



Saint Mary's Health Plans

A member of CHW

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

If you have questions about this notice please contact:

Lois J. Paynter - Privacy Officer
Senior Director of Operations
1510 Meadow Wood Lane
Reno, NV 89502
t: 775-770-6232
f: 775-770-6253

Who Will Follow This Notice?

During the course of providing you with health coverage, Saint Mary's Health Plans ("Health Plans") will have access to medical information about you that is deemed to be "protected health information" ("PHI") under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Health Plans understands that this information about you and your health is personal and is committed to protecting medical information about you. Health Plans has internal policies and practices in place to help ensure that staff with access to PHI adheres to these privacy practices and otherwise protect personal information about our members. Health Plans also works to maintain the security of, and internal and external access to, the personal information of our members through the use of technology and business practices. Procedures are in place to protect all forms of information, including oral, written, and electronic.

Health Plans is required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

This notice will describe the different ways in which Health Plans may use and disclose this information and will also describe your rights and certain obligations that Health Plans has regarding the use and disclosure of your medical information.

Health Plans reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by Health Plans prior to that date. If a privacy practice is changed, a revised version of this notice will be provided to all members for whom Health Plans maintains PHI. Any revised version of this notice or of any material change to the uses or disclosures, the individuals' rights, the duties of the plan or other privacy practices will be distributed within 60 days of the effective date.

How Health Plans May Use Or Disclose Your Health Information

The following categories describe different ways that Health Plans may use and disclose medical information about you.

For Treatment Purposes

Health Plans may use and disclose medical information about you to facilitate medical treatment or services. For example, this may involve disclosure of medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you.

For Payment Purposes

Health Plans may use and disclose medical information about you in order to manage your account or benefits, determine eligibility for benefits, facilitate payment for medical treatment and services you may receive or to coordinate coverage. For example, Health Plans may ask a health care provider for details about your treatment so that Health Plans may review and pay the claim or your medical information may be shared with another entity to assist with adjudication or subrogation of health claims.

For Health Care Operations

Health Plans may use and disclose medical information about you that will assist us in performing our operations. For example, medical information about you may be used to review the quality of care and services you receive, conduct business planning, or to provide case management or care coordination services.

Appointment Reminders and Treatment Alternatives

Health Plans may contact you to provide information about treatment alternatives or to provide appointment reminders. Your medical information may also be used to provide you with other health-related benefits and services that may be of interest.

Fund Raising

Health Plans may use your medical information to contact you for fundraising purposes.

Disclosure to Health Plan Sponsor

Health Plans may, in the case of some group health plans, share limited medical information about you with the plan sponsor.

As Required By Law

Health Plans will use or disclosure medical information about you when required to do so by federal, state or local law.

Special Situations

Public Health– Health Plans may use or disclose your medical information for public health activities such as to assist public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

Decedents– Health Plans may disclose your medical information to funeral directors or coroners as necessary to enable them to perform their lawful duties.

Organ/ Tissue Donation- If you are an organ donor, then your medical information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

Research- Under certain circumstances, Health Plans may use information about your health for insurance research purposes, or disclose information about your health to organizations conducting actuarial or insurance research studies.

Government Functions- If you are a member of the armed forces. Your medical information may be reported to the various branches of the armed services that may be requiring the use or disclosure of such information.

Workers Compensation- Health Plans may use or disclose information about your health to comply with law and regulations related to Workers Compensation, or similar programs providing benefits for work-related injuries or illness.

Inmates- If you are an inmate of a correctional institution or under the custody of a law enforcement official, Health Plans may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Authorizations

Other uses and disclosures of PHI not specifically covered by this notice or other applicable laws will only be made by Health Plans with your written authorization.

Your Rights And Health Plans Duties Regarding Your Health Information

Under regulations that became effective in April 2003, you have the following additional rights with respect to your medical information:

- The right to request a restriction on certain uses and disclosures of your information as provided by 45 CFR §164.522; however, Health Plans is not required to agree to a requested restriction;
- The right to obtain a paper copy of this notice of privacy practices from Health Plans upon request;
- The right to inspect and obtain a copy of your health record as provided in 45 CFR §164.524;
- The right to amend your health record as provided in 45 CFR §164.526
- The right to request communications about your health information by alternative means or at alternative locations;
- The right to revoke an authorization to use or disclose health information except to the extent that action has already been taken; and
- The right to receive an accounting of disclosures made by Health Plans of your health information as provided by 45 CFR §164.528.

Complaints

If you believe that Health Plans has violated your privacy rights, you may file a complaint with Health Plans or with the Secretary of the Department of Health and Human Services. To file a complaint with Health Plans, you must submit your complaint in writing to:

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