

Notice  
Of Privacy  
Practices

# **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 can get this information in another language. Just call Member Services at 1-800-600-4441.

Si desea recibir más información en español, comuníquese con Servicios al Miembro al 1-800-600-4441.

若想获得此信息的中文版本，请致电“会员服务” 1-800-600-4441.

**THIS NOTICE IS IN EFFECT APRIL 14, 2003.**

## **WHAT IS THIS NOTICE?**

This Notice tells you:

- How AMERIGROUP Community Care handles your protected health information.
- How AMERIGROUP Community Care uses and gives out your protected health information.
- Your rights about your protected health information.
- AMERIGROUP Community Care's responsibilities in protecting your protected health information.

This Notice follows what is known as the "HIPAA Privacy Regulations." These regulations were given out by the federal government. The federal government requires companies such as AMERIGROUP Community Care to follow the terms of the regulations and of this Notice.

**NOTE:** You may also get a Notice of Privacy Practices from the State and other organizations.

## **WHAT IS PROTECTED HEALTH INFORMATION (PHI)?**

Protected health information (PHI) - The HIPAA Privacy Regulations define protected health information as:

- Information that identifies you or can be used to identify you.
- Information that either comes from you or has been created or received by a health care provider, a health plan, your employer, or a health care clearinghouse.
- Information that has to do with your physical or mental health or condition, providing health care to you, or paying for providing health care to you.

In this Notice, “protected health information” will be written as PHI.

## **WHA**

the care and results in your case and other cases like it. This information will then be used to improve the quality and success of the health care you get. Another example of this is using information to help enroll you for health care coverage.

We may use PHI about you to help provide coverage for medical treatment or services. For example, information we get from a provider (nurse, doctor or other member of a health care team) will be logged and used to help decide the coverage for the treatment you need. We may also use or share your PHI to:

- Send you information about one of our disease or case management programs.
- Send reminder cards that let you know that it is time to make an appointment or get services like EPSDT or Child Health Checkup services.
- Answer a customer service request from you.
- Make decisions about claims requests and appeals for services you received.
- Look into any fraud or abuse cases and make sure required rules are followed.

## **OTHER USES OF PROTECTED HEALTH INFORMATION (PHI)**

■ **BUSINESS ASSOCIATES** –We may contract with “business associates” that will provide services to AMERIGROUP Community Care using your PHI. Services our business associates may provide include dental services for members, a copy service that makes copies of your record, and computer software vendors. They will use your PHI to do the job we have asked them to do. The business associate must sign a contract to agree to protect the privacy of your PHI.

■ **PEOPLE INVOLVED WITH YOUR CARE OR WITH PAYMENT FOR YOUR CARE** –We may make your PHI known to a family member, other relative, close friend, or other personal representative that you choose. This will be based on how involved the person is in your care, or payment that relates to your care. We may share information with parents or guardians, if allowed by law.

■ **LAW ENFORCEMENT** - We may share PHI if law enforcement officials ask us to. We will share PHI about you as required by law or in response to subpoenas, discovery requests, and other court or legal orders.

■ **OTHER COVERED ENTITIES** - We may use or share your PHI to help health care providers that relate to health care treatment, payment, or operations. For example, we may share your PHI with a health care provider so that the provider can treat you.

- **PUBLIC HEALTH ACTIVITIES** - We may use or share your PHI for public health activities allowed or required by law. For example, we may use or share information to help prevent or control disease, injury, or disability. We also may share information with a public health authority allowed to get reports of child abuse, neglect, or domestic violence.
- **HEALTH OVERSIGHT ACTIVITIES** - We may share your PHI with a health oversight agency for activities approved by law, such as audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies include government agencies that look after the health care system; benefit programs including Medicaid, SCHIP, or Healthy Kids; and other government regulation programs.
- **RESEARCH** - We may share your PHI with researchers when an institutional review board or privacy board has followed the HIPAA information requirements.
- **CORONERS, MEDICAL EXAMINERS, FUNERAL DIRECTORS, AND ORGAN DONATION** - We may share your PHI to identify a deceased person, determine a cause of death, or to do other coroner or medical examiner duties allowed by law. We also may share information with funeral directors, as allowed by law. We may also share PHI with organizations that handle organ, eye, or tissue donation and transplants.
- **TO PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY** - We may share your PHI if we feel it is needed to prevent or reduce a serious and likely threat to the health or safety of a person or the public.
- **MILITARY ACTIVITY AND NATIONAL SECURITY** - Under certain conditions, we may share your PHI if you are, or were, in the Armed Forces. This may happen for activities believed necessary by appropriate military command authorities.
- **DISCLOSURES TO THE SECRETARY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES** - We are required to share your PHI with the Secretary of the U.S. Department of Health and Human Services. This happens when the Secretary looks into or decides if we are in compliance with the HIPAA Privacy Regulations.

## **WHAT ARE YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)?**

We want you to know your rights about your PHI and your AMERIGROUP Community Care family members' PHI.

### **RIGHT TO GET AMERIGROUP COMMUNITY CARE'S NOTICE OF PRIVACY PRACTICES**

**We are required to send each AMERIGROUP Community Care “head of case” or “head of household” a printed copy of this Notice on or before April 14, 2003. After that, each “head of case” or “head of household” will get a printed copy of the Notice in the New Member Welcome package.**

We have the right to change this Notice. Once the change happens, it will apply to PHI that we have at the time we make the change and to the PHI we had before we made the change. A new Notice that includes the changes and the dates they are in effect will be mailed to you at the address we have for you. The changes to our Notice will also be included on our web site. You may ask for a paper copy of the Notice of Privacy Practices at any time. Call Member Services toll free at 1-800-600-4441. If you are hearing impaired and want to talk to Member Services, call the toll-free AT&T Relay Service at 1-800-855-2880.

### **RIGHT TO REQUEST A PERSONAL REPRESENTATIVE**

**You have the right to request a personal representative to act on your behalf, and AMERIGROUP Community Care will treat that person as if the person were you.**

Unless you apply restrictions, your personal representative will have full access to all of your AMERIGROUP Community Care records. If you would like someone to act as your personal representative, AMERIGROUP Community Care requires your request in writing. A personal representative form must be completed and mailed back to AMERIGROUP Community Care's Member Privacy Unit. To request a personal representative form, please contact Member Services. We will send you a form to complete. The address and phone number are at the end of this Notice.

## RIGHT TO ACCESS

**You have the right to look at and get a copy of your enrollment, claims, payment and case management information on file with AMERIGROUP Community Care. This file of information is called a designated record set. We will provide the first copy to you in any 12-month period without charge.**

If you would like a copy of your PHI, you must send a written request to AMERIGROUP Community Care's Member Privacy Unit. The address is at the end of this Notice. We will answer your written request in 30 calendar days. We may ask for an extra 30 calendar days to process your request if needed. We will let you know if we need the extra time.

- We do not keep complete copies of your medical records. If you would like a copy of your medical record, contact your doctor or other provider. Follow the doctor's or provider's instructions to get a copy. Your doctor or other provider may charge a fee for the cost of copying and/or mailing the record.
- We have the right to keep you from having or seeing all or part of your PHI for certain reasons. For example, if the release of the information could cause harm to you or other persons. Or, if the information was gathered or created for research or as part of a civil or criminal proceeding. We will tell you the reason in writing. We will also give you information about how you can file an appeal if you do not agree with us.

## RIGHT TO AMEND

**You have the right to ask that information in your health record be changed if you think it is not correct.**

To ask for a change, send your request in writing to AMERIGROUP Community Care's Member Privacy Unit. We can send you a form to complete. You can also call Member Services to request a form. The address and phone number are at the end of this Notice.

- State the reason why you are asking for a change.
- If the change you ask for is in your medical record, get in touch with the doctor who wrote the record. The doctor will tell you what you need to do to have the medical record changed.

We will answer your request within 30 days of when we receive it. We may ask for an extra 30 days to process your request if needed. We will let you know if we need the extra time.

We may deny the request for change. We will send you a written reason for the denial if:

- The information was not created or entered by AMERIGROUP Community Care.
- The information is not kept by AMERIGROUP Community Care.
- You are not allowed, by law, to see and copy that information.
- The information is already correct and complete.

## RIGHT TO AN ACCOUNTING OF CERTAIN DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION (PHI)

**You have the right to get an accounting of certain disclosures of your PHI. This is a list of times we shared your information when it was not part of payment and health care operations.**

Most disclosures of your PHI by our business associates or us will be for payment or health care operations.

To ask for a list of disclosures, please send a request in writing to AMERIGROUP Community Care's Member Privacy Unit. We can send you a form to complete. For a copy of the form, contact Member Services. The address and phone number are at the end of this Notice. Your request must give a time-period that you want to know about. The time-period may not be longer than 6 years and may not include dates before April 14, 2003.

## RIGHT TO REQUEST RESTRICTIONS

**You have the right to ask that your PHI not be used or shared. You do not have the right to ask for limits when we share your PHI if we are asked to do so by law enforcement officials, court officials, or State and Federal agencies in keeping with the law. We have the right to deny a request for restriction of your PHI.**

To ask for a limit on the use of your PHI, send a written request to AMERIGROUP Community Care's Member Privacy Unit. We can send you a form to fill out. You can contact Member Services for a copy of the form. The address and phone number are at the end of this Notice. The request should include:

- The information you want to limit and why you want to restrict access.
- Whether you want to limit when the information is used, when the information is given out, or both.

- The person or persons that you want the limits to apply to.

We will look at your request and decide if we will allow or deny the request within 30 days. If we deny the request, we will send you a letter and tell you why.

### **RIGHT TO CANCEL A PRIVACY AUTHORIZATION FOR THE USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)**

**We must have your written permission (authorization) to use or give out your PHI for any reason other than payment and health care operations or other uses and disclosures listed under Other Uses of Protected Health Information. If we need your authorization, we will send you an authorization form explaining the use for that information.**

You can cancel your authorization at any time by following the instructions below.

Send your request in writing to AMERIGROUP Community Care's Member Privacy Unit. We can send you a form to complete. You can contact Member Services for a copy of the form. The address and phone number are at the end of this Notice. This cancellation will only apply to requests to use and share information asked for after we get your notice.

### **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS**

**You have the right to ask that we communicate with you about your PHI in a certain way or in a certain location. For example, you may ask that we send mail to an address that is different from your home address.**

Requests to change how we communicate with you should be submitted in writing to AMERIGROUP Community Care's Member Privacy Unit. We can send you a form to complete. For a copy of the form, contact Member Services. The address and phone number are at the end of this Notice. Your request should state how and where you want us to contact you.

### **WHAT SHOULD YOU DO IF YOU HAVE A COMPLAINT ABOUT THE WAY THAT YOUR PROTECTED HEALTH INFORMATION (PHI) IS HANDLED BY AMERIGROUP COMMUNITY CARE OR OUR BUSINESS ASSOCIATES?**

If you believe that your privacy rights have been violated, you may file a complaint with AMERIGROUP Community Care or with the Secretary of Health and Human Services.

To file a complaint with AMERIGROUP Community Care or to appeal a decision about your PHI, send a written request to AMERIGROUP Community Care's Member Privacy Unit or call Member Services. The address and phone number are at the end of this Notice.

To file a complaint with the Secretary of Health and Human Services, send your written request to:

Office for Civil Rights  
U.S. Department of Health & Human Services  
26 Federal Plaza – Suite 3313  
New York, NY 10278

You will not lose your AMERIGROUP Community Care membership or health care benefits if you file a complaint. Even if you file a complaint, you will still get health care coverage from AMERIGROUP Community Care as long as you are a member.

### **WHERE SHOULD YOU CALL OR SEND REQUESTS OR QUESTIONS ABOUT YOUR PROTECTED HEALTH INFORMATION (PHI)?**

You may call us toll free at: 1-800-600-4441.

Or, you may send questions or requests, such as the examples listed in this Notice, to the address below:

AMERIGROUP Community Care  
Attn: Member Privacy Unit  
4425 Corporation Lane  
Virginia Beach, Virginia 23462

Send your request to this address so that we can process it timely. Requests sent to persons, offices or addresses other than the address listed above might be delayed.

If you are hearing impaired, you may call the toll-free AT&T Relay Service at 1-800-855-2880.