs this information so we can pay your provider. We then send a form to the provider showing the services that you received and what PAD will pay.

## Health Care Operations Purposes

PAD may use your medical information to approve coverage for referrals or medical treatment requested by your provider. We may give out information to others who must make decisions about your care. This could include providers, nurses, therapists, hospitals, etc. For example, you have an ongoing health problem and sign up for PAD's case management. A case manager works with your primary care provider and other health care workers to help them manage your care. The case manager may also refer you to organizations like the Center for Accessible Living, the Housing Authority, government programs, school systems, or churches. This requires giving these agencies and professionals your health information.

## Other Uses of Health Information

- **Business Associates** - To do business PAD must work with many other organizations. We must share information with these organizations. We try to make sure that these organizations protect the health information we share.
- **Quality Improvement Activities** - PAD may use and give out health information to help doctors and hospitals improve the care they give you. This includes looking at and checking the treatment and services you receive.
- **Appointment Reminders** – To help you receive good health care, PAD may use your health information to remind you of needed services or treatments. Reminders may be mailed to you about shots, checkups and screenings like mammograms.

- **Health Promotion and Disease Prevention** – PAD may use your health information to tell you about disease prevention and health care. For example, we may send you health care ideas for things like women’s health or diabetes. PAD may also work with other agencies on good health and disease prevention programs. We must obtain written permission (a Privacy Authorization) from you if we want to share your personally identifiable health information with other agencies for things other than normal health care business.
- **Individuals involved with your care or with payment for your care** - PAD may give out your health information to a friend or family member who is helping with your care or with payment for your care. For example, if you have a serious accident, PAD may need to talk with your spouse or other responsible party listed on your records.
- **Member and Provider Claims Services Departments** - PAD’s Member Services and Provider Claims Services are trained to answer calls that may involve reviewing your personally identifiable health information.
- **Medical and Administrative Appeals** - PAD, at times, may make decisions about claims for services provided to you. You or your provider may appeal these decisions. Your health information may be used to make appeal decisions. The information used could include parts of your medical record. A committee looks at all the information to determine benefits and coverage.
- **Lawsuits and Disputes** - PAD must give out your medical information if it is legally required. An example is if you are involved in a lawsuit or legal dispute and the court orders the release of your information. Legal requests include subpoenas, discovery requests, and other court or legal orders.
- **Law Enforcement** - PAD may give out health information if law enforcement officials request it. PAD will give out health information about you when required or permitted to do so by federal or state law.

*If you have any questions or need more information, please call us. The telephone number is at the end of this Notice.*

## What Are Your Rights Regarding Your Health Information?

PAD wants you to know your rights regarding your health information and your dependent’s health information.

### Right to Receive Passport Advantage’s Notice of Privacy Practices

Every member will receive a printed copy of the Notice of Privacy Practices in the Member Handbook when they are enrolled in PAD.

The Notice of Privacy Practices is also on PAD's web site. You can access the web site at [www.passportadvantage.org](http://www.passportadvantage.org). PAD has the right to change parts of this notice and make the new parts effective for all protected health information that it keeps. Changes and their effective dates will be put on the web site. You may request a paper copy of the Notice of Privacy Practices at any time.

## Right to Request Confidential Communications

You have the right to ask that PAD communicate with you about personal information in a certain way or in a certain location. PAD will do this in as many cases as possible.

- Requests to change how PAD communicates with you should be submitted to PAD's Privacy Officer. The address is at the end of this Notice.
- Requests should tell how you want us to contact you and/or where you want us to contact you.

## Right to Request Restrictions

You have the right to ask that your health information not be used or given out for treatment, payment, and health care operation reasons. This is called requesting a restriction. You do not have the right to ask for restrictions for giving out your information when we are asked to do so by law enforcement officials or court officials. PAD has the right to deny a request for restriction of protected health information.

To ask for a restriction on the use of your information, send a written request to PAD's privacy officer. The address is at the end of this Notice. The request should include:

1. The information you wish to restrict.
2. Whether you wish to restrict the use of information, the giving out of information, or both.
3. To whom you want the restriction to apply.

## Right to Withdraw a Privacy Authorization for the Use or Giving Out of Protected Health Information

PAD must have your written permission to use or give out your information for reasons other than normal treatment, payment, and health care operations. You give permission by signing a form called a Privacy Authorization.

- You may cancel your Privacy Authorization (permission) at any time. To do so you must send a written cancellation to PAD's privacy officer. The address is at the end of this Notice.
- When PAD receives your cancellation, we will stop using or giving out the information permitted by the Privacy Authorization.

- Anything permitted by the Privacy Authorization that was done before we received your cancellation cannot be changed.

## Right to Access

You have the right to look at and get a copy of your protected health information contained in a specific set of records. This is called a designated record set. PAD's designated record set includes enrollment, claims and payment, case management, and utilization management information.

- If you would like a copy of your information in PAD's designated record, you must send a written request to PAD's Privacy Officer. The address is at the end of this Notice. PAD will answer your written request in 30 days. PAD may ask for an extra 30 days if necessary. We will let you know if we need the extra time.
- PAD does not keep complete copies of your medical record. If you would like a copy of your medical record, contact your provider and give him or her a written request for your records. Your provider may charge you a fee for the cost of copying and/or mailing your records.
- PAD has the right to keep you from having or seeing all or part of your designated record set for certain reasons. PAD will tell you the reasons in writing. PAD will also give you information about how you can file an appeal if you are not satisfied with PAD's decision.

## Right to Amend

You have the right to ask that information in your medical record or designated record set be changed if it is not correct.

- To request a change, you must do the following:
  1. Send your request in writing to PAD's Privacy Officer. The address is at the end of this Notice.
  2. Include the reason why you are asking for a change.
  3. If the change you ask for is for your medical record, contact the provider who wrote the record. The provider will tell you how to get the medical record changed.
- PAD will answer your request within 60 days of when we receive it.
- PAD may deny the request for change if:
  1. The information was not written by PAD.
  2. The information is not information kept by PAD.
  3. The information is not information that you are allowed to see and copy.
  4. The information is already correct and complete.

## Right to an Accounting of Disclosures

You have the right to ask for an accounting of disclosures. This is a list of every time PAD:

- Gave your health information to outside people or organizations other than you or those who are involved in your care.
- Gave or used your information when it was not part of normal treatment, payment, or health care operations.

To ask for an accounting of disclosures, please send a request in writing to PAD's Privacy Officer. The address is at the end of this Notice. Your request must give a time period that you want to know about. The time period may not be longer than six years and may not include dates before January 1, 2006. PAD will act on your request within sixty (60) days.

## What Should You Do If You Have a Complaint About the Way That Your Health Information Is Handled?

If you believe that your privacy rights have been violated, you may file a complaint with PAD or with the Secretary of Health and Human Services.

To file a complaint with PAD or to appeal a decision about your health information, send it in writing to PAD's Privacy Officer. The address is at the end of this Notice.

- A notice in the Federal Register tells how to send a complaint to the U.S. Department of Health and Human Services. The Public Library has copies of the Federal Register.
- You will not lose your Passport Advantage membership or health care benefits if you file a complaint.

## Where Should You Send Requests or Questions About Your Protected Health Information?

Please send questions or requests about your information to the following address:

**Passport Advantage**  
**Attn: Privacy Officer**  
**305 West Broadway, 3<sup>rd</sup> Floor**  
**Louisville, KY 40202**