

# Notice of Privacy Practices

Effective Date July 25, 2011

THIS NOTICE DESCRIBES HOW MEDICAL AND FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

## **Our legal duty**

This notice describes our privacy practices, which include how we may use, disclose (share or give out), collect, handle and protect our members' protected health information. Care Improvement Plus is required by State and/or Federal law to maintain the privacy of your protected health information. We also are required to give you this notice about our privacy practices, our legal duties and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect.

We reserve the right to change our privacy practices and the terms of this notice at any time, as long as law permits the changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. If we make a material change in our practices, we will distribute a revised notice to you within 60 days by direct mail or email if requested and post it on our website at:

<http://careimprovementplus.com/PrivacyPolicy.aspx>

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

## **Primary uses and disclosures of protected health information:**

Care Improvement Plus primarily uses and discloses your health information for purposes of health care operations and payment.

■ **Payment:** We may use, disclose, and/or obtain your protected health information for purposes of payment. For example, we might use, disclose, and/or obtain your protected health information to pay claims for services provided to you by doctors, hospitals, pharmacies and others that are covered by your health plan. We also may use your information to determine your eligibility for benefits, coordinate benefits with other payers, examine medical necessity, obtain premiums and issue explanations of benefits.

■ **Health care operations:** We may use, disclose, and/or obtain your protected health information for purposes of health care operations. For example, we may use, disclose, and/or obtain your protected health information to determine our premiums for your health plan, conduct quality assessment and improvement activities, engage in care coordination or case management, and to manage our business.

■ **Treatment.** We may disclose your protected health care information to your doctors, hospitals and other health care providers for their provision, coordination or management of your health care and related services – for example, for coordinating your health care or for referring you to another provider for care.

■ **Business Associates:** In connection with our payment, treatment and health care operations activities, we contract with individuals and entities (called "Business Associates") to perform various functions on our behalf or to provide certain types of services (such as member service support, utilization management, or pharmacy benefit management). To perform these functions or to provide the services, our Business Associates will receive, create, maintain, use or disclose protected health information, but only after the Business Associates agree in writing to contract terms designed to appropriately safeguard your information.

**Other possible uses and disclosures of protected health information:** The following is a description of other possible ways in which we may (and are permitted to) use, disclose and/or obtain your protected health information:

■ **Disclosures to the Secretary of the U.S. Department of Health and Human Services:**

We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services (DHHS) when the Secretary is investigating or determining our compliance with the federal Privacy Regulations.

■ **To family and friends:** In addition, we may disclose health care information to a family member, a friend or other persons who are involved in your care or payment for your care, when you are not present or are incapacitated, if, in the exercise of professional judgment, we believe the disclosure is in your best interest. For example, we may disclose information to a family member who is trying to help you understand our payment for services. However, as noted below, you may request a restriction on disclosures of health information to your family members or other persons identified by you. If you are present, we will give you the opportunity to object before we disclose your health care information to these persons.

■ **Health oversight activities:** We might disclose your protected health information to a health oversight agency for activities authorized by law, such as: audits, investigations, inspections, licensure or disciplinary actions, or civil, administrative or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system, (ii) government benefit programs, (iii) other government regulatory programs and (iv) compliance with civil rights laws.

■ **Abuse or neglect:** We may disclose your protected health information to appropriate authorities if we reasonably believe that you might be a possible victim of abuse, neglect, domestic violence or other crimes.

■ **To prevent a serious threat to health or safety:** Consistent with certain federal and state laws, we may disclose your protected health information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

■ **Research:** We may disclose your protected health information to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information and (2) approved the research.

■ **Required by law:** We may use, disclose, and/or obtain your protected health information when we are required to do so by law. For example, we must disclose your protected health information to DHHS upon their request for purposes of determining whether we are in compliance with federal privacy laws.

■ **Legal process and proceedings:** We may use, disclose, and/or obtain your protected health information in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may disclose your protected health information to law enforcement officials.

■ **Law enforcement:** We may disclose to a law enforcement official limited protected health information of a suspect, fugitive, material witness, crime victim or missing person. We might disclose protected health information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

■ **Treatment Alternatives, Reminders and Other Health Related Benefits.** We may use your health care information to provide you with appointment reminders, information about treatment alternatives, or other health related benefits provided by Care Improvement Plus.

■ **Other uses and disclosures of your protected health information:** Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that we already have used or disclosed in reliance on your authorization or if the authorization is to permit disclosure of PHI to an insurance company, as a condition of obtaining coverage, to the extent that other laws allow the insurer to contest claims coverage.

**State law limitations on the disclosure of health care information:** In instances in which state law is more protective of your privacy rights than Federal law; Care Improvement Plus complies with State Law. For example, certain states place additional limitations on the use and disclosure of health care information concerning HIV, substance abuse, and mental health. Care Improvement Plus restricts its uses and disclosures to those allowed under state law and this privacy notice.

#### **Individual rights:**

■ **Access:** You have the right to look at, or get copies of, the protected health information contained in a designated record set, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot reasonably do so. You may request access by sending a letter to the Care Improvement Plus address at the end of this notice. If you request copies, we might charge you a reasonable fee for each page and postage if you want the copies mailed to you. If you request an alternative format, we might charge a cost-based fee for providing your protected health information in that format. If you prefer, we will prepare a summary or an explanation of your protected health information, but we might charge a fee to do so.

We may deny your request to inspect and copy your protected health information in certain limited circumstances. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable. If you are denied access to your information and the denial is subject to review, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same person who denied your initial request.

■ **Disclosure accounting:** You have a right to request and receive an accounting of our disclosures of your medical information that you did not specifically authorize, except when those disclosures are made for treatment, payment or health care operations, or the law otherwise restricts the accounting. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

You may request an accounting by submitting your request in writing using the Care Improvement Plus address listed at the end of this notice. Tell us the time period that you want to know about. Your request may be for disclosures made up to six years before the date of your request.

■ **Restriction requests:** You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement that we might make to a request for additional restrictions must be in writing and signed by a person authorized to make such an agreement on our behalf. We will not be liable for uses and disclosures made outside of the requested restriction unless our agreement to restrict is in writing. We are permitted to end our agreement to the requested restriction by notifying you in writing. Federal law allows you to restrict disclosures to your family

members, other relatives, or close personal friends or other persons identified by you, of health information directly relevant to such person's involvement with your care or payment related to your care.

You may request a restriction by submitting your request in writing to us using the Care Improvement Plus address listed at the end of this notice. In your request tell us: (1) the information of which you want to limit our use and disclosure and (2) how you want to limit our use and/or disclosure of the information.

■ **Confidential communication:** If you believe that a disclosure of all or part of your protected health information may endanger you, you have the right to request that we communicate with you in confidence about your protected health information. This means that you may request that we send you information by alternative means, or to an alternate location. As part of your request, we ask that you specify the alternative means or alternate location, and how payment issues (premiums and claims) will be handled. You may request a confidential communication by writing to us using the information listed at the end of this notice.

■ **Amendment:** You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

■ **Breach.** You have the right to be notified in the event that we (or one of our Business Associates) discovers a breach of your unsecured protected health information that poses a significant risk of harm to you. Notice of any such breach will be made in accordance with

Federal requirements.

■ **Electronic notice:** Even if you agree to receive this notice on our Web site or by electronic mail (e-mail), you are entitled to receive a paper copy as well. Please contact us using the information listed at the end of this notice to obtain this notice in written form. If the e-mail transmission has failed, and Care Improvement Plus is aware of the failure, then we will provide a paper copy of the notice to you.

#### Uses and disclosures of financial information

#### Collection of Personal Financial Information

We may collect personal financial information about you from many sources, including:

■ Information you provide on enrollment applications or other forms, such as your name, address, social security number, salary, age and gender.

■ Information about your relationship with Care Improvement Plus, our affiliates and others, such as your policy coverage, premiums and claims payment history.

■ Information as described above that we obtain from any of our affiliates.

■ Information we receive about you from other sources such as your employer, your provider, your broker and other third parties.

■ Information we receive about you when you log on to our Web site. We have the capability through the use of "cookies" to track certain information, such as finding out if members have previously visited the Care Improvement Plus Web site or to track the amount of time visitors spend on the Web site. These cookies do not collect personally identifiable information and we do not combine information collected through cookies with other personal financial information to determine the identity of visitors to its Web site. We will not disclose cookies to third parties.

#### How your information is used

We use the information we collect about you in

connection with underwriting or administration of an insurance policy or claim or for other purposes allowed by law. At no time do we disclose your financial information to anyone outside of Care Improvement Plus unless we have proper authorization from you or we are permitted or required to do so by law. We maintain physical, electronic and procedural safeguards in accordance with federal and state standards that protect your information.

In addition, we limit access to your financial information to those Care Improvement Plus employees, business partners, providers, benefit plan administrators, brokers, consultants and agents who need to know this information to conduct Care Improvement Plus business or to provide products or services to you.

### **Disclosure of your financial information**

In order to protect your privacy, third parties that are either affiliated or nonaffiliated with Care Improvement Plus are also subject to strict privacy laws. Affiliated entities are companies that are part of the Care Improvement Plus corporate family and may include, third party administrators, health insurers, long term care insurers and insurance agencies. In some situations related to our insurance transactions involving you, we will disclose your personal financial information to a nonaffiliated third party that helps us to provide services to or for you. When we disclose information to these third parties, we require them to agree to protect your financial information and to use it only for its intended purpose, and to comply with all relevant laws.

### **Changes in our privacy policy**

Care Improvement Plus periodically reviews its policies and reserves the right to change them. If we change the substance of our privacy policy, we will continue our commitment to keep your financial information secure — it is our highest priority. Even if you are no longer a Care Improvement Plus customer, our privacy policy will continue to apply to your records.

**privacy practices.** You may request a copy of our notices at any time. If you want more information about our privacy practices, if you would like additional copies of this notice, or have questions or concerns, please call the Member Services number on your ID card or contact the Care Improvement Plus Privacy Officer using the information below.

**Filing a complaint:** If you are concerned that we might have violated your privacy rights, or you disagree with a decision we made about your individual rights, you may use the contact information listed at the end of this notice to complain to us or you may complain to the U.S. Department of Health and Human Services (DHHS). Complaints made to the Secretary must be in writing (whether paper or electronic), must identify Care Improvement Plus as the entity about which the complaint is being made, must describe the situation that gives rise to the complaint, and must be filed within 180 days of the date when the complainant knew, or should have known, of the event that gives rise to the complaint. We will provide you with the contact information for DHHS upon request. We support your right to protect the privacy of your protected health and financial information. We will not retaliate in any way if you choose to file a complaint with us or with DHHS.

### **Contact Information:**

Care Improvement Plus  
Compliance and HIPAA Department  
351 W. Camden Street, Suite 100  
Baltimore, Maryland 21201

Telephone: 1-800-210-3312  
Fax Number: 1-866-447-7868

Questions and complaints

## **Information on Care Improvement Plus**

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