

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.

THE EFFECTIVE DATE OF THIS NOTICE IS MARCH 26, 2013.

At Healthfirst (made up of Healthfirst PHSP, Inc. and Managed Health, Inc. d/b/a as Healthfirst Medicare Plan and Healthfirst New York), 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. Healthfirst is sending this notice to you because our records show that we provide health and/or dental benefits to you under an individual or group policy.

We are required to follow the terms of this notice until we replace it, and we reserve the right to change the terms of this notice at any time. If we make changes, we will revise it and send a new Privacy Notice to all persons to whom we are required to give the new notice. We reserve the right to make the new changes apply to your health information maintained by us before and after the effective date of the new notice.

HOW WE USE OR SHARE INFORMATION

In this notice, when we talk about “information” or “health information” we mean 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; or financial information pertaining to your eligibility for governmental health programs or pertaining to your payment of premiums.

PERMISSIBLE USES AND DISCLOSURES WITHOUT YOUR CONSENT OR AUTHORIZATION

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

Health Care Providers’ Treatment Purposes: We may disclose your health information to your doctor, at the doctor’s request, for your treatment; use the information to help pay your medical bills that have been submitted to us by doctors and hospitals for payment; 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.

Health Care Operations: We may use and disclose your health information to conduct quality assessment and improvement activities; for underwriting, or other activities relating to the creation, renewal or replacement of a contract of health insurance; share your information with others who help us manage, plan or develop our business operations; to authorize business associates to perform data aggregation services; to participate in case management or care coordination. We will not share your information with these outside groups unless they agree to keep it protected. In some situations we may disclose your health information to another covered entity for the limited health care operations activities and health care fraud and abuse compliance activities of the entity that receives your health information.

Health Care Services: 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 health management programs. 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 disclose your health information to our business associates to assist us with these activities.

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To Plan Sponsor: 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. We may disclose to the employer in summary form, claims history and similar information. Such summary information does not disclose your name or other distinguishing information. We may disclose to the sponsor information about our enrollment or disenrollment in the group health plan. We may disclose your health information to the sponsor for administrative functions of the plan sponsor provided that the plan sponsor promises, in writing, to maintain the confidentiality and security of your health information. The plan sponsor must also agree not to use or disclose your health information for employment-related activities or for any other benefit or benefit plans of the plan sponsor.

As Required by Law: State and federal laws may require us to release your health information to others. We may be required to 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 York State and City Departments of Health, Local Districts of Social Service and New York State Attorney General.

We may also use and disclose your health information as follows:

- To report information to public health agencies if we believe there is a serious health or safety threat;
- To provide information to a court or administrative agency (for example, pursuant to a court order, subpoena or child protective order);
- To report information to a government authority regarding child abuse, neglect or domestic violence; report information for law enforcement purposes;
- To share information for public health activities;
- To 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;
- For research purposes in limited circumstances;
- To a coroner, medical examiner, or funeral director about a deceased person;
- To an organ procurement organization in limited circumstances; and
- To prevent serious threat to your health or safety or the health or safety of others.

PERMISSIBLE USES and DISCLOSURES with YOUR CONSENT OR AUTHORIZATION

If one of the above reasons does not apply to our use or disclosure of your health information, we must get your written permission prior to using or disclosing your health information. For example, most uses and disclosures of psychotherapy notes (if maintained by Healthfirst), uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information, require that we obtain your written authorization prior to disclosing the information. If you give us written permission to use or disclose your personal health information and change your mind, you may revoke your written permission at any time. Your revocation will be effective for all your health information we maintain, unless we have taken action in reliance on your authorization.

YOUR RIGHTS

The following are your rights with respect to your health information that we maintain. You may make a written request to us to do one or more of the following concerning your health information.

- You have the right to request a copy of this notice to be mailed to you if you received this notice through means other than by U.S. Mail. You can also view a copy of the notice on our web site at <http://www.healthfirstny.org>.
- You have the right to request copies of your health information. In limited situations, we do not have to agree to your request (i.e.: 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). 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.
- You have the right to ask us to restrict how we use or disclose your information for treatment, payment, or health

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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. Even though you requested that we communicate with you through alternative means, we may provide the contract holder with cost 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 that we use in order to make decisions about you, including enrollment, payment, claims adjudication and case management records.
- 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. Your written request must include a reason for your request. Denied requests to amend will be communicated to you in writing with an explanation for the denial. You have a right to file a written statement of disagreement.
- You have the right to receive an accounting of certain disclosures of your information made by us during the six (6) years prior to your request. We are not required to provide you with an accounting of the following disclosures:
 - Disclosures made prior to April 14, 2003;
 - Disclosures made for treatment, payment, and health care operations purposes;
 - Disclosures made to you, your personal representative or pursuant to your authorization;
 - Disclosures made incident to a use or disclosure otherwise permitted;
 - Disclosures made to persons involved in your care or other notification purposes;
 - Disclosures made for national security or intelligence purposes;
 - Disclosures made to correctional institutions, law enforcement officials or health oversight agencies; or
 - Disclosures made as part of a limited data set for research, public health, or health care operations purposes.
- You will be notified by Healthfirst following a breach of unsecured protected health information.

EXERCISING YOUR RIGHTS

If you would like to exercise the rights described in this notice, please contact our Privacy Office (below), Monday through Friday, from 9 a.m.- 5 p.m. by phone, email, or in writing. We will provide you with the necessary information and forms for you to complete and return to our Privacy Office. In some cases, we may charge you a cost-based fee to carry out your request. If you have any questions about this notice or about how we use or share information, please contact the Healthfirst Privacy Office.

COMPLAINTS

If you believe that we have violated your privacy rights, you have the right to file a complaint with us or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with us by calling or writing the Privacy Office (below). We will not take action against you for filing a complaint with us or with the U.S. Department of Health and Human Services:

Healthfirst Privacy Office
PO Box 5183
New York, NY 10274-5183
Phone: 1-866-463-6743
Email: HIPAASECURITY@healthfirst.org

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/>