

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.

You get your health care through L.A. Care Health Plan (L.A. Care). By law L.A. Care must safeguard your Protected Health Information (PHI). We must also give you this notice. This notice tells you how we may use and share your PHI. It tells you what your rights are. You may have additional or more stringent privacy rights under state law.

I. What is “Protected Health Information”?

Protected Health Information (“PHI”) is health information that has your name, Social Security number, or other information that can let others know who you are. For example, your health record is PHI because it has your name on it.

II. How We Protect Your PHI

PHI can be spoken, written, or electronic (on a computer). By law L.A. Care must protect your PHI and tell you about our legal duties and privacy practices. We must tell you if there is a breach of your unsecured PHI.

L.A. Care staff is trained on how to use or share PHI at L.A. Care. Staff has access only to the information they need to do their job. Staff protects what they say about your PHI. For example, staff may not speak about you in common areas such as hallways. Staff also protects written or electronic documents that have your PHI.

L.A. Care computer systems protect your PHI at all times. Passwords are one way we do this.

Fax machines, printers, copiers, computer screens, work stations, and portable media disks with your PHI are not shared with others who do not have access. Staff must pick up PHI from fax machines, printers, and copiers. They must make sure it is received by only those who need it. Portable media devices with PHI are password protected. Computer screens and work stations are locked when not in use. Drawers and cabinets are also locked.

III. Your Information is Personal and Private

L.A. Care gets information about you when you join our health plan. We use this information to give you the care you need. We also get PHI from your doctors, labs, and hospitals. We use this PHI to approve and pay for your health care.

IV. Changes to this Notice

L.A. Care must adhere to the notice we are now using. We have the right to change these privacy practices. Any changes will apply to all your PHI, including information we had before the changes. We will let you know when we make changes to this notice.

V. How We May Use and Share Information About You

L.A. Care may use or share your information only for health care reasons. Some of the information we use and share is:

- Your name
- Address
- Health care given to you
- The cost of your care
- Your health history

Here are some of the things we do with your PHI:

- Check if you are covered
- Approve, give, and pay for care
- Check the quality of your care
- Make sure you get all the care you need

Here are some ways we may use and share PHI:

- **Treatment: Some care must be** approved before you get it. We will share PHI with doctors, hospitals and others to get you the care you need.
- **Payment:** We may send bills to other health plans or doctors for payment.
- **Health Care Operations:** We may use PHI to check the quality of your health care. We may also use PHI for audits, programs to stop fraud, planning, and day-to-day functions.

VI. Other Uses for Your PHI

By law L.A. Care may use or share some PHI.

L.A. Care may use your PHI to review payment decisions or to check how well L.A. Care is giving care. We may also share your PHI with people giving you health care, or with your designee.

L.A. Care must share your PHI with the U.S. government when it is checking on how well L.A. Care meets privacy rules.

We may share your information with other groups that help us with our work. But we won't do this unless those groups agree in writing to keep your information private.

We may give out your PHI for public health reasons to:

- Prevent or control disease, injury or disability
- Report births and deaths
- Report child abuse or neglect
- Report problems with medications and other health products
- Tell people of product recalls
- Tell a person they may be at risk for getting or spreading a disease.

We may also tell the authorities if we think you have been the victim of abuse, neglect, or family violence. We will do this only if you agree or if required by law.

By law L.A. Care can give out PHI to an oversight agency for audits, inspections, or disciplinary actions. The government uses these to monitor the health care system, government programs, and to check compliance with civil rights laws.

If you are part of a lawsuit or dispute, we may give out your PHI in response to a court order. We may also give out your PHI in response to a subpoena, discovery request, or other lawful process by someone else in the dispute. We will do this only if the person asking for it has tried to tell you about the request or if the person asking for your PHI has made reasonable efforts to get an order protecting the information.

We may give out PHI if asked by a law enforcement official:

- In response to a court order, subpoena, warrant, or summons
- To find a suspect, fugitive, material witness or missing person
- About the victim of a crime when we are not able to get the person's okay
- About a death we think may be caused by criminal conduct
- About criminal conduct at our health plan.

We may give out PHI to a coroner or medical examiner to identify a deceased person or find out the cause of death. We may give PHI to funeral directors so they can do their job.

If you are an organ donor, we may give your PHI to groups that work with organ and tissue donations.

In some cases, we may use and give out your PHI for health research. All research projects undergo a special approval process.

We may use and give out PHI to stop a serious threat to the health and safety of a person or the public. We would only give it to someone who could help stop the threat. We may also use or give out information needed for law enforcement to catch a criminal.

If you are a member of the armed forces, we may release your PHI to military authorities. We may also release information about foreign military personnel to foreign military authorities.

We may give out PHI to federal officials for national security purposes. These officials would use it to protect the President, other persons or heads of state, or to conduct investigations.

We may give out PHI to comply with workers' compensation or other laws.

VII. When Written Permission is Needed

If we want to use your PHI in a way not listed here, we must get your written okay. For example, using or sharing PHI for marketing or sale needs your written okay. If we use or share psychotherapy notes, we may also need your okay. If you give us your okay, you may take it back in writing at any time.

VIII. What Are Your Privacy Rights?

You have the right to ask us not to use or share your PHI. We will send you a form to fill out to tell us what you want. Or, we can fill out the form for you. We may not be able to grant your request. If we cannot grant your request, we will let you know.

You have the right to ask us to contact you only in writing or at a different address, post office box, or by phone. We will send you a form to fill out to tell us what you want. Or, we can fill out the form for you. We will grant requests within reason.

You have the right to look at and get a copy of your PHI. We will send you a form to fill out to tell us what you want. Or, we can fill out the form for you. You may have to pay the costs for copying and mailing. By law we have the right to keep you from seeing some parts of your records.

You have the right to ask that your records be changed if they are not correct. We will send you a form to fill out to tell us what you want changed. Or, we can fill out the form for you. We will let you know if we can make the changes. If we can't make the changes, we will send you a letter telling you why. You may ask that we review our decision if you disagree with it. You may also send a statement telling us why you disagree. We will keep your statement with your records.

You have the right to get a list of when we shared your PHI including:

- With whom we shared the information
- When we shared it
- For what reasons
- What information was shared

The list will cover the last six years unless you want a shorter timeframe. The list will not have information shared before April 14, 2003. The list will not include when we share information with you, with your okay, or for treatment, payment, or health plan operations.

You have the right to ask for a paper copy of this notice. You can find this notice on the L.A. Care website at **lacare.org**. Or, you can call our Member Services Department at **(888) 839-9909**.

IX. How Do You Contact Us to Use Your Rights?

If you want to use the rights in this notice, please call or write us at:

L.A. Care Privacy Officer

L.A. Care Health Plan

1055 West 7th Street, 10th Floor

Los Angeles, CA 90017

Phone: **1-888-839-9909**

TTY/TDD: **711**

Email: **PrivacyOfficer@lacare.org**

X. Complaints

If you think L.A. Care has not protected your PHI, you have the right to complain. You may file a complaint (or grievance) by contacting us at:

L.A. Care Member Services

1055 West 7th Street, 10th Floor

Los Angeles, CA 90017

Phone: **1-888-839-9909**

TTY/TDD: **711**

Email: **PrivacyOfficer@lacare.org**

You may also contact:

U.S. Department of Health and Human Services

Office for Civil Rights

Attention: Regional Manager

90 7th Street, Suite 4-100

San Francisco, CA 94103

Phone: **1-800-368-1019**

Fax: **1-415-437-8329**

TTY/TDD: **1-800-537-7697**

Medi-Cal Members Only:

California Department of Health Care Services

Office of HIPAA Compliance

Privacy Officer

P.O. Box 997413, MS 4722

Sacramento, CA 95899-7413

Phone: **1-916-445-4646**

Phone: **1-866-866-0602**

E-mail address: **privacyofficer@dhcs.ca.gov**

XI. Use Your Rights Without Fear

L.A. Care cannot take away your health care or hurt you in any way if you file a complaint or use the privacy rights in this notice.

XII. Effective Date

L.A. Care's privacy policies are effective April 14, 2003. This notice was revised and is effective on September 1, 2015.

XIII. Questions

If you have questions about this notice and want to learn more, please call or write us at:

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L.A. Care Health Plan

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Los Angeles, CA 90017

Phone: **1-888-839-9909**

TTY/TDD: **711**

Email: **PrivacyOfficer@lacare.org**

XIV. Do You Need this Notice in Another Language or Format?

To get this notice in other languages (Arabic, Armenian, Chinese, Farsi, Khmer, Korean, Russian, Spanish, Tagalog, or Vietnamese), large print, audio, or other alternative format (upon request), call L.A. Care's Member Services Department at **1-888-839-9909**, 24 hours a day, 7 days a week, including holidays. TTY users should call **711**.

You can also write us at:

L.A. Care Privacy Officer
L.A. Care Health Plan
1055 West 7th Street, 10th Floor
Los Angeles, CA 90017
Email: **PrivacyOfficer@lacare.org**