

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.**

**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 rules were given out by the federal government. The federal government requires companies like AMERIGROUP Community Care to follow these rules and this Notice.

This Notice is also available on AMERIGROUP Community Care's web site at [www.myamerigroup.com/TN](http://www.myamerigroup.com/TN).

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

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

Protected health information (PHI) is the health facts about you. The HIPAA Privacy Regulations define health facts as:

- facts that can identify who you are.
- facts that come from you. They can also be facts created or received by a health care provider, a health plan, your employer, or other health care groups.
- facts about your physical or mental health. These facts also deal with how care is provided to you and paid for.

## **WHAT ARE AMERIGROUP COMMUNITY CARE'S RULES ABOUT PROTECTING YOUR HEALTH FACTS?**

Your and your family's health facts are private. We have rules about keeping this health facts private. These rules are made to follow state and federal requirements.

AMERIGROUP Community Care must:

- Keep the health facts that we have about you private.
- Give you this Notice about how we get and keep your health facts.
- Follow the terms of this Notice.
- Follow state privacy laws. These state laws cannot conflict with or be stricter than the HIPAA laws.

We will not use or give out your health facts without your consent, except as listed in this Notice.

### **HOW DO WE USE YOUR HEALTH FACTS?**

The sections that follow tell some of the ways we can use and share health facts without your written consent.

**FOR PAYMENT** - We may use health facts about you so that the services you get may be paid for. For example, a bill that your provider sends us may be paid using facts that identify you. The bill may also identify your illness, the tests, and supplies that were used.

**FOR HEALTH CARE FUNCTIONS** - We may use health facts about you for health care functions. We may use the facts in your record to look at the care and results in your case and other cases like it. These facts will then be used to help make the health care you get better. We may also use your health facts to help enroll you for health care coverage.

We may use your health facts to help you get health services. Facts we get from a provider (nurse, doctor, or other member of a health care team) will be logged and used to help decide what kind of the treatment you need. We may also use or share your health facts to:

- Inform you about one of our disease or case management programs.
- Send cards to remind you to make an appointment or get services.
- Answer a customer service request from you.
- Decide on claims requests and appeals for services you got.
- Look into any fraud or abuse cases and make sure rules are followed.

## **OTHER USES OF HEALTH FACTS**

- **BUSINESS ASSOCIATES** - We may contract with “business associates” that will provide services to AMERIGROUP Community Care using your health facts. These services may include dental services for members or a copy service that makes copies of your record. They will use your health facts to do the job we have asked them to do. The business associate must sign a contract to keep your health facts private.
- **PEOPLE INVOLVED WITH YOUR CARE OR WITH PAYMENT FOR YOUR CARE** - We may share your health facts with a family member, someone related to you or a close friend. We may also share your facts with someone you choose to represent you. This will be based on how involved the person is in your care. It may also be based on payment for your care. We may share your health facts with parents or guardians, if allowed by law.
- **LAW ENFORCEMENT** - We may share health facts if the police and other law officials ask us to. We will share health facts about you as required by law.
- **OTHER COVERED ENTITIES** - We may use or share your health facts to help health care providers with treatments or payments. For example, we may share your health facts with a provider so that he or she can treat you.
- **PUBLIC HEALTH ACTIVITIES** - We may use or share your health facts for public health issues, allowed or required by law. We may use or share your health facts to help prevent or control disease or injury. We also may share health facts with regard to child abuse, neglect, or domestic violence.
- **HEALTH OVERSIGHT ACTIVITIES** - We may share your health facts with a health oversight group for functions approved by law. These could include audits, investigations, or legal cases. These groups can be government agencies that look after the health care system and programs like Medicaid.
- **RESEARCH** - We may share your health facts with researchers. This can happen when a review or privacy board has done what is required for HIPAA information.
- **CORONERS, MEDICAL EXAMINERS, FUNERAL DIRECTORS AND ORGAN DONATION** - We may share your health facts for coroner or medical examiner duties allowed by law. This could be to identify a

deceased person or find out a cause of death. We also may share your health facts with funeral directors, as allowed by law. We may also share health facts with groups that handle organ, eye, or tissue donation and transplants.

- **TO PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY** - We may share your health facts if we feel it is needed to protect the safety of a person or the public.
- **MILITARY ACTIVITY AND NATIONAL SECURITY** - At certain times, we may share your health facts if you are, or were, in the Armed Forces. This may happen if proper military officials believe it is needed.
- **DISCLOSURES TO THE SECRETARY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES** - We must share your health facts 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 complying with the HIPAA Privacy Regulations.

## **WHAT ARE YOUR RIGHTS REGARDING YOUR HEALTH FACTS?**

We want you to know your rights about your health facts and your AMERIGROUP Community Care family members’ health facts.

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

**We must 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 takes place, it will apply to health facts that we have at the time we make the change. It will also apply to health facts we had before we made the change. A new Notice with 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 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, 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. This is someone you choose to act for you. AMERIGROUP Community Care will treat that person as if he or she were you.**

Unless you give limits, the person you choose to act for you will have full access to all of your AMERIGROUP Community Care records. If you would like someone to act for you, you must ask AMERIGROUP Community Care in writing. A personal representative form must be filled out and mailed back to AMERIGROUP Community Care's Member Privacy Unit. Call Member Services for a form. The address and phone number are at the end of this Notice.

## RIGHT TO ACCESS

**You have the right to look at the health facts AMERIGROUP Community Care has on file for you. This file is called a designated record set. It includes facts about your enrollment, claims and payment. We will give you the first copy free in any 12-month period.**

If you would like a copy of your health facts, 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 take care of your request if we need. 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, call your doctor or other provider. Follow what the doctor or provider says about getting a copy. Your doctor or other provider may charge a fee for the cost of copying or mailing the record.
- We have the right to keep you from having or seeing all or part of your health facts for certain reasons. For instance, if the release of these facts could harm you or others. Or, if your health facts were gathered or created for research or as part of a legal case. We will tell you the reason in writing. We will also tell you how you can file an appeal if you do not agree with us.

## RIGHT TO AMEND

**You have the right to ask that health facts in your health record be changed if you think they are 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 fill out. You can also call Member Services to get a form. The address and phone number are at the end of this Notice.

- Tell us why you want 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 record changed.

We will answer your request within 30 days of when we receive it. We may ask for an extra 30 days to take care of your request if we need. 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 health facts are not created or entered by AMERIGROUP Community Care.
- The health facts are not kept by AMERIGROUP Community Care.
- You are not allowed, by law, to see and copy the health facts.
- The health facts are already correct and complete.

## RIGHT TO AN ACCOUNTING OF CERTAIN DISCLOSURES OF YOUR HEALTH FACTS

**You have the right to find out how we disclosed your health facts. This is a list of times we shared your health facts when it was not part of payment and health care functions.**

Most of the time your health facts are disclosed by our business associates or by us for payment or health care functions.

To ask for a list of when your health facts were disclosed, write to:

Deputy Commissioner  
Bureau of TennCare  
310 Great Circle Road  
Nashville, TN 37243

The time period may not be longer than 6 years and may not be before April 14, 2003.

## RIGHT TO REQUEST RESTRICTIONS

**You have the right to ask us not to use or share your health facts. You do not have the right to ask for limits when we share your health facts with the police, law officials, or State and Federal agencies in keeping with the law. We have the right to deny a request to restrict your health facts.**

To ask for a limit on the use of your health facts, 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 health facts you want to limit and why.
- Whether you want to limit when the information is used, given out, or both.
- Who you want the limits to apply to.

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

## RIGHT TO CANCEL A PRIVACY CONSENT FOR THE USE OR DISCLOSURE OF HEALTH FACTS

**We must have your written consent to use or share your health facts for any reason other than payment and health care functions. We also need your consent for other uses listed under Other Uses of Health Facts. If we need your consent, we will send you a consent form. This form will tell you how your health facts will be used.**

You can cancel your consent at any time by following the instructions below. Just send a request in writing to AMERIGROUP Community Care's Member Privacy Unit. Member Services can send you a form to fill out. The address and phone number are at the end of this Notice. This will only apply to requests to use and share your health facts asked for after we get your notice to cancel.

## RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

**You have the right to ask that we contact you about your health facts in a certain way or in a certain place. For example, you may ask that we send mail to an address that is different from your home address.**

Requests to change how we contact you should be sent in writing to AMERIGROUP Community Care's Member Privacy Unit. We can send you a form to fill out. 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 HEALTH FACTS ARE HANDLED BY AMERIGROUP COMMUNITY CARE OR OUR BUSINESS ASSOCIATES?

If you believe that your rights have been abused, you may file a complaint with AMERIGROUP Community Care.

To file a complaint with AMERIGROUP Community Care or to appeal a decision about your health facts, send a written request to AMERIGROUP Community Care's Member Privacy Unit. You can also 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  
61 Forsyth Street, SW, Suite 3B70  
Atlanta, Georgia 30303-8909

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 HEALTH FACTS?

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.

**No one is treated in a different way because of race, color, birthplace, language, sex, age, or disability. Do you think you've been treated unfairly? Do you have more questions? Do you need more help? You can make a free call to the Family Assistance Service Center at 1-866-311-4287. In Nashville, call 743-2000.**

**Interpretation and Translation Services are free to the members. For details, please call Member Services at 1-800-600-4441.**

**Interpretación y Traducción son gratuitos para los miembros. Si desea obtener más detalles, llame a Servicios al Miembro al 1-800-600-4441.**