

Si prefiere a recibir esta noticia en español, por favor de comuníquese con su Director de Casos.



## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE TELLS HOW YOUR PROTECTED HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS DATA. PLEASE REVIEW IT CAREFULLY. (This notice does not apply to Ryan White funded services/members.)**

This Notice tells you about the ways in which Pinal/Gila Long Term Care (referred to as "we" or "P/GLTC") may collect, use and disclose your Protected Health Information (PHI) and your rights concerning your PHI. "PHI" is data about you, including demographic data, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.

We are required by federal and state law to provide you with this Notice about your rights and our legal duties and privacy practices with respect to your PHI. We must follow the terms of this Notice while it is in effect. Some of the uses and disclosures described in this Notice may be limited in certain cases by related state laws that are more strict than the federal standards. These terms will remain effective even if your coverage ends; to the extent we retain data about you.

### HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use and disclose your PHI for different purposes. The types of data containing PHI that P/GLTC normally keeps are enrollment, claim payments, case or medical management data, or any other group of records kept by P/GLTC, and are used in whole or in part to make decisions about a member's eligibility and/or benefits. The examples below are provided to show the types of uses and disclosures we may make without your consent for payment, health care operations and treatment.

- **Payment.** We may use and disclose your PHI in order to pay for your covered health expenses.

**EXAMPLE:** We may use your PHI to process claims or to be paid by another insurer (e.g., Medicare) that may be responsible for payment.

- **Health Care Operations.** We may use and disclose your PHI in order to perform managed care functions; such as quality reviews.

**EXAMPLE:** Your PHI may be used to review and assess the skills, outcome and performance of health care providers that take care of you.

**Treatment.** We may use and disclose your PHI to help doctors, dentists, pharmacies, hospitals and others in your treatment. We may disclose your PHI to providers to give data about other treatment options.

**EXAMPLE:** Doctors may request medical data from us for treatment related reasons. Likewise, your doctor may share PHI about you with a pharmacy when calling in a prescription.

### **OTHER PERMITTED OR REQUIRED DISCLOSURES**

- **As Required by Law.** We must disclose PHI about you when required to do so by law.
- **Public Health Activities.** We may disclose PHI to public health agencies for reasons such as preventing or controlling disease, injury or disability.
- **Victims of Abuse, Neglect or Domestic Violence.** We may disclose PHI to government agencies about abuse, neglect or domestic violence.
- **Health Oversight Activities.** We may disclose PHI to government oversight agencies (e.g., state insurance departments) for activities authorized by law.
- **Legal and Court Proceedings.** We may disclose PHI in response to a court order. We may also disclose PHI about you in certain cases in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement.** We may disclose PHI, under limited conditions, to a law enforcement official in response to a warrant or similar process; to identify or locate a suspect; or to provide details about the victim of a crime.
- **Coroners, Funeral Directors, Organ Donation.** We may release PHI to coroners or funeral directors as needed to allow them to carry out their duties. We may also disclose PHI in connection with organ or tissue donation.
- **Research.** Under certain conditions, we may disclose PHI about you for research purposes, provided certain measures have been taken to protect your privacy.
- **To Prevent a Serious Threat to Health or Safety.** We may disclose PHI about you, with some limits, when needed to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Special Government Functions.** We may disclose PHI as required by military authorities or to authorized federal officials for national security or intelligence activities.
- **Workers' Compensation.** We may disclose PHI to the extent needed to comply with state law for workers' compensation programs.

### **OTHER USES OR DISCLOSURES WITH CONSENT**

Other uses or disclosures of your PHI will be made only with your written consent, unless otherwise permitted or required by law. You may withdraw consent at any time in writing, except to the extent that we have already taken action on the data disclosed or if we are permitted by law to use the data to dispute a claim or coverage under P/GLTC.

### **YOUR RIGHTS ABOUT YOUR PHI**

You have certain rights regarding PHI that P/GLTC keeps about you.

- **Right To Access Your PHI.** You have the right to review or get copies of your PHI records, with some limited exceptions. Usually the records include enrollment, billing, claims payment and case or medical management records. Your request to review and/or get a copy of your PHI records must be made in writing to your Case Manager or

to the address listed on page 4. We may charge a fee for the costs of producing, copying and mailing your requested data, but we will tell you the cost in advance.

- **Right To Amend Your PHI.** If you feel that PHI kept by P/GLTC is incorrect or incomplete, you may request that we change the data. Your request must be made in writing and must include the reason you are seeking a change. We may deny your request if, for example, you ask us to change data that was not created by P/GLTC, as is often the case for health data in our records, or you ask to change a record that is already correct and complete. If we deny your request to change, we will contact you in writing. You then have the right to submit to us a written statement of disagreement with our decision and we have the right to rebut that statement.
- **Right to an Accounting of Disclosures by P/GLTC.** You have the right to request an accounting of disclosures we have made of your PHI. The list will not include our disclosures related to your treatment, our payment or health care operations, or disclosures made to you or with your consent. The list may also exclude certain other disclosures, such as for national security purposes.

Your request for an accounting of disclosures must be made in writing to your Case Manager or to the address listed on page 4. It must state a time period for which you want an accounting. This time period may not be longer than six years and may not include dates before April 14, 2003. Your request should tell us in what format you want the list (for example, on paper or electronically). The first accounting that you request within a 12-month period will be free. For extra lists within the same time period, we may charge for providing the accounting, but we will tell you the cost in advance.

- **Right To Put Limits on the Use and Disclosure of Your PHI.** You have the right to request that we restrict or limit how we use or disclose your PHI for treatment, payment or health care operations. ***We may not agree to your request.*** If we do agree, we will comply with your request unless the data is needed for an emergency. Your request for a restriction must be made in writing to your Case Manager or to the address listed on page 4. In your request, you must tell us (1) what data you want to limit; (2) whether you want to limit how we use or disclose your data, or both; and (3) to whom the restrictions apply.
- **Right To Receive Private Communications.** You have the right to request that we use a certain method to communicate with you about P/GLTC or that we send member data to a certain location if the communication could endanger you. Your request to receive confidential communications must be made in writing to your Case Manager or to the address listed on page 4. Your request must clearly state that all or part of the communication from us could endanger you. We will find ways to meet all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have a right at any time to request a paper copy of this Notice, even if you had already agreed to receive an electronic copy.
- **Contact Information for Exercising Your Rights.** You may exercise any of the rights described above by contacting your Case Manager or the privacy office. See the end of this Notice for contact information.

## HEALTH INFORMATION SECURITY

P/GLTC requires its employees to follow security policies and procedures that limit access to health data about members to only those employees who need it to perform their job duties. In addition, P/GLTC keeps physical, administrative and technical security measures to guard your PHI.

### CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at any time, effective for PHI that we already have about you as well as any data that we receive in the future. We will provide you with a copy of the new Notice whenever we make a material change to the privacy practices described in this Notice. We also post a copy of our current Notice on our website at [www.co.pinal.az.us/LTC]. Any time we make a material change to this Notice, we will quickly revise and issue the new Notice with the new effective date.

### COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with us and/or with the Secretary of the Department of Health and Human Services. Please refer to your Member Handbook for details on how complaints may be filed; or your complaint may instead be sent to the privacy office listed at the end of this Notice.

We support your right to protect the privacy of your PHI. ***We will not get even with you or punish you for filing a complaint.***

### CONTACT P/GLTC

If you have any complaints or questions about this Notice or you want to submit a written request to P/GLTC as required in any of the previous sections of this Notice, please contact your Case Manager or:

**Barbara Zwiener**  
**Pinal/Gila Long Term Care Privacy Officer**  
**P.O. Box 2140**  
**Florence, AZ 85232**  
**(520) 866-6775 or**  
**Toll Free**  
**(800) 831-4213 Florence or Globe**  
**(866) 564-9221 Payson**  
**or**  
**Donna Robb**  
**Pinal County Privacy Officer**  
**P.O. Box 868**  
**Florence, AZ 85232**  
**(520) 866-6753**

*This Notice of Privacy Practices applies to all enrollees/members of Pinal/Gila Long Term Care with the exception of those members whose services are provided by the Ryan White Care Act.*

### EFFECTIVE DATE OF THIS NOTICE

**This Notice of Privacy Practices is effective on 4/14/2003.**