

Healthfirst Privacy Notice

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.

HEALTHFIRST HEALTH PLAN OF NEW JERSEY PRIVACY NOTICE

At Healthfirst Health Plan of New Jersey, Inc., we respect the confidentiality of your health information and will protect your information in a responsible and professional manner. We are required by law to maintain the privacy of your health information, send you this notice and abide by the terms of this notice. This notice explains how we use information about you and when we can share that information with others. It also informs you of your rights as our valued customer and how you can exercise those rights.

When we talk about “information” or “health information” in this notice we mean the following:

- Information we receive directly/indirectly from you through enrollment forms such as your name, address and other demographic data.
- Information from your transactions with us or our providers such as: medical history,,health care treatment, prescriptions, health care claims and encounters, health service requests and appeal or grievance information.
- Financial information pertaining to your eligibility for governmental health programs or pertaining to your payment of premiums.

HOW WE USE OR SHARE INFORMATION

The following are ways we may use or share information about you:

- We may use the information to help pay your medical bills that have been submitted to us by doctors and hospitals for payment.
- We may share your information with your doctors or hospitals to help them provide medical care to you. For example, if you are in the hospital, we may give them access to any medical records sent to us by your doctor.
- We may use or share your information with others to help manage your health care. For example, we might talk to your doctor to suggest a disease management or wellness program that could help improve your health.
- We may share your information with others who help us conduct our business operations. We will not share your information with these outside groups unless they agree to keep it protected. We do not sell your information to outside groups who may want to sell their products/services to you, such as a catalog company.
- We may use or share your information to give 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 asthma, diabetes control or smoking cessation programs.

- We may use or share your information to share information with the sponsor (i.e. employer) of an employee benefit plan through which you receive health benefits. **We will not share detailed health information with your benefit plan unless they promise to keep it protected.**

There are also state and federal laws that may require us to release your health information to others. We may be required to provide 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, Centers for Medicare and Medicaid Services, New Jersey Department of Banking and Insurance (DOBI), the Division of Medical Assistance and Health Services (DMAHS), and the State of New Jersey, Office of the Attorney General.
- We may report information to public health agencies if we believe there is a serious health or safety threat.
- We may provide information to a court or administrative agency (for example, pursuant to a court order, subpoena or child protective order).
- We may report information to a government authority regarding child abuse, neglect or domestic violence.
- 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 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 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.
- We may share your information with researchers when an appropriate institutional review or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

If one of the above reasons does not apply, we must get your written permission to use or disclose your health information. If you give us written permission and change your mind you may revoke your written permission at any time.

1-877-GO4-HFNJ (1-877-464-4365) for English, Español

WHAT ARE YOUR RIGHTS

The following are your rights with respect to your health 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. *While we may honor your request, we are not required to agree to these restrictions.*
- You have the right to submit special instructions to us regarding how we send plan information to you that contains protected health information. For example, you may request that we send your information by a specific means (such as U.S. mail or fax) or to a specified address if you believe that you would be harmed if we send your information to you by other means (for example, in situations involving domestic disputes or violence). We will accommodate your reasonable requests as explained above. We will require that you make your request in writing.
- 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 that we use in order to make decisions about you, including enrollment, payment, claims adjudication and case management records.

However, you do not have the right to access certain types of information and we may decide not to provide you with copies of information:

- contained in psychotherapy notes;
- compiled in reasonable anticipation of, or for use in a civil criminal or administrative action or proceeding; and
- subject to certain federal laws governing biological products and clinical laboratories.
- In certain other situations, 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 may provide you with a right to have the denial reviewed.
- We will require you make your request in writing. We will respond to your request no later than 30 days after we receive it. If the information you request is not accessible to us on-site, we will respond to your request no later than 60 days after we receive it.

If we need to extend this time, we will notify you of the delay and the date by which we will complete action on your request. *If you request a copy, we will charge you a reasonable fee based on copying and postage costs.*

- You have the right to ask us to make changes to information we maintain about you in your designated record set. These changes are known as amendments. We 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. If we are unable to act within 60 days, we may extend that time by no more than an additional 30 days. If we need to extend this time, we will notify you of 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. In addition, we will provide the amendment to any person that we know has received your health information. We will also provide the amendment to other persons identified by you. If we deny your request to amend, 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 rebut 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.

- 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. We are not required to provide you with an accounting of the following uses or disclosures:
 - prior to April 14, 2003;
 - for treatment, payment, and health care operations purposes;
 - made to you, your personal representative or pursuant to your authorization;
 - incident to a use or disclosure otherwise permitted;
 - to persons involved in your care or other notification purposes;
 - for national security or intelligence purposes;
 - to correctional institutions, law enforcement officials or health oversight agencies;
 - made as part of a limited data set for research, public health, or health care operations purposes.

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. If so, we may take up to an additional 30 days. Your first accounting will be free. We will continue to provide you with one free accounting upon request every 12 months. 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.

EXERCISING YOUR RIGHTS

- If you would like to exercise the following rights, please contact our Privacy Officer, Monday through Friday, from 9 a.m.- 5 p.m. by phone, email, or in writing at:

Healthfirst Privacy Office
PO Box 5180
New York, NY 10274-5180
Phone: 1-866-463-6743
Email: HIPAASECURITY@healthfirst.org

- You have a right to receive a copy of this notice upon request at any time. You can also view a copy of the notice on our web site at <http://www.healthfirstnj.org>.

If we change the information in this notice, we will send you a new notice by direct mail and post it on our website. If you have any questions about this notice or about how we use or share information, please contact the Privacy Office by phone at 1-866-463-6743 or by email at HIPAASECURITY@healthfirst.org. If you believe your privacy rights have been violated, you may file a complaint with us by calling or writing the Privacy Office at:

Healthfirst Privacy Office

Healthfirst Privacy Office
PO Box 5180
New York, NY 10274-5180
Phone: 1-866-463-6743
Email: HIPAASECURITY@healthfirst.org

You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint at:

Office for Civil Rights
U.S. Department of Health and Human Services
Jacob Javits Federal Building, Suite 3312
New York, N.Y. 10278
O.C.R. Hotlines-Voice: (212) 264-3313; TDD: (212) 264-2355
Email: ocrmail@hhs.gov
Website: <http://www.hhs.gov/ocr/>

WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.