



## Notice of Privacy Practices

**This notice describes how medical information about you [and your family] may be used and disclosed and how you can get access to this information. Please review it carefully.**

### Summary

Medical Associates Health Plan, Inc., is committed to protecting the privacy and confidentiality of your health and personal information. We understand how complicated the subject of Privacy can be, and we are honored that you have chosen us for your treatment, care, and coverage. This Notice of Privacy Practices describes your rights and choices regarding your personal information, and it explains how we use and manage that information.

### Your Rights

**When it comes to your information and privacy, you have certain rights under state and federal law.**

This section explains your rights and some of our responsibilities to help you.

***You have the right to:***

#### **Inspect and copy your health and claims records.**

- ◆ You have the right to review and obtain a copy of your health information in a specific set of records, known as a “designated record set.” These records may include enrollment records, case management records, or claims payment records.
- ◆ We do not maintain your complete medical record. To review or copy your medical record, you should contact your doctor.
- ◆ If you would like to inspect and copy health information maintained by us, please send a written request to our Privacy Officer.
- ◆ Your request will be completed within 30 days of receipt unless we notify you in writing that a 30-day extension is needed.
- ◆ We may deny your request for certain, limited reasons. We will explain this in writing and tell you how you can appeal our decision.
- ◆ We reserve the right to charge a reasonable, cost-based fee.

#### **Amend a record of your health information if it is incorrect or incomplete.**

- ◆ To request a form to amend a record, call us at (563) 556-8070 or (800) 747-8900.
- ◆ We will respond to your request within 60 days of receipt.
- ◆ We may deny your request for certain reasons specified by law. If your request is denied, we will explain in writing and inform you of your rights.

#### **Request restrictions on the use or disclosure of your health information.**

- ◆ You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- ◆ In most cases, we are not required to agree to your request, but we will always consider it carefully. We may say “no” if it would affect your care or our service to you.

#### **Ask that we communicate with you confidentially.**

- ◆ You can ask us to contact you in a specific way (such as at a specific phone number) or to send mail to a different address.
- ◆ We must accommodate your request if you clearly tell us that disclosure of information could endanger you.
- ◆ We have discretion to accept or reject other requests, but will do our best to meet your needs.
- ◆ To change how we communicate with you, please send a written request to our Privacy Officer.

## Your Rights *continued*

### Get a list of those with whom we've shared your information.

- ◆ This list (called an "accounting") will include a summary of all instances in which we disclosed your information with outside organizations or individuals.
- ◆ To obtain an accounting, please send a written request to our Privacy Officer.
- ◆ The request must be for a time period of 6 years or less.
- ◆ The accounting will be provided to you within 60 days, unless we notify you in writing that we need a 30-day extension.
- ◆ If you make more than one request in a 12-month period, we may charge a reasonable, cost-based fee for additional copies.

### Receive a copy of this Privacy Notice.

- ◆ You can ask for a paper copy of this notice at any time by calling (563) 556-8070 or (800) 747-8900. We will provide it promptly.
- ◆ This notice is also available at [www.mahealthplans.com](http://www.mahealthplans.com). Choose "Members" from the top of the page and then "Confidentiality & Privacy Notices".

### Choose someone to act for you.

- ◆ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- ◆ We will confirm this person's authority before we take any action.

### File a complaint if you feel your rights are violated.

- ◆ You can file a complaint with us by calling or writing our Privacy Officer.
- ◆ You can file a complaint with the U.S. Department of Health and Human Services for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints>.
- ◆ Please provide as many details as possible so we can fully investigate your complaint.
- ◆ You will not lose your Health Plan membership or benefits if you file a complaint, nor will we take any other action against you.

## Your Choices

**For certain health information, you can tell us your choices about what we disclose.** If you have a clear preference about how we disclose your information in the situations described below, let us know. Tell us what you want us to do, and we will follow your instructions, while also following the law.

You can restrict disclosures to your family members, relatives, close friends, or others involved with your care or payment for your care.

- ◆ To request a restriction, send a written request to our Privacy Officer.
- ◆ Your request should tell us what information you wish to restrict, whether you wish to restrict use and/or disclosure of that information, and to whom the restriction should apply.
- ◆ If you are incapacitated, we will disclose your information only if, in the exercise of professional judgment, we believe the disclosure is in your best interest.

Unless you have given us written permission, we will not:

- ◆ Use or disclose records, such as psychotherapy notes or substance abuse treatment records, that are protected by state or federal laws
- ◆ Use or disclose records for marketing purposes
- ◆ Sell your information.

Even if you give us written permission, you have the right to revoke the permission at any time.

## Our Uses and Disclosures

**How do we typically use or disclose your health information?** We typically use or disclose your health information in the following ways:

### **To Treat you (treatment)**

While we do not conduct treatment activities, we may disclose your health information to doctors, hospitals, and other health care providers who need it for your treatment.

*Example: If you develop a chronic condition, we may use your health care information to ensure that you receive the most efficient treatment and to coordinate the care you receive.*

### **To run our organization (health care operations)**

We can use and disclose your information to run our organization and contact you when necessary. For example, we may:

- ◆ Contact health care providers and patients about treatment alternatives, case management, or care coordination
- ◆ Conduct quality assessment and improvement activities
- ◆ Review provider and health plan performance information
- ◆ Conducting population-based activities to improve health or reduce costs

**We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.**

*Example: We may use your information to put together reports required by our customers or state or federal law. Certain laws require that we report on how many appeals or grievances our members have and how they are resolved. We also may disclose your health information to other health plans, health care providers who have treated you, and health care clearinghouses if such information is needed for health care operations, but only to the extent that we currently have or have had a relationship with you and the health information pertains to that relationship.*

### **To pay for your health services (payment)**

We may use or disclose your health information for payment purposes, such as to determine whether a service is covered under your plan or to pay your physician for services provided.

*Example: If your physician requests preauthorization for a hospital stay, we may review your health information to determine if the hospital stay will be covered.*

### **To administer your plan**

We may disclose limited health information with your employer or sponsor of your health plan for administrative purposes, such as to enroll you. Plan sponsors that receive this information are required by law to have safeguards in place to protect the information from further disclosure or from inappropriate uses.

*Example: Your employer contracts with us to provide a health plan, and we provide your employer with certain statistics to explain the premium we charge.*

We may share your information for certain operations or payment functions that are performed by third parties, known as “business associates,” on our behalf. We require these business associates to sign a written agreement that limits their use and disclosure of health care information. Any use and disclosure made by our business associates will be consistent with this Privacy Notice. We also may share information with third parties to coordinate your coverage with other insurance or health benefits you may have.

## **Our Uses and Disclosures *continued***

### ***Help with public health and safety issues***

We may disclose your health care information for public health activities, such as to:

- ◆ help prevent and control disease
- ◆ report adverse reactions to medications
- ◆ help with system oversight, such as audits or investigations
- ◆ avert a serious threat to a person's health or safety

### ***Do research***

We may disclose your health care information for medical research or research to improve the health care system.

### ***Comply with the law***

We may disclose your personal and health information if federal or state law requires it.

### ***Respond to organ and tissue donation requests and work with a medical examiner or funeral director***

- ◆ We may disclose activities performed by organ or tissue donation and transplantation services.
- ◆ We may disclose health information with a coroner, medical examiner, or funeral director when an individual dies.

### ***Address workers' compensation, law enforcement, and other government requests***

- ◆ We may disclose your information for workers' compensation claims.
- ◆ We may disclose your health care information to a health oversight agency for activities authorized by law, including audits and investigations.
- ◆ We may disclose information to comply with special government functions such as military, national security, and presidential protective services.

### ***Respond to lawsuits and legal actions***

We may disclose your personal and health information in response to a court or administrative order, subpoena, discovery request or other legal process.

### ***State Laws requiring greater limits on disclosures***

In instances in which the state law is more protective of your privacy rights than federal law, we will comply with the state law restrictions.

*Example: We restrict the use and disclosure of health care information concerning HIV, genetic testing, mental health and developmental disabilities to those allowed under state law.*

### ***How else do we use or disclose your health information?***

We are allowed or required to share your information in other ways that contribute to the public good, such as for public health and safety activities. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>

## Our Responsibilities

- ◆ We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices.
- ◆ We will notify you promptly if a breach occurs that may compromise the privacy or security of your information.
- ◆ We must follow the duties and privacy practices described in this notice and give you a copy of it.
- ◆ We will not use or disclose your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html>

## ***Changes to the Terms of this Notice***

We reserve the right to change the terms of this Privacy Notice and to apply the new Privacy Notice terms to all health information that we keep. If we make a material change to the terms of this Privacy Notice, the revised Privacy Notice will be available upon request, on our web site, and we will mail a copy to you.

## For Information or Questions

You may get more information about your privacy rights and our privacy practices by calling or writing our Privacy Officer.

Privacy Officer  
1605 Associates Drive, Suite 101  
Dubuque, IA 52002  
(563) 556-8070 or (800) 747-8900.

## Our Organization

**This notice applies to all our Health Plans.**