

# Notice of Privacy Practices ("Privacy Notice")

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## Your Information. Your Rights. Our Responsibilities.

THIS NOTICE DESCRIBES HOW HEALTH 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, 2022.

At Healthfirst (made up of Healthfirst, Inc., Healthfirst PHSP, Inc., Healthfirst Health Plan, Inc., and Healthfirst Insurance Company, Inc. (HFIC)), 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 with 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 member and how you can exercise those rights. Healthfirst is making this notice available 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 Healthfirst Insurance Company, Inc. (HFIC). 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 this notice and within 60 days of the change will provide a new Privacy Notice to all persons to whom we are required to give the new notice. 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 for any other joint healthcare 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, SBH Health System, MediSys, Maimonides Medical Center, BronxCare Health System, NYC Health + Hospitals, The Brooklyn Hospital Center, Northwell Health, NYU Langone Health, Montefiore Health System, Stony Brook Medicine, Interfaith Medical Center, St. John's Episcopal Hospital, SUNY Downstate, and NuHealth - Nassau University Medical Center.

The covered entities that comprise the OHCA are in numerous locations throughout the Greater New York area. This notice applies to all these sites.

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care. However, if you tell us you would be in danger if we did not say yes, then we must agree to your request.

### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make).
- We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If you have given someone health care proxy or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- If you have given someone power of attorney, that person can exercise your rights and make choices about your premium billing, claims, and out-of-pocket expenses.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

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**  
**P.O. Box 5183**  
**New York, NY 10274-5183**  
**Phone: 1-212-801-6299**  
**Email: HIPAAPrivacy@healthfirst.org**

**Office for Civil Rights**  
**U.S. Department of Health**  
**and Human Services**  
**Jacob Javits Federal Building, Suite 3312**  
**New York, NY 10278**

**O.C.R. Hotlines-Voice: 1-800-368-1019**  
**TDD: 1-800-537-7697**  
**Email: ocrmail@hhs.gov**  
**Website: www.hhs.gov/ocr/**

## How do we typically use or share your health information?

We typically use or share your health information in the following ways:

### **Help manage the healthcare treatment you receive**

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

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.

### **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.

- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you to develop better services for you.

### **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

### **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations, such as

- preventing disease.
- helping with product recalls.
- reporting adverse reactions to medications.
- reporting suspected abuse, neglect, or domestic violence.
- preventing or reducing a serious threat to anyone's health or safety.

### **Do research**

We can use your information in certain research activities. We will be sure to get your permission where required.

### **Comply with the 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, the 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.

### **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you

- for workers' compensation claims.
- for law enforcement purposes or with a law enforcement official.
- with health oversight agencies for activities authorized by law.
- for special government functions such as military, national security, and presidential protective services.

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to

- share information with your family, close friends, or others involved in payment for your care.
- share information in a disaster relief situation.

If you are not able to tell us your preference—for example, if you are unconscious—we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- We will never share your information for marketing purposes without your written permission.
- We will never sell your information.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We will never share any of your Substance User Disorder (SUD) information without your permission.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We must comply with additional New York State laws that have a higher level of protection for personal information, particularly information relating to HIV/AIDS status or treatment; mental health; substance use disorder; and family planning.

## Collecting, Sharing, and Safeguarding Your Financial Information

In addition to health information, Healthfirst may collect other information about you and your dependents (referred to as personally identifiable information, or PII) in the normal course of business in order to provide healthcare service to you, such as

- information we receive directly or indirectly from you or city/state governmental agencies through eligibility and enrollment applications and other forms, such as: name, address, date of birth, Social Security number, marital status, dependent information, assets, and income tax returns.
- information about your transactions with us, our affiliated healthcare providers, or others, including, but not limited to, appeals and grievance information, claims for benefits, premium payment history, and coordination of benefits information. This also includes information regarding your health benefits and health risk assessments.

### – How Your PII is Used or Disclosed with Third Parties

We do not disclose your PII to anyone without your written authorization, except as permitted by law (i.e., authorizing requests for healthcare services, payment of claims for services, ensuring quality improvement and assurance practices, resolving appeals or grievance inquiries, and any disclosure required to applicable governmental agencies). If we were to do so in the future, we will notify you of such change

in policy and advise you of your right to instruct us not to make such disclosure (also referred to as “opting out”). At any time, you can tell us not to share any of your personal information with affiliated companies that provide offers other than our products or services.

We restrict access to your PII to those Healthfirst employees who need to know that information in order to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your PII. Employees who violate our confidentiality or security policies are subject to disciplinary action, up to and including termination of employment.

### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you.



Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, "Healthfirst").