

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 any questions about this notice, please contact Member Services at (702) 242-7300 or 1-800-777-1840. Senior Dimensions members may contact us at (702) 242-7301 or 1-800-650-6232. (TDD/TTY (702) 242-9214 or (800) 349-3538) Monday through Friday, 8 a.m. to 5 p.m.

Who Will Follow This Notice

This notice describes the privacy practices of Health Plan of Nevada, Inc. and of any third parties that assist it in the performance of its duties involving the use of your Protected Health Information (PHI).

Our Pledge Regarding your Protected Health Information

When we say “Protected Health Information” or “PHI” we mean: information created or received by a health care provider, health plan, or employer that relates to your past, present, or future physical or mental health or condition, the provision of health care to you; or the past, present, or future payment for your health care. The information must also identify you or be the type that could reasonably be used to identify you.

We understand that your PHI is personal. We are committed to protecting that information. This notice applies to all of the PHI we maintain. Your personal doctor or health care provider may have different policies or notices regarding his or her use and disclosure of your PHI created in his or her office or clinic.

This notice tells you about the ways we may use and disclose your PHI. It also describes our obligations and your rights regarding use and disclosure of your PHI.

We are required by law to:

- make sure that your PHI is kept private;
- give you this notice of our legal duties and privacy practices with respect to your PHI; and
- follow the terms of this notice for as long as it remains in effect.

How We may Use and Disclose Your Protected Health Information

The following categories describe different ways that we use and disclose PHI. We explain each type of use or disclosure and present some examples. Not every use or disclosure is listed. All of the ways we are permitted to use and disclose information will, however, fall within one of the categories.

We may not make a use or disclosure of your PHI that does not fall within one of these categories unless we first receive your written authorization.

• For Treatment

We may use or disclose your PHI to facilitate medical treatment or services by health care providers. We may disclose your PHI to health care providers, including doctors, nurses, technicians, medical students, or other medical personnel who are involved in taking care of you. For example, we may

disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription may be harmful to you.

- **For Payment**

We may use and disclose your PHI to determine your eligibility for plan benefits, to facilitate payment for treatment and services you receive from health care providers, to determine benefit responsibility under the plan, or to coordinate benefits with other coverage you may have. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the plan will cover the cost of the treatment. We may also share your PHI with another health plan to coordinate benefit payments.

- **For Health Care Operations**

We may use and disclose your PHI for health care operations. These uses and disclosures are necessary to manage the plan. For example, we may use your PHI for conducting quality assessment and improvement activities; underwriting; premium rating; submitting claims for stop loss coverage; conducting or arranging for medical review; legal services; audit services; fraud and abuse detection programs; and business planning and development and general administrative activities.

- **To Keep You Informed**

We may use your PHI to contact you so that we can remind you of appointments, describe or recommend treatment alternatives, or to give you information about health-related benefits that may be of interest to you. For example, if we offer educational classes on how to live with diabetes, we may contact you to inform you of that class if our records show that you have diabetes.

- **As Required By Law**

We will disclose your PHI when we are required to do so by federal, state or local law. For example, we may disclose your PHI when required to do so by a court order in a litigation proceeding such as a medical malpractice action.

- **To Avert a Serious Threat to Health or Safety**

We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure of this type, however, would only be made to someone able to help prevent the threat. For example, we may disclose your PHI in a proceeding regarding the licensure of a physician.

- **Disclosure to Health Plan Sponsor**

Your PHI may be disclosed to another health plan maintained by your employer for purposes of facilitating claims payment under that plan. In addition, your PHI may be disclosed to personnel of your employer solely for the purpose of administering benefits under your group health plan.

- **Organ and Tissue Donation**

If you are an organ donor, we may disclose your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

- **Military and Veterans**

If you are a member of the armed forces, we may disclose your PHI as required by military command authorities. We may also disclose PHI about foreign military personnel to the appropriate military authority.

- **Workers' Compensation**

We may disclose your PHI for workers' compensation or similar program activities. These programs provide benefits for work-related injuries or illnesses.

- **Public Health Risks**

We may disclose your PHI for public health activities. These activities generally include the following:

- to prevent or control disease or injury;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when we are required by law to do so.

- **Health Oversight Activities**

We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **Law Enforcement**

We may disclose your PHI if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct on our premises; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the persons who committed the crime.

- **Coroners, Medical Examiners, and Funeral Directors**

We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose your PHI to funeral directors as necessary to carry out their duties.

- **National Security and Intelligence Activities**

We may disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **Inmates**

If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may disclose your PHI to the correctional institution or law enforcement official. This disclosure would be necessary:

- for the institution to provide you with health care;
- to protect your health and safety or the health and safety of others; or
- for the safety and security of the correctional institution.

Your Rights Regarding Your Protected Health Information

You have the following rights regarding PHI we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy your PHI that may be used to make decisions about you. To inspect and copy this PHI, you must make your request in writing to Health Plan of Nevada, Customer Response and Resolution Department, P O Box 15645, Las Vegas, NV 89114-5645. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy your PHI in certain, limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed.

Right to Amend

If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us.

Your request for amendment must be made in writing and submitted to Health Plan of Nevada, Customer Response and Resolution Department, P O Box 15645, Las Vegas, NV 89114-5645. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of your PHI that we maintain;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you are permitted to inspect or copy; or
- is accurate and complete.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures” listing any disclosure of your PHI made for any purpose other than treatment, payment, or health care operations. We have 60 days to respond to your written request for an accounting of disclosures. We may take an additional 30 days (giving us a total of 90 days to respond) in certain circumstances. In order to take the extra 30 days, we must notify you of that within the original 60 day time frame.

To request an accounting of disclosures, you must make your request, in writing, to Health Plan of Nevada, Customer Response and Resolution Department, P O Box 15645, Las Vegas, NV 89114-5645. Your request must state a time period which may not be longer than 6 years and may not include dates before April, 2003. The first list you request in any 12 month period will be provided to you for free. For other lists in the same 12 month period, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or change your request at that time, before you incur any costs.

Right to Request Restrictions

You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request.

To request restrictions, you must make your request in writing to Health Plan of Nevada, Customer Response and Resolution Department, P O Box 15645, Las Vegas, NV 89114-5645. In your request you must tell us:

- what information you want to limit;
- whether you want to limit our use, disclosure, or both; and
- to whom you want the limits to apply, for example, you may want to limit disclosures of your PHI to your spouse

Right to Request Confidential Communications

You have the right to request that our communications with you involving your PHI be carried out in a certain way or at a certain location. For example, you may ask that we contact you only at work.

To request confidential communications, you must make your request, in writing, to Health Plan of Nevada, Customer Response and Resolution Department, P O Box 15645, Las Vegas, NV 89114-5645. We may ask you the reason for your request. Your request must specify how or where you wish to be contacted.

We are not required to agree to your request.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically (via e-mail), you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.healthplanofnevada.com.

To obtain a paper copy of this notice, please contact Member Services at (702) 242-7300 or 1-800-777-1840. Senior Dimensions members may contact us at (702) 242-7301 or 1-800-650-6232. (TDD/TTY (702) 242-9214 or (800) 349-3538) Monday through Friday, 8 a.m. to 5 p.m..

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any PHI we receive in the future. We will post a copy of the current notice on the Plan website. The notice will contain on the first page, in the top right-hand corner, the effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact Health Plan of Nevada, Customer Response and Resolution Department, P O Box 15645, Las Vegas, NV 89114-5645. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

Other Uses of Protected Health Information

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reason covered by your written authorization.

You understand that we are unable to take back any disclosures we have already made with your authorization and that we are required to keep certain records in our files even if you leave our health plan.