



## 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.**

### **THE EFFECTIVE DATE OF THIS NOTICE IS July 1, 2016**

At Healthfirst (made up of Healthfirst, Inc., Healthfirst PHSP, Inc., Healthfirst Health Plan, Inc. and Senior Health Partners, 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, provide 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.

This notice applies to Healthfirst, Inc., Healthfirst PHSP, Inc., Healthfirst Health Plan, Inc. and Senior Health Partners, Inc. 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 material changes to our Privacy practices, we will revise it and provide a new Privacy Notice to all persons to whom we are required to give the new notice within 60 days of the change. We will also post any material revision of this notice on our Healthfirst, Inc. website. 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. Every three years, we will notify our members about the availability of the Privacy Notice and how to obtain it.

Healthfirst participates in an Organized Health Care Arrangement (OHCA) under the Health Insurance Portability and Accountability Act. An OHCA is an arrangement that allows Healthfirst and its hospital partners covered by this notice to share protected health information (PHI) about their patients or plan members to promote the joint operations of the participating entities. The organizations participating in this OHCA may use and disclose your health information with each other as necessary for treatment, to obtain payment for treatment, for administrative purposes, to evaluate the quality of care that you receive, and any other joint health care operations of the OHCA.

The covered entities participating in the OHCA agree to abide by the terms of this notice with respect to PHI created or received by the covered entity as part of its participation in the OHCA. The covered entities are: Mount Sinai Health System (Mount Sinai Hospital, Mount Sinai Beth Israel, Mount Sinai St. Luke's, Mount Sinai West Roosevelt), St. Barnabas Hospital, Medisys Health Network, Maimonides Medical Center, Bronx Lebanon Hospital, NYC Health & Hospitals, The Brooklyn Hospital Center, NorthWell Health, Montefiore Medical Center, Stony Brook University Medical Center, Interfaith Medical Center, St. John's Episcopal Hospital, SUNY-Downstate Medical Center/University Hospital of Brooklyn and NuHealth. The covered entities, which comprise the OHCA, are in numerous locations throughout the greater New York area. This notice applies to all these sites.

The covered entities participating in the OHCA will share protected health information with each other, as the information is necessary to carry out treatment, payment or healthcare operations. The covered entities that make up OHCA may have different policies and procedures regarding the use and disclosure of health information created and maintained in each of their facilities. Additionally, while all of the entities that make up the OHCA will use this notice for OHCA-related activities, they may use a Notice specific to their own facilities when they are providing services at their organizations. If you have questions about any part of this Notice or if you want more information about the OHCA covered entities, please contact the Privacy Office at -212-801-

## 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 Payment: We may disclose your health information to obtain premiums; to obtain or provide reimbursement for your medical bills; to help a hospital or doctor determine your eligibility or coverage; for billing claims management, and other reimbursement activities; for review of health care services with respect to medical necessity, appropriateness of care or justification of charges; for utilization review activities including preauthorization, precertification, concurrent and retrospective review of services; and for disclosure to consumer reporting agencies of any protected health information related to the collection of premiums or other reimbursement.

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, and we are prohibited from using or disclosing your genetic information for underwriting purposes. 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.



Health Information Exchange: We may use or share your information electronically via our Health Information Exchange to the hospitals and providers that participate in our OHCA. This information may include visit and clinical information including admissions, discharge and transfer notifications, blood pressure readings, body mass indexes, visit summaries and lab results. We may share information including filled pharmacy claims, medical encounters, and quality care gaps. We will not share information to any physician's offices, hospitals, clinics, labs or other sites that are not part of the OHCA.

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 someone who has the legal rights to act for you (your personal representative, medical power of attorney or legal guardian) in order to administer your rights as described in this notice;
- 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 THAT REQUIRE 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 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”. The designated record set is the group of records that we use in order to make decisions about you, and includes 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: 1-212-801-6299**  
**Email: [HIPAAPRIVACY@healthfirst.org](mailto:HIPAAPRIVACY@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: (800) 368-1019;**  
**TDD: (800) 537-7697**  
**Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)**  
**Website: <http://www.hhs.gov/ocr/>**