



**EmblemHealth™**

**GHI, GHI HMO, HIP and HIPIC are EmblemHealth companies.**

## **IMPORTANT INFORMATION ABOUT YOUR PRIVACY RIGHTS**

# **Notice Of Privacy Practices**

*Effective January 1, 2009*

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

EmblemHealth, Inc. is the parent organization of the following companies that provide health benefit plans: Health Insurance Plan of Greater New York (HIP), HIP Insurance Company of New York, Inc. (HIPIC), Group Health Incorporated (GHI), and GHI HMO Select Inc. (d/b/a GHI HMO). All of these entities receive administrative and other services from EmblemHealth Services Company LLC which is also an EmblemHealth, Inc. company.

### **SUMMARY**

This document contains an important message about the information we collect from you and about you. Please read it before filing it with your other important papers.

This document describes:

- The kind of information we collect.
- The ways that we protect this information.
- How we use and share this information.
- Your rights as a member about this information.

This document tells you that:

The Plan is required by federal and state law to protect the privacy of all personal and nonpublic information we collect from our members.

We collect this information-name, address, date of birth, Social Security number and the like-from enrollment applications, medical records, claim forms, and other documents.

We also collect income and asset information from Medicaid, Child Health Plus, Family Health Plus and Healthy New York subscribers. We also collect this information from Medicare Subscribers applying for a Medicare savings program or for a credit to help pay for prescription drugs through a Medicare approved Prescription Drug Program.

We don't share any of the information we collect with anyone, except as permitted by law.

We are permitted by law to share the information when administering benefits.

We are also permitted by law to share the information under the special circumstances described in this booklet.

We have internal safeguards to protect the information we collect.

If we need to share the information in a way other than the law permits, we will do so only after getting the member's written authorization.

Questions about how we protect information may be directed in writing to us. See page 6 for the mailing address for your plan, as well as the Customer Service telephone number and Web address for your plan.

For details, please read the entire document.

We respect the confidentiality of your health information and we will protect your information in a responsible and professional manner. We are required by federal and state laws to maintain the privacy of your health information and to send you this notice.

This notice explains how we use information about you and when we can share that information with others. It also informs you about your rights with respect to your health information and how you can exercise these rights.

We use security safeguards and techniques designed to protect your personal information. We train our employees about our privacy policies and practices, and we limit access to your information to only those employees who need it in order to perform their business responsibilities. We do not sell information about our customers or former customers.

### Information We Collect

Examples of “information” or “health information” discussed in this notice can include:

- Information that we have created or received about your past, present, and future medical conditions that could be used to identify you;
- Information about medical treatments you have received;
- Demographic information that could possibly be used to identify you.

This notice describes the privacy practices of EmblemHealth companies, including GHI, GHI HMO, HIP and HIPIC (**collectively “the Plan”**).

### How We Use or Share Information

We may use or share information about you for purposes of payment, treatment, and health care operations, including with our business associates. For example:

- **Payment:** We may use your information to process and pay claims submitted to us by you or your doctors and hospitals in connection with medical services provided to you.
- **Treatment:** We may share your information with your doctors, hospitals, or other providers to help them provide medical care to you. For example, if you are in the hospital, we may give the hospital access to any medical records sent to us by your doctor.

• **Health Care Operations:** We may use and share your information in connection with our health care operations. These include, but are not limited to:

- Sending you a reminder regarding an appointment with your doctor or recommended health screenings.
- Giving you information about alternative medical treatments and programs or about health-related products and services that you may be interested in. For example, we might send you information about smoking cessation or weight loss programs.
- Rating our risk and determining our premium rates.
- Performing quality assessment and improvement activities.
- Performing coordination of care and case management.
- Conducting activities to improve the health or reduce the health care costs of our members. For example, we may use or share your information with others to help manage your health care. We may also talk to your doctor to suggest a disease management or wellness program that could help improve your health.
- Managing our business and performing general administrative activities, such as customer service and resolving internal grievances and appeals.
- Conducting medical reviews, audits, fraud and abuse detection, and compliance and legal services.
- Conducting business planning and development.
- Reviewing the competence, qualifications, or performance of our network providers, and conducting training programs, accreditation, certification, licensing and credentialing activities.

• **Business Associates:** We may share your information with others who help us conduct our business operations, provided they agree to keep your information confidential.

### Other Ways We Use or Share Information

We may also use and share your information for the following **other purposes**:

- We may use or share your information with the employer or other health-plan sponsor through which you receive your health benefits. We will not

- share detailed health information with your benefits plan unless they promise to keep it protected.
- We may share your information with a health plan, provider, or health care clearinghouse that participates with us in an organized health care arrangement. We will only share your information for health care operations activities associated with that arrangement.
  - We may share your information with another health plan, provider or health care clearinghouse that has or had a relationship with you for their health care operations. The information would relate to quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, or detecting or preventing health care fraud and abuse.
  - We may share your information with a family member, friend, or other person to the extent necessary to help with your health care or payment for your health care. We may also share information about your location, general condition, or death to notify or help notify (including identifying and locating) a person involved with your care or to help with disaster-relief efforts. Before we share this information, we will provide you with an opportunity to object. If you are not present, or in the event of your incapacity or an emergency, we will share your information based on our professional judgment of whether the disclosure would be in your best interest.

#### State and Federal Laws Allow Us to Share Information

There are also state and federal laws that allow or may require us to release your health information to others. We may share your information for the following reasons:

- We may report information to state and federal agencies that regulate us such as the U.S. Department of Health and Human Services, the New York State Insurance Department and the New York State Department of Health.
- We may share information for public health activities. For example, we may report information to the Food and Drug Administration for investigating or tracking of prescription drug and medical device problems.
- We may report information to public health agencies if we believe there is a serious health or safety threat.

- We may share information with a health oversight agency for certain oversight activities (for example, audits, inspections, licensure, and disciplinary actions).
- We may provide information to a court or administrative agency (for example, in response to a court order, search warrant, or subpoena).
- We may report information for law enforcement purposes. For example, we may give information to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness, or missing person.
- We may report information to a government authority regarding child abuse, neglect, or domestic violence.
- We may share information with a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also share information with funeral directors as necessary to carry out their duties.
- We may use or share information for procurement, banking or transplantation of organs, eyes, or tissue.
- We may share information relative to specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others, and to correctional institutions and in other law enforcement custodial situations.
- We may report information on job-related injuries because of requirements of your state worker compensation laws.
- Under certain circumstances, we may share information for purposes of research.

#### Your Authorization

If one of the preceding reasons does not apply, we must get your written authorization to use or disclose your health information. If you give us written authorization and change your mind, you may revoke your written authorization at any time. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information.

We have an authorization form that describes the purpose for which the information is to be used, the time period during which the authorization form will be in effect, and your right to revoke authorization at any time. The authorization form must be completed and signed by you or your duly authorized

representative and returned to us before we will disclose any of your protected health information. You can obtain a copy of this form by contacting the Customer Service phone number on the back of your ID card. Special authorization forms may apply to certain records, such as HIV/AIDS related records and psychotherapy notes.

## Your Rights

The following are your rights with respect to the privacy of your health information. If you would like to exercise any of the following rights, please contact us by using the telephone number indicated on the back of your ID card.

### Restricting Your Information

- **You have the right to ask us to restrict** how we use or disclose your information for treatment, payment, or health care operations. You also have the right to ask us to restrict information that we have been asked to give to family members or to others who are involved in your health care or payment for your health care. Please note that while we will try to honor your request, we are not required to agree to these restrictions.

### Confidential Communications for Your Information

- **You have the right to ask to receive confidential communications** of information if you believe that you would be endangered if we send your information to your current mailing address (for example, in situations involving domestic disputes or violence). You can ask us to send the information to an alternative address or by alternative means, such as by fax. We may require that your request be in writing and specify the alternative means or location, as well as the reason for your request. We will accommodate reasonable requests. Please be aware that the explanation of benefits statement(s) that the plan issues to the contract holder or certificate holder may contain sufficient information to reveal that you obtained health care for which the plan paid, even though you have asked that we communicate with you about your health care in confidence.

### Inspecting Your Information

- **You have the right to inspect and obtain a copy** of information that we maintain about you in your designated record set. A “designated record set” is the group of records used by or for us to make

benefit decisions about you. This can include enrollment, payment, claims and case or medical management records. We may require that your request be in writing.

We will respond to your request no later than 30 days after we receive it if we maintain the information requested on-site. If we are unable to respond within 30 days, we may extend that time for no more than an additional 30 days provided that we give you a written statement of the reasons for the delay and the date by which we will respond. For information we do not maintain on-site, we will respond no later than 60 days from the receipt of such a request. We may charge a fee for copying information or preparing a summary or explanation of the information.

We may deny your request to inspect or obtain a copy of your information. If we deny your request, we will notify you in writing and, if required by applicable federal or state law, provide you with a right to have the denial reviewed.

You do **not** have the right to inspect or obtain a copy of the following types of information:

- Information contained in psychotherapy notes;
- Information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding; and
- Information subject to certain federal laws governing biological products and clinical laboratories.

### Amending Your Information

- **You have the right to ask us to amend** information we maintain about you in your designated record set. We may require that your request be in writing and that you provide a reason for your request. We will respond to your request no later than 60 days after we receive it, unless an additional 30 days are required. If we need this extension, we will notify you of the reasons for the delay and the date by which we will complete action on your request. If we make the amendment, we will notify you that it was made. We will also provide the amendment to any person that we know has received your health information and to other persons identified by you. We may deny your request for an amendment if we did not create the information that you want amended and the originator remains available or for certain other reasons. If we deny your request, we will notify you in writing of the reason for the

denial. The denial will explain your right to file a written statement of disagreement. We have a right to reply to your statement. However, you have the right to request that your written request, our written denial, and your statement of disagreement be included with your information for any future disclosures.

### Accounting of Disclosures

- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request, beginning with information collected on or after April 14, 2003. We may require that your request be in writing. We will act on your request for an accounting within 60 days. We may need additional time to act on your request, and, therefore, may take up to an additional 30 days. Your first accounting will be free, and we will continue to provide you with one free accounting upon request every 12 months.

However, if you request an additional accounting within 12 months of receiving your free accounting, we may charge you a fee. We will inform you in advance of the fee and provide you with an opportunity to withdraw or modify your request. Please note that we are not required to provide an accounting of the following:

- Any information collected prior to April 14, 2003.
- Information disclosed or used for treatment, payment, and health care operations purposes.
- Information disclosed to you or following your authorization.
- Information that is incidental to a use or disclosure otherwise permitted.
- Information disclosed to persons involved in your care or other notification purposes.
- Information disclosed for nation security or intelligence purposes.
- Information disclosed to correctional institutions or law enforcement officials.
- Information that was disclosed or used as part of a limited data set for research, public health, or health care operations purposes.

### Collecting, Sharing, and Safeguarding Your Financial Information

In addition to health information, the plan may collect and share other types of information about you.

We may collect and share the following types of personal information:

- Name, address, telephone number and/or email address;
- Names, addresses, telephone numbers and/or email addresses of your spouse and dependents;
- Your social security number, age, gender, and marital status;
- Social security numbers, age, gender, and marital status of your spouse and dependents;
- Any information that we receive about you and your family from your applications or when we administer your policy, claim, or account;
- If you purchase a group policy for your business, information to verify the existence, nature, location, and size of your business.

We may share this information with our affiliates and with business associates that perform services on our behalf. For example, we may share such information with vendors that print and mail member materials to you on our behalf and with entities that perform claims processing, medical review, and other services on our behalf. These business associates must maintain the confidentiality of the information. We may also share such information when necessary to process transactions at your request and for certain other purposes permitted by law.

To the extent that such information may be or become part of your medical records, claims history, or other health information, the information will be treated like health information as described in this notice.

As with health information, we use security safeguards and techniques designed to protect your personal information. We train our employees regarding our privacy policies and practices, and we limit access to your information to only those employees who need it in order to perform their business responsibilities. We do not sell information about our customers or former customers.

### Exercising Your Rights Complaints and Questions

- **You have the right to receive a paper copy of this notice upon request at any time.** You can also view a copy of this notice on the Web site. See information on next page. We must abide by the terms of this notice. However, we reserve the right to change our privacy practices and the terms

of this notice at any time (provided such changes are permitted by applicable law) and to make such changes effective for all health information we maintain. Before we make a material change to our privacy practices, we will change this notice and provide the new notice to you by direct mail and post it on our Web site.

- **If you have any questions** or would like further information about this notice or about how we use or share information, you may write to the Corporate Compliance Department or call Customer Service. Please see the contact information below.

- **If you believe that we may have violated your privacy rights, you may file a complaint.**

**We will take no action against you for filing a complaint.** Contact the Customer Service Department at the telephone number and hours of operation listed below. You can also file a complaint by mail to the Corporate Compliance Department at the mailing address listed below. You may also notify the Secretary of the U.S. Department of Health and Human Services.

**Contact Information**

Please check the back of your ID card to call us or use the contact information below for your plan. Read carefully to select the correct Customer Service number or mailing address.

Write to:

For all <b>HIP, HIPIC, GHI</b> members (except <b>GHI HMO and GHI FHP</b> ) and <b>EmblemHealth</b> program members	For all <b>GHI HMO and GHI FHP</b> members
Corp. Compliance Dept. P.O. Box 2878 New York, NY 10116-2878	Corp. Compliance Dept. P.O. Box 4443 Kingston, NY 12402-4443

Call:

For all <b>GHI, GHI Medicare Advantage and Medicare Part D (NYC employee retirees)</b> members	1-800-624-2414 M-F, 8 am-5 pm
For all <b>GHI Medicare Part D (non-NYC employee retirees)</b> members	1-877-444-7241 M-Sun. 8 am-8 pm
For all <b>GHI HMO and GHI FHP PPO</b> members	1-877-244-4466 M-F, 8 am-6 pm
For all <b>HIP and HIPIC</b> members	1-800-HIP-TALK M-F, 8 am-6 pm
For all <b>EmblemHealth</b> program members	1-877-842-3625 M-F, 8 am-5 pm

Personal Information After You Are No Longer Enrolled

Even after you are no longer enrolled in any plan, we may maintain your personal information as required to carry out plan administration activities on your behalf. Our policies and procedures that safeguard that information against inappropriate use and disclosure still apply if you are no longer enrolled in the Plan.

Changes to this Notice

We are required to abide by the terms of this Notice of Privacy Practices as currently in effect. We reserve the right to change the terms of the notice and to make the new notice effective for all the protected health information that we maintain. Prior to implementing any material changes to our privacy practices, we will promptly revise and distribute our notice to our customers. In addition, for the convenience of its members, but not as a substitute to the direct delivery described above, the revised privacy notice will be posted on our Web sites:

All <b>GHI</b> members	<a href="http://www.ghi.com">www.ghi.com</a>
All <b>HIP and HIPIC</b> members	<a href="http://www.hipusa.com">www.hipusa.com</a>
All <b>EmblemHealth</b> program members	<a href="http://www.emblemhealth.com">www.emblemhealth.com</a>