

# 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.**

## Our commitment to you

Priority Health understands the importance of handling protected health information with care. We are committed to protecting the privacy of our members' health information in every setting. State and federal laws require us to make sure that your health information is kept private. When you enroll with Priority Health or use services provided by one of the Priority Health plans, your protected health information may be disclosed to Priority Health and by Priority Health. This information is used and disclosed to coordinate and oversee your medical treatment, pay your medical claims, and for the other purposes described below.

Federal law requires that we provide you with this Notice of Privacy Practices. This Notice states our legal duties and privacy practices regarding your protected health information. It also states your rights under these laws with respect to the use and disclosure of your health information. Priority Health is required by law to follow the terms of the Notice currently in effect. We are also required to notify affected individuals following a breach of unsecured protected health information.

## Use and disclosure of your health information

The sections below describe the ways Priority Health uses and discloses your health information. Your health information is not shared with anyone who does not have a "need to know" to perform one of the tasks below.

**Disclosures to you.** Priority Health may use and disclose your protected health information to communicate with you for purposes of customer service or to provide you with information you request. Priority Health may use and disclose information about you for the access and disclosure accounting purposes described in the "Your rights regarding your health information" section of this Notice.

**Disclosures to your family and friends.** Priority Health may disclose your protected health information to a family member, friend, or any other person you identify as being involved in your health care or payment for your health care if you agree in advance to the disclosure or we infer from the circumstances that you do not object to the disclosure. Priority Health may also disclose information about you to one of these people if you are not present or if you are unable to provide the required permission because of a medical emergency, accident, or similar situation and we determine that disclosure would be in your best interests. In these situations, Priority Health may disclose only the protected health information directly relevant to the person's involvement with your health care or payment for health care. Priority Health may also disclose your protected health information to anyone based on your written authorization (see section on "Other uses of health information—by authorization only," below).

**Treatment.** Priority Health may use your health information or disclose it to third parties to coordinate and oversee your medical care. For example, we may disclose information about your prescription medications to your doctor so that s/he can better understand how to provide you medical care.

**Payment.** Priority Health may use your health information or disclose it to third parties to collect premiums or pay for your medical care. For example, we may use your health information when we receive a claim for payment. Your claim tells us what services you received and may include a diagnosis. We may also disclose this information to another insurer if you are covered under more than one health plan.

**Health care operations.** Priority Health may use your health information and disclose it to third parties in order to assist in Priority Health's everyday work activities, such as looking at the quality of your care, carrying out utilization review, and conducting disease management programs. For example, your health information (along with other Priority Health members' information) may be used by Priority Health's staff to review the quality of care furnished by health care providers. Priority Health may also use and disclose your health information for underwriting, enrollment, and other activities related to creating, renewing, or replacing a benefits plan. Priority Health may not, however, use or disclose genetic information for underwriting purposes.

**Other permitted or required uses and disclosures.** Priority Health may also use or disclose your health information:

- When required by law.
- For law enforcement purposes.
- To report or prevent abuse, neglect or domestic violence.
- For public health activities, such as disease control or public health investigations.
- To prevent a serious threat to an individual or a community's health and safety.
- When necessary for judicial or administrative (i.e., court) proceedings.
- For health oversight activities led by governmental agencies and authorized by law.
- As necessary for a coroner, medical examiner, law enforcement official, or funeral director to carry out their legal duties with respect to a deceased individual or to cadaveric organ, eye or tissue donation and transplant organizations.
- For research purposes (as long as applicable research privacy standards are met).
- To make a collection of "de-identified" information that cannot be traced back to you.
- For compliance with workers' compensation requirements, as authorized by applicable law.
- For various government functions, such as disclosures to the Armed Forces for active personnel, to Intelligence Agencies for national security, and the Department of State for foreign services reasons (e.g., security clearance).

### Disclosures to health plan sponsors

(This section of the Notice of Privacy Practices applies to only to group health plans).

Priority Health may share information with the sponsor of your group plan (usually, your employer) about whether you are enrolled or disenrolled in the plan. Priority Health may also share "summary health

information” with the sponsor. Summary health information has most identifying information (such as your name, your age and address except for zip code) removed, and it summarizes the amount, type, and history of claims paid under the sponsor’s group health plan. The sponsor may use this information to obtain premium bids for health insurance coverage or to decide whether to modify, amend or terminate the plan. If the sponsor of your group health plan takes appropriate steps to comply with federal privacy regulations, Priority Health may also disclose your protected health information to the sponsor for the sponsor’s administration of the group health plan.

### Other uses of health information – by authorization only

Except as described in this Notice, Priority Health may not use or disclose your protected health information without your written authorization. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us written authorization, you may revoke it (take it back) at any time by notifying Priority Health’s Compliance department in writing (see Contact information section). If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your authorization, but it will not affect any use or disclosure permitted by the authorization while it was in effect. We need your written authorization to use or disclose psychotherapy notes, except in limited circumstances such as when the disclosure is required by law. We also must obtain your written authorization to sell information about you to a third party or, in most circumstances, to use or disclose your protected health information to send you communications about products and services. We do not need your written authorization, however, to send you communications about health related products or services, as long as the products or services are associated with your coverage or are offered by us.

We can provide you with a Sample Authorization Form.

A parent, legal guardian, or properly named patient advocate may represent you and provide us with an authorization (or may revoke an authorization) to use or disclose health information about you if you cannot provide an authorization. Court documents may be required to verify this authority.

### Potential impact of other applicable laws

HIPAA (the federal privacy law) generally does not preempt, or override other laws that give people greater privacy protections. Therefore, if any state or federal privacy law requires us to provide you with more privacy protections, we are obligated to comply with that law in addition to HIPAA.

### Our policies and procedures

We have policies and procedures in place that protect the privacy of your information.

- Every employee receives training when they are hired and on an annual basis.
- Every employee must acknowledge that they understand they are required to keep member information private. They also learn about the actions the company will take if the privacy policies are not followed.
- Priority Health has strict control of access to electronic and paper information specific to members. Only those users authorized with a password have access to electronic information. Paper information is stored in secure locations. Access is only given to those who need it to manage care for members or for administrative purposes.

## Your rights regarding your health information

You have the following rights:

**Right to inspect and copy.** You have a right to look at and get a copy of health information that may be used to make decisions about your care and payment for your care. There are limited circumstances in which we may deny your request to inspect and copy these records. If you are denied access to health information, you may request that the denial be reviewed. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, and other costs associated with your request.

To inspect and copy health information, contact Priority Health's Compliance department in writing (see Contact Information section).

**Right to amend.** You have the right to request that Priority Health amend any information that we use to make decisions about you. Generally, Priority Health will not amend these records if we did not create them or we determine that they are accurate and complete. To request that we amend your health information, you must write to Priority Health's Compliance department (See Contact Information section) and include a reason to support the change.

**Right to know about disclosures.** You have the right to know about certain disclosures of your health information. Priority Health is not required to inform you of disclosures we make for treatment, payment, health care operations, and disclosures for certain other purposes. But, you may request a list of other disclosures going back six years from the date of your request. The list will include, for example, disclosures that are required by law, for judicial or administrative proceedings, or for research purposes (unless the disclosure is also our health care operation).

To request a list of disclosures, you must send your request in writing to Priority Health's Compliance department (see Contact Information section). Your request must specify the time period desired. There will be no charge for the first list you request within a 12-month period. There may be a fee for any further requests.

**Right to request restrictions.** You have the right to request a limit on the health information that we use or disclose about you. We are not required by law to agree to your request. If we do agree to your request for restriction, we will comply with it unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to Priority Health's Compliance department (see Contact Information section). In your request, you must tell us:

- What information you want to limit.
- Whether you want to limit our use, disclosure or both.
- To whom you want the limits to apply.

Priority Health will notify you (either in writing or by telephone) when we receive your request and of any restrictions to which we agree.

**Right to request confidential communications.** You may request that Priority Health communicate with you through alternative means or an alternative location. Priority Health will agree to your request if you clearly state in writing that communicating with you without using the alternative means or location could endanger you. Priority Health will accommodate your request if it is reasonable, specifies the alternative means or location, and permits us to collect premiums and pay claims.

To request confidential communications, you must make your request in writing to Priority Health's Compliance department (see Contact Information section).

**Right to a paper copy of this Notice.** You have the right to a paper copy of Priority Health's current Notice upon request. To obtain a paper copy of this Notice, please call our Customer Service department (see Contact Information section). Otherwise, you may also print a copy of this Notice from our website at *priority-health.com*.

### Changes to this Notice

Priority Health has the right to change our privacy practices and the terms of this Notice at any time. Any new terms of our Notice will be effective for all protected health information that we maintain, including protected health information that we created or received before we make the changes. Before we make any material change in our privacy practices, we will change this Notice and post the new Notice on our website. We will provide a copy of the new Notice (or information about the changes to our privacy practices and how to obtain the new Notice) in our next annual mailing to members who are then covered by one of our health plans.

### Complaints

If you believe your privacy rights have been violated, you may file a complaint with Priority Health and/or the Office for Civil Rights at the U.S. Department of Health and Human Services. To file a complaint with Priority Health, please call or send a written explanation of the issue to Priority Health's Compliance department (see Contact Information section). You will not be retaliated against for filing a complaint.

### Contact information

If you have any questions or complaints, please contact Priority Health's Compliance department or Customer Service department as noted above at:

Priority Health  
1231 East Beltline NE  
Grand Rapids MI 49525  
616 942-0954  
800 942-0954

If this information is unclear or if you do not understand it, please call Priority Health for assistance at 888 975-8102 (for TTY service, please call 711).

This Notice is effective: September 23, 2013

The term "Priority Health" refers to four corporations: "Priority Health Government Programs, Inc. (a Michigan non-profit corporation), "Priority Health" (a Michigan non-profit corporation), "Priority Health Insurance Company (a Michigan non-profit corporation) and "Priority Health Managed Benefits, Inc." (a Michigan business corporation).

Priority Health is a registered trademark and is used by the permission of the owner.

Priority Health is an Equal Opportunity Employer.