



NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Commonwealth Care Alliance is committed to protecting your personal health information (PHI). Personal health information may include but are not limited to such items as medical notes from your doctor, a claim from your provider listing your diagnosis or a medical treatment you received, or your laboratory test results.

This notice about protecting your health information is required by federal law effective April 14, 2003. It tells you about your rights and how Commonwealth Care Alliance safeguards, uses and in some cases discloses your health information. Please read carefully.

Your Health Information Rights

You have certain rights regarding the health information Commonwealth Care Alliance has about you. You have the right to:

- **Receive Confidential Communications** - Request that Commonwealth Care Alliance notify you about your health information in a way or at a location that will help you keep your health information confidential.
- **Receive an Accounting of Disclosures** - Receive a list of disclosures Commonwealth Care Alliance has made of your health information.
- **Right to Inspect and Copy**- Review and obtain a copy of your own health information in records that we maintain. Please make the request in writing to the Privacy Official at the address listed below.
- **Request Restrictions** - Request a restriction on certain uses and disclosures of your health information. Under certain circumstances, however, Commonwealth Care Alliance must disclose certain health information about you.

- **Right to Amend Your Personal Health Information** - Ask Commonwealth Care Alliance to change your health information if you believe it is incorrect or incomplete. Under certain circumstances, Commonwealth Care Alliance may deny your request and, if so, will give you the reason(s) why the request was denied. Request must be done in writing to Privacy Official and include the reason for your request to amend your health information.
- **A Copy of this Notice** - Receive a paper or electronic copy of this Notice of Privacy Practices upon written request to the Privacy Official at the address listed below.

If you would like to have a more detailed explanation of your rights or if you would like to exercise one of these rights, contact:

Commonwealth Care Alliance

Attention: Privacy Official
30 Winter Street
Boston, MA 02108
Phone: 617-426-0600
SCO: 1-866-610-2273
CCC: 1-800- 311-9529
TYT: 1-866-322-7357

Please refer to pages 3 -4 of this Notice of Privacy Practices regarding how Commonwealth Care Alliance may use or disclose your personal health information.

How Commonwealth Care Alliance May Use or Disclose Your Health Information

SECTION I. The following describes various ways the law permits Commonwealth Care Alliance to use or disclose your health information for treatment, payment, and health care operations. The examples below are not an exhaustive list and do not describe every type of use or disclosure that may be permissible under the law.

For Treatment – Commonwealth Care Alliance may use and disclose your health information to help you receive medical treatment and services.

For example: Commonwealth Care Alliance may disclose your health information to a home health agency to make sure you get the services you need after discharge from a hospital.

For Payment – Commonwealth Care Alliance may use and disclose your health information to pay for your covered medical treatment and services.

For example: A claim for health care services may be sent to Commonwealth Care Alliance by your doctor. The claim may contain information that identifies you, your diagnosis, and the treatment or supplies you received.

For Health Care Operations – Commonwealth Care Alliance may use and disclose your health information to administer the benefits you are entitled to under your health plan with Commonwealth Care Alliance.

For example: Your health information may be disclosed to coordinate care; assess and improve quality of services; conduct medical record reviews; or deliver customer service.

Other Examples:

Plan Communications/Mailings- Commonwealth Care Alliance may mail information containing personal information to the address you have provided.

Electronic Centralized Enrollee Record (CER) – Every Member of Commonwealth Care Alliance has a Centralized Enrollee Record (CER). The CER contains current information about the Member’s medical care and treatment needs. Entries to the CER are made by physicians, nurses, other members of the primary care team. Additionally, authorized Commonwealth Care Alliance staff may have access necessary to provide continuity of care.

Please refer to enclosed document for more details about your centralized enrollee record.

Family, Friends, and/or Personal Representative – Commonwealth Care Alliance may disclose your personal health information to a family, member, relative, or friend – or anyone else you identify – as follows:

- a. When you are present and agree to the use or disclosure.
- b. When you are not present (or you are incapacitated or in an emergency situation); if, in the exercise of our professional judgment and in our experience with common practice, we determine that disclosure is in your best interests. In these cases, we will only disclose the health information that is relevant to the person’s involvement in your health care or payment

How Commonwealth Care Alliance May Use or Disclose Your Health Information

SECTION II: We may use and disclose personal health information about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain relevant conditions.

For Requirements by Law/Lawsuits/Law Enforcement

- To respond to a Court or other administrative Order requesting your health information.
- To assist law enforcement officials, such as the police, in their law enforcement duties.
- To allow funeral directors, medical examiners or coroners to carry out their lawful duties, such as to complete a death certificate.
- To allow other government agencies to provide you with benefits and services.
- To comply with laws and regulations regarding worker's compensation.

For Public Health Activities/Abuse/Neglect/Domestic Violence

- To report information to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.
- To report information for public safety, such as to prevent the spread of a serious threat to the health or safety of a particular person or the general public.
- To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease.

For Health Oversight Activities – Without disclosing your identity, Commonwealth Care Alliance may disclose certain health information to government health agencies for health oversight reasons, such as program audits, licensure reviews, or inspections.

For Research – Commonwealth Care Alliance may use your health information for research purposes under certain limited circumstances, such as for a study to cure a disease. We must obtain a written authorization to use and disclose your information for research purposes.

Please Note: No other use and disclosure of your personal health information will be made without your written authorization. If you have authorized us to use or disclose your personal health information, you may revoke your authorization at any time, in writing, except to the extent we have already taken action based on your written authorization.

Obligations of Commonwealth Care Alliance

- Maintain the privacy of your personal health information.
- Provide you with this Notice of its legal duties and privacy practices with respect to your health information.
- Obtain your written authorization to use or disclose your health information for reasons other than those listed in this Notice and permitted under law.
- Abide by the terms of this Notice, as amended from time to time.
- Notify you if Commonwealth Care Alliance is unable to agree to a requested restriction on how your information is used or disclosed.
- Allow reasonable requests you may make to notify you about your health information in a way or at a location that will help you keep your health information confidential.

Commonwealth Care Alliance reserves the right to change its information practices or to amend or modify this Notice in order to ensure compliance with state and federal laws and regulations. Revised notices will be mailed to you and also will be made available on Commonwealth Care Alliance public website at www.commonwealthcare.org

Complaints

If you have a complaint about this Notice of Privacy Practices, how Commonwealth Care Alliance handles your health information, or if you otherwise believe that your privacy rights have been violated by Commonwealth Care Alliance, your complaint should be directed to:

Commonwealth Care Alliance

Attention: Privacy Official
30 Winter Street
Boston, MA 02108
SCO: 866-610-2273
CCC: 800- 311-9529
TTY: 866-322-7357

If you are not satisfied with the manner in which Commonwealth Care Alliance handles a complaint, you may submit a formal complaint to the U.S. Department of Health and Human Services in Washington, DC.

Questions

If you have any questions, please contact our Privacy Official at the address listed above.