



# Notice of Privacy Practices

## Effective April 14, 2003

This notice describes how personal information about you may be used and disclosed and how you can access the information. It also describes your rights. Please review it carefully.

South Country Health Alliance (SCHA) has always been committed to maintaining the security and confidentiality of the information we receive from our members. Whether it's your medical information or identifiable information (name, address, phone number, or member identification number), we maintain careful safeguards to protect you against unauthorized access and use.

We are required by law to provide this notice to you. If our privacy practices change we will send you a new notice before we make a significant change in our practices. We hope this notice will clarify our responsibilities to you and provide you with a good understanding of your rights.

## How SCHA safeguards your health information

Our privacy officer has the responsibility to implement and enforce privacy policies and procedures to protect your personal health information. You can be assured that every effort is taken to comply with federal and state laws, rules and regulations – physically, electronically, and procedurally – to safeguard your information. In some situations, where a state law provides greater protection for your privacy, we will follow the provisions of that state law.

SCHA requires all employees, business associates, providers and vendors to adhere to our privacy policies and procedures under our strictest standards. Following are descriptions of how your personal health information is handled throughout our administration of your health plan.

## Permitted handling of health information

At SCHA, your personal health information is handled in a number of different ways as we administer your health plan benefits. The following examples show you the various uses we are permitted by law to make without your authorization:

**Treatment.** We may disclose your personal health information to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) who request it to aid in your treatment. We may also disclose your personal health information to these health care providers in an effort to provide you with preventive health, early detection and disease and case management programs.

**Payment.** To administer your health benefits, policy or contract, we must use and disclose your health information to determine:

- Eligibility
- Claims payment
- Utilization and management of your benefits
- Medical necessity of your treatment
- Coordination of your care, benefits and other services
- Responses to complaints, appeals and external review requests

We may also use and disclose your health information to determine premium costs, underwriting, rates and cost-sharing amounts.

**Health care operations.** To perform our health plan functions, we may use and disclose your health information to provide the following programs and evaluations:

- Health improvement or health care cost reduction programs
- Competence or qualification reviews of health care professionals
- Fraud and abuse detection and compliance programs
- Quality assessment and improvement activities
- Performance measurement and outcome assessments, health claims analysis and health services outreach
- Case management, disease management and care coordination services

We may also disclose your health information to SCHA affiliates and business associates that perform payment activities and conduct health care operations for us on your behalf.

**Service reminders.** We may contact you to remind you to obtain preventive health services or to inform you of treatment alternatives and/or health-related benefits and services, which may be of interest to you.

### **Additional uses and disclosures**

In certain situations, the law permits us to use or disclose your personal health information without your authorization. These situations include:

**Required by law.** We may use or disclose your personal health information, as required to do so by state or federal law, including disclosures to the U.S. Department of Health and Human Services. Also, we are required to disclose your personal health information to you in accordance with the law.

**Public health issues.** We may disclose your health information to an authorized public health authority for public health activities in controlling disease, injury or disability. For example, we may disclose your personal health information to the childhood immunization registry.

**Abuse or neglect.** We may make disclosures to government authorities concerning abuse, neglect or domestic violence as required by law.

**Health oversight activities.** We may disclose your health information to a government agency authorized to conduct health care system or governmental procedures such as audits, examinations, investigations, inspections and licensure activity.

**Legal proceedings.** We may disclose your health information in the course of any legal proceeding, in response to a court order or administrative judge and, in certain cases, in response to a subpoena, discovery request or other lawful process.

**Law enforcement.** We may disclose your health information to law enforcement officials. For example, disclosures may be made in response to a warrant or subpoena or for the purpose of identifying or locating a suspect, witness or missing persons or to provide information concerning victims of crimes.

**Coroners, medical examiners, funeral directors and organ donations.** We may disclose your health information in certain instances to coroners and medical examiners during their investigations. We may also disclose health information to funeral directors so that they may carry out their duties. We may disclose personal health information to organizations that handle

donations or organs, eyes or tissue and transplantations. For example, if you are an organ donor, we can release records to an organ donation facility.

**Research.** We may disclose your health information to researchers only if certain established measures are taken to protect your privacy. For example, we may disclose to a teaching university to conduct medical research.

**To prevent a serious threat to health or safety.** We may disclose your health information to the extent necessary to avoid a serious and imminent threat to your health or safety or to the health or safety of others.

**Military activity and national security.** We may disclose your health information to armed forces personnel under certain circumstances, and to authorized federal officials for national security and intelligence activities.

**Correctional institutions.** If you are an inmate, we may disclose your health information to your correctional facility to help provide you health care or to provide safety to you or others.

**Workers' compensation.** We may disclose your health information as required by workers' compensation laws.

**Others.** Unless you notify us in writing, we may disclose certain billing information to a family member calling on your behalf, such as claim status, amount paid and payment date. We will not, however, disclose medical information to them.

### **Your authorization**

Any uses and disclosures not described in this notice will require your written authorization. Keep in mind that you may cancel your authorization at any time.

### **Your rights**

**Your right to request restrictions.** You have the right to request restrictions on the way we handle your personal health information for treatment, payment or health care operations as described in the "Permitted handling of health information" section of this notice. The law, however, does not require us to agree to these restrictions. If we do agree to a restriction, we will send you written confirmation and will not use or disclose your health information in violation of that restriction. If we don't agree, we will notify you in writing.

**Your right to confidential communications.** We will make every effort to accommodate reasonable requests to communicate with you about your health information at an alternative location. For our records, we need your request in writing. It is important that you understand that any payment or payment information may be sent to the original address in our records.

**Your right to access.** You have the right to receive, by written request, a copy of your personal health information with some specified exceptions. For example, if your doctor determines that your records are sensitive, we may not give you access to your records.

**Your right to amend your health information.** You have the right to ask us to amend any personal health information pertaining to enrollment, payment, claims adjudication and claims or medical management records. For our records, your request for an amendment must be in writing. SCHA will not amend records in the following situations:

- SCHA does not have the records you want amended
- SCHA did not create the records that you want amended
- SCHA has determined that the records are accurate and complete
- The records have been compiled in anticipation of a civil, criminal or administrative action or proceeding
- The records are covered by the federal Clinical Laboratory Improvement Act.

If you have requested an amendment under any of these situations, we will notify you in writing that we are denying your request. You have the right to file a written statement of disagreement with us, and we

have the right to rebut that statement. Please note that changes of addresses are not required to be in writing.

**Your right to information about certain disclosures.** You have the right to request (in writing) information about the times we have disclosed your personal health information for any purpose other than the following exceptions:

- Disclosures that you or your personal representative have authorized
- Certain other disclosures, such as those for national security purposes

The requirement that we provide you with information about the times we have disclosed your personal health information applies for six years from the date of the disclosure and applies only to disclosures made after April 14, 2003.

### **Future changes**

Although SCHA follows the privacy practices described in this notice, you should know that under certain circumstances these practices could change in the future. For example, if privacy laws change, we will change our practices to comply with the law. Should this occur, we will send you a new notice prior to making a significant change in our privacy practices. The changes will then apply to all personal information we have in our possession, including any information created or received before we change the notice.

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## **Questions and Answers**

**Q.** Will you give my personal health information to my family or others?

**A.** We will only share your personal health information with others if either (1) you are present, in person or on the telephone, and give us permission to talk to the other person, or (2) you sign an authorization form.

**Q.** Who should I contact to get more information or get an additional copy of this notice?

**A.** For additional information, questions about this Notice of Privacy Practices, or if you want another copy, please visit the SCHA website at [mnscha.org](http://mnscha.org). You may also call or write us at the number or address listed on the back of your member ID card with questions or to obtain forms.

**Q.** What should I do if I believe my privacy rights have been violated?

**A.** If you believe SCHA has violated your privacy rights you can do the following:

- Call Member Services at the phone number on the back of your ID card.
- File a grievance with SCHA. You can call Member Services at the phone number on the back of your ID card for more information on how to do this.
- Contact the Minnesota Department of Human Services or the Office of Civil Rights at:

**Minnesota Department of Human Services**

Privacy Official  
P.O. Box 64998  
St. Paul, MN 55164-0998

**Office of Civil Rights**

Medical Privacy, Complaints Division  
U.S. Department of Health & Human Services  
233 N. Michigan Ave. Suite 240  
Chicago, IL 60601

Phone: (651) 431-4930 (voice)  
1-800-627-3529 (TTY/TDD)  
Fax: (651) 431-7441

Phone: (312) 886-2359 (voice)  
(312) 353-5693 (TTY/TDD)  
Fax: (312) 886-1807

SCHA will not treat you differently if you file a complaint or grievance.

More information about privacy can also be found on the U.S. Department of Health & Human Services website: <http://www.hhs.gov/ocr/hipaa/>

**South Country Health Alliance Member Services: 1-866-567-7242**

Attention. If you want free help translating this information, call the above number.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الموجود أعلاه.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមទូរស័ព្ទ ទៅលេខនៅខាងលើ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite gornji broj.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no dawb, thov hu rau tus xov tooj saud.

ໂປດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງໂທສຕາມເລກໂທສທີ່ຢູ່ຂ້າງເທິງນີ້.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsa armaa olii bilbili.

Внимание. Если вам нужна бесплатная помощь в переводе этой информации, позвоните по указанному выше телефону.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjama dda macluumaadkani oo lacag la'aan ah, wac lambarka kore.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al número que aparece más arriba.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi số nêu trên.

This information is available in other forms to people with disabilities by calling South Country Health Alliance toll free at 1-866-567-7242 or TTY 1-877-824-5611 for the hearing impaired, or through the Minnesota Relay at 711, or 1-877-627-3848 (speech to speech relay service).