

NOTICE OF PRIVACY PRACTICES

AmeriHealth Mercy Health Plan

200 Stevens Drive
Philadelphia, PA 19113
1-888-991-7200

Effective date of this notice: 4/14/2003.

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 Member Services as outlined in “Whom to Contact” at the end of this notice.

SUMMARY

AmeriHealth Mercy Health Plan takes our members’ right to privacy seriously. In order to provide you with your benefits, AmeriHealth Mercy creates and/or receives personal information about your health. This information comes from you, your physicians, hospitals, and other health care services providers. This information can be oral, written, or electronic. AmeriHealth Mercy must keep this information confidential. We have set up ways to make sure that all personal health information is used correctly. For example, all AmeriHealth Mercy employees must sign and follow the Company’s Confidentiality Policy. Another example is all company computers are password protected and equipped with security protection devices. This notice of our privacy practices is intended to explain how we may use your health information. It will also explain when we may disclose this information to others.

Occasionally, we may use members’ information when providing treatment. We use members’ health information to provide benefits. We provide members’ information to health care providers to help them treat members or to help them receive payment. We may provide information to other insurance companies as necessary to receive payment. We may use the information within our organization to evaluate quality and improve health care operations. We may make other uses and disclosures of members’ information as the law requires or as AmeriHealth Mercy Health Plan policies permit.

KINDS OF INFORMATION THAT THIS NOTICE APPLIES TO

This notice covers any information we have that would allow someone to identify you and learn something about your health. It does not apply to information that cannot reasonably be used to identify you.

WHO MUST FOLLOW THIS NOTICE

- AmeriHealth Mercy Health Plan.
- All employees, staff, interns, volunteers and other personnel whose work is under direct control of AmeriHealth Mercy Health Plan.

We may share your information within the company for treatment purposes and, as necessary, for payment and operations activities as described below.

OUR LEGAL DUTIES

- The law requires that we maintain the privacy of your health information.
- We are required to provide this Notice of Privacy Practices and legal duties regarding health information to you.
- We are required to follow the terms of this notice until we officially adopt a new notice.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

We may use your health information, or provide it to others, for many different reasons. This notice describes these reasons. For each reason, we provide a brief explanation. We also give some examples. These examples do not include all of the specific ways we may use or disclose your information. But any time we use your information, or provide it to others, it will fit one of the reasons listed here.

- 1. Treatment.** We may use your health information to provide you with medical care and services. This means that our employees, staff, interns, volunteers and others whose work is under our direct control, may read your health information. They may do this to learn about your medical condition and use it to help you make decisions about your care. For instance, one of our nurses may take your blood pressure at a health fair. We may also provide your information to others to help them provide you with medical treatment or services. For example, we may use health information to identify members with certain chronic illnesses. We may then send information to them, or to their doctors, regarding treatment alternatives. We will not use or provide more information for treatment purposes than is necessary.
- 2. Payment.** We may use your health information, and provide it to others, to make payment for the health care services you receive. For instance, a claims processing employee may use your health information to pay your claims. We may send information about you and your claim payments to the doctor or hospital that provided health care services to you. We will also send information about claims we pay and claims we do not pay (called an “explanation of benefits”) to you. The explanation of benefits will include claim information we receive for you or your family member(s). Sometimes, you may receive this information confidentially (see the “Confidential Communication” section in this notice). We may also provide some of your health information to companies that we contract with for payment-related services. For instance, we may give information about you to a claims processing company that we contract with to pay claims. We will not use or provide more information for payment purposes than is necessary.

- 3. Health Care Operations.** We may use your health information for activities that are necessary to operate our organization. This includes, for example, reading your health information to review our staff's performance. We may also use members' information to plan what services we need to provide, expand, or reduce. We may provide your health information to others who we contract with for administrative services. This includes our lawyers, auditors, accreditation services, and consultants. We will not use or disclose more information for operational purposes than is necessary.
- 4. Business Associates.** We perform certain aspects and components of our services through contracts with outside persons or organizations. This includes auditing, legal services, etc. At times it may be necessary for us to provide some of your personal health information to one or more of these outside persons or organizations who assist us with our payment/billing activities and health care operations. In such cases, we require these business associates to protect the privacy of your information.
- 5. Legal Requirement to Disclose Information.** We will provide your information to others when the law requires that we do so. This includes reporting information to government agencies that have the legal responsibility to monitor the health care system. For instance, we may be required to provide your health information, and the information of others, if the state insurance or health department audits us. We will also provide your health information when a court order or other judicial or administrative process requires that we do so.
- 6. Public Health Activities.** We will provide your health information when public health purposes require that we do so. This includes reporting certain diseases, births, deaths, and reactions to certain medications. It may also include notifying people who have been exposed to a disease.
- 7. To Report Abuse.** We may provide your health information when the information relates to an abuse, neglect or domestic violence victim. We will make this report only if there are laws that require or allow such reporting (or with your permission).
- 8. Law Enforcement.** We may provide your health information for law enforcement purposes. This includes providing information to help locate a suspect, fugitive, material witness or missing person. It also includes information in connection with suspected criminal activity. We must provide your health information to a federal agency reviewing our compliance with federal privacy regulations.
- 8. Specialized Purposes.** We may provide your health information for other specialized purposes. We will only provide as much information as is necessary for the purpose. For example, we may provide the health information of Armed Forces members as authorized by military command authorities.

In addition, we may give your information to coroners, medical examiners and funeral directors. We may provide it to organ procurement organizations (for organ, eye, or tissue donation). We may provide it for national security, intelligence, and protection of the President. We also may provide health information about an inmate to a correctional institution or to law enforcement officials. We would do this to provide the inmate with health care, to protect the health and safety of the inmate and others, and for the safety, administration, and maintenance of the correctional institution.

- 10. To Avert a Serious Threat.** We may disclose your health information if we decide that the disclosure is necessary to prevent serious harm to the public or to an individual. The disclosure will only be made to someone who is able to prevent or reduce such a threat.
- 11. Persons Involved In Your Care.** We may provide your health information to a family member or someone else who is involved in your medical care or care payment. This may include telling a family member about the status of a claim, or what benefits you are eligible to receive. In the event of a disaster, we may provide information about you to a disaster relief organization so your family can be notified of your condition and location. We will not provide your information to family or friends if you object.
- 12. Research.** We may provide your health information in connection with medical research projects. Federal rules govern any disclosure of your health information for research purposes without your authorization.
- 13. To Provide Information to You.** We may use your health information to provide you with additional information. This may include sending appointment reminders to your address. This may also include giving you information about treatment options, alternative setting for care, or other services that we provide or arrange for you.

YOUR RIGHTS

- 1. Authorization.** We may use or provide your health information for any purpose listed in this notice without your written authorization. We will not use or provide your health information for any other reason without your authorization. If you authorize us to use or provide your health information, you can cancel the authorization at any time. For information about how to authorize us to use or disclose your health information, or about how to cancel an authorization, please see the “Whom to Contact” section at the end of this notice. You may not cancel an authorization for us to use and provide your information if we have taken action in reliance on the authorization. If the authorization allows us to provide your information to an insurance company as a condition of obtaining coverage, other laws may allow the insurer to continue to use your information to contest claims or your coverage, even after you have canceled the authorization.
- 2. Request Restrictions.** You have the right to ask us to restrict or limit how we use or provide your health information. We will consider your request, but we are not required to agree to it. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. We cannot agree to limit disclosures that the law requires.
- 3. Confidential Communication.** If you believe that the disclosure of certain information could endanger you, you have the right to ask us in writing to communicate with you at a special address or by a special means. For example, you may ask us to send explanations of benefits that contain your health information to a different address rather than to your home. Or you may ask us to speak to you personally on the telephone rather than sending your health information by mail. We will agree to any reasonable request.

- 4. Inspect and Receive a Copy of Health Information.** You have a right to inspect your health information that we have in our records, and to receive a copy of it. This right is limited to your information that is used to make decisions about you. For instance, this includes claim and enrollment records. If you want to review or receive a copy of these records, you must make the request in writing. We may charge you a fee for the cost of copying and mailing the records. To ask to inspect your records, or to receive a copy, see the “Whom to Contact” section at the end of this notice. We will respond to your request within 30 days. We may deny you access to certain information. If we do, we will give you the reason in writing. We will also explain how you may appeal the decision.
- 5. Amend Health Information.** You have the right to ask us to amend health information about you that you believe is not correct, or not complete. You must make this request in writing. You must also give us the reason you believe the information is not correct or complete. We will respond to your request in writing within 30 days. We may deny your request if we did not create the information, if it is not part of the records we use to make decisions about you, if the information is something you would not be permitted to inspect or copy, or if it is complete and accurate.
- 6. Accounting of Disclosures.** You have a right to receive an accounting of certain disclosures of your information to others. This accounting will list the times we have given your health information to others. The list will include the disclosure dates, the names of the people or organizations to whom the information was provided, an information description, and the reason. We will provide the first list of disclosures you request at no charge. We may charge you for any additional lists you request during the following 12 months. You must tell us the time period you want the list to cover. You may not request a time period longer than seven years. We cannot include disclosures made before April 14, 2003. Disclosures for the following reasons will not be included on the list:
 - Disclosures for treatment, payment, or health care operations
 - Disclosures for national security purposes
 - Disclosures to correctional or law enforcement personnel
 - Disclosures in emergency situations
 - Disclosures that you have authorized
 - Disclosures made directly to you.

Requests for Accounting of Disclosure should be sent in writing to the person listed under “Whom to Contact” at the end of this notice.

- 7. Paper Copy of this Privacy Notice.** You have a right to receive a paper copy of this notice. If you have received this notice electronically, you may receive a paper copy by contacting the person listed under “Whom to Contact” at the end of this notice.

8. Complaints. You have a right to complain about our privacy practices, if you think your privacy has been violated. AmeriHealth Mercy Health Plan has created a Privacy Office to handle this kind of complaint. To reach this office contact:

AmeriHealth Mercy Health Plan
Member Services Department
200 Stevens Drive
Philadelphia, PA 19113

You may also file a complaint directly with the Secretary of the U. S. Department of Health and Human Services:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W., Room 509F HHH Bldg.
Washington, D.C. 20201

All complaints to the Secretary must be in writing. We will not take any action against you if you file a complaint.

OUR RIGHT TO CHANGE THIS NOTICE

We reserve the right to change our privacy practices, as described in this notice, at any time. We reserve the right to apply these changes to any health information which we already have, as well as to health information we receive in the future. Before we make any change in the privacy practices described in this notice, we will write a new notice that includes the change. The new notice will include an effective date. We will mail the new notice to our members within 60 days of the effective date.

WHOM TO CONTACT

Contact the department listed below:

- For more information about this notice,
- For more information about our privacy policies,
- If you want to exercise any of your rights that are listed in this notice, or
- If you want to request a copy of our current notice of privacy practices.

Member Services Department
AmeriHealth Mercy Health Plan
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This notice is also available by e-mail. If you would like an electronic copy, please contact the Member Services Department. This notice is also available on our web site:

www.amerihealthmercyhp.com.