

Notice of Privacy Practices



Amerigroup
RealSolutions[®]
in healthcare

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.

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 uses and gives out your protected health information
- Your rights about your protected health information
- Amerigroup 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 to follow the terms of the regulations and of this Notice.

NOTE: You might also get a Notice of Privacy Practices from the state and other organizations.

WHAT IS PROTECTED HEALTH INFORMATION?

The HIPAA Privacy Regulations define Protected Health Information (PHI) 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.

AMERIGROUP RESPONSIBILITIES FOR YOUR PROTECTED HEALTH INFORMATION

Your and your family’s PHI is private. We have rules to keep it safe and private. These rules follow state and federal laws.

Amerigroup must:

- Protect the privacy of the PHI we have or keep about you through:
 - Staff training
 - Secure computer systems and offices
 - Secure disposal of written material that includes PHI
 - Other technical methods
- Provide you with this Notice about how we get and keep PHI about you
- Follow the terms of this Notice
- Follow state privacy laws that do not conflict with or are stricter than the HIPAA Privacy Regulations

We will not use or give out your PHI without your consent, except as described in this Notice.

HOW DO WE USE YOUR PROTECTED HEALTH INFORMATION?

The sections that follow tell some of the ways we can use and share PHI without your written authorization.

FOR PAYMENT – We might use PHI about you so that the treatment services you get can be looked at for payment. For example, a bill that your provider sends us might be paid using information that identifies you, your diagnosis, the procedures or tests, and supplies that were used.

FOR HEALTH CARE OPERATIONS – We might use PHI about you for health care operations. For example, we might use the information in your record to review 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 might 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 might 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

- **BUSINESS ASSOCIATES** –We might contract with business associates that will provide services to Amerigroup using your PHI. Services our business associates might 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 might 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 might share information with parents or guardians if allowed by law.
- **LAW ENFORCEMENT** - We might 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 might use or share your PHI to help health care providers that relate to health care treatment, payment or operations. For example, we might share your PHI with a health care provider so that the provider can treat you.
- **PUBLIC HEALTH ACTIVITIES** - We might use or share your PHI for public health activities allowed or required by law. For example, we might use or share information to help prevent or control disease, injury or disability. We also might share information with a public health authority allowed to get reports of child abuse, neglect or domestic violence.

- **HEALTH OVERSIGHT ACTIVITIES** -We might 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 might 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 might 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 might share information with funeral directors, as allowed by law. We might also share PHI with organizations that handle organ, eye, or tissue donation and transplants.
- **TO PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY** - We might 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 might share your PHI if you are, or were, in the Armed Forces. This might 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?

We want you to know your rights about your PHI and your Amerigroup family members' PHI.

RIGHT TO GET THE AMERIGROUP NOTICE OF PRIVACY PRACTICES

We are required to send each Amerigroup 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 might 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 deaf or hard of hearing 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 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 records. If you would like someone to act as your personal representative, Amerigroup requires you to submit your request in writing. A personal representative form must be completed and mailed back to the Amerigroup 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. 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 the Amerigroup Member Privacy Unit. The address is at the end of this Notice. We will answer your written request in 30 calendar days. We might 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 can 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 administrative review 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 the Amerigroup 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 can ask for an extra 30 days to process your request if needed. We will let you know if we need the extra time.

We can 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
- The information is not kept by Amerigroup
- 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

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 the Amerigroup 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 cannot be longer than six years and cannot 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 the Amerigroup 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

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 the Amerigroup 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 the Amerigroup 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 IS HANDLED BY AMERIGROUP OR OUR BUSINESS ASSOCIATES?

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

To file a complaint with Amerigroup or to appeal a decision about your PHI, send a written request to the Amerigroup 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 and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202

You will not lose your Amerigroup 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 as long as you are a member.

WHERE SHOULD YOU CALL OR SEND REQUESTS OR QUESTIONS ABOUT YOUR PROTECTED HEALTH INFORMATION?

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:

Member Privacy Unit
Amerigroup Community Care
4425 Corporation Lane
Virginia Beach, VA 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 deaf or hard of hearing, you may call the toll-free AT&T Relay Service at 1-800-855-2880.



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