



Meridian

Health Plan

MERIDIAN ADVANTAGE PLAN OF ILLINOIS (HMO SNP)

NOTICE OF PRIVACY PRACTICES

(Combined Gramm Leach Bliley & HIPAA Notice)

Effective September 23, 2013

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.

Our Privacy Policy. We care about your privacy and we guard your information carefully whether it is in oral, written or electronic form. We are required by law to maintain the privacy of protected health information and to provide you with this notice of our legal duties and our privacy practices. We will provide you with notice if there is a breach in our privacy and security practices involving your personal information. We will not sell any information about you. Only people who have both the need and the legal right may see your information. Unless you give us a written authorization, we will only disclose your information for purposes of treatment, payment, business operations or when we are required by law or this Notice of Privacy Practices (Notice) to do so.

Treatment. We may disclose medical information about you for the purpose of coordinating your healthcare. For example, we may notify your personal doctor about treatment you receive in an emergency room.

Payment. We may use and disclose medical information about you so that the medical services you receive can be properly billed and paid for. For example, we may ask a hospital emergency department for details about your treatment before we pay the bill for your care.

Health Care Operations. We may use and disclose medical information about you in connection with our health care operations. For example, we may use medical information about you to review the quality of services you receive.

Required or Permitted by Law. We are permitted by law to use and disclose your personal information for the following enumerated, but not limited to, purposes:

- Law Enforcement. We will disclose your personal information to comply with local, state and federal investigations

- National Security. We will disclose your personal information to comply with federal intelligence and national security activities
- Legal Proceedings. We will use or disclose your personal information to comply with subpoenas or other court orders
- Review by Government Agencies. We will disclose your personal information to comply with all review of our activities by government agencies
- Communicable Disease Reporting. We may use or release your personal information to comply with federal and state requirements on reporting communicable disease
- Emergencies. We may use or disclose your personal information to avoid a serious threat to health or safety
- Disaster Relief. We may use or disclose your personal information to cooperate with disaster relief efforts
- Public Health Activities. We may use or disclose your personal information to participate in federal, state or local public health activities and reporting
- Abuse/Neglect. We may release your personal information to the proper government authority if we reasonably believe that you are a victim of abuse, neglect, or domestic violence
- Individuals. We may disclose your personal information to a family member, relative, or close friend involved in your medical care. We will limit disclosure to the personal information directly relevant to the individual's involvement in your health care, and you have either agreed to the disclosure or have been given an opportunity to object and have not objected
- Parent/Guardian. We may release your personal information to your parent or guardian, when not otherwise limited by law, if you are an un-emancipated minor
- Workers' Compensation. We may use or disclose your personal information to comply with workers' compensation laws
- Business Associates. We work with other companies called "business associates," which help us to provide services to you. We may disclose your personal information to our business associates, but we will only disclose your personal information to the extent necessary for our business associates to carry out treatment, payment or healthcare operations. We will enter into contracts with all business associates to protect your personal information
- Coroner, Medical examiner, and Funeral directors. We may disclose your personal information to coroners, medical examiners or funeral directors, but only to the extent necessary for them to carry out their duties
- Administrator/Executor. We may disclose your personal information to the executor or administrator of your estate upon your death.
- Research Studies. We may disclose your personal information to researchers for use in a research study. We will only disclose your personal information if the study has been approved by a review board and the researchers have taken steps to ensure that your private information remains protected
- Organ and Tissue Donation. We may disclose your personal information to those organizations involved in the process of organ or tissue transplantation
- Correctional Institution. We may disclose your personal information to a correctional institution if you are or become an inmate of a correctional institution

- Military. We may disclose your personal information to the military, if you are or become a member of the armed forces
- Other Disclosures Required by Law. We will use or share your personal information when required by other federal, state, or local law to do so

Authorizations. Other uses and disclosures of your personal information will be made only with your written authorization. For example, we must obtain your written authorization for the following uses and disclosures of your personal information:

- Psychotherapy Notes. Psychotherapy notes are notes taken by a mental health professional during a conversation with you. We will not use or disclose psychotherapy notes, except when we are permitted by law to do so
- Fundraising. We may contact you with information on how to opt-out of fundraising communications if we choose to operate a fundraiser.
- Marketing. We will not market your personal information, except when we are permitted by law to do so
- Sale. We will not sell your personal information

If you give us a written authorization, you have the right to change your mind and revoke that authorization.

Genetic Information. We may receive genetic information about you if you have undergone genetic testing to identify and prevent certain illnesses. We will not use or disclose your genetic information to determine eligibility for benefits, premium or copayment amounts, pre-existing condition exclusions, or the creation, renewal or replacement of health insurance or benefits. We are prohibited from using or disclosing protected health information for underwriting purposes. However, we reserve the right to use your genetic information to determine whether treatment is medically necessary.

Copies of this Notice. You have the right to receive an additional copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Please call or write to us to request a copy.

Changes to this Notice. We reserve the right to revise this Privacy Notice. A revised notice will be effective for information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. Any changes to our notice will be published on our website and will be sent to you in writing at the next regularly scheduled Member Newsletter.

Your Right to Inspect and Copy. You may request, in writing, the right to inspect the information we have about you and to get copies of that information. You have the right to an electronic copy of the information we have about you if the information is maintained electronically. We can deny your request for certain limited reasons, but we must give you a written reason for our denial. We may charge a fee for copying your records.

Your Right to Amend. If you feel that the information we have about you is incorrect or incomplete, you can make a written request to us to amend that information. A written request

must include the reason(s) supporting your amendment. We can deny your request for certain limited reasons, but we must give you a written reason for our denial.

Your Right to a List of Disclosures. Upon written request, you have a right to receive a list of our disclosures of your information during the six (6) years prior to your request, except: when you have authorized those disclosures; if the disclosures are made for treatment, payment or health care operations; when disclosures were made to you about your own information; incident to a use or disclosure as otherwise permitted or required under applicable law; as part of a limited data set for research or public health activities; information released in the interest of national security or for intelligence purposes; to correctional institutions having custody of an inmate; or shared prior to April 14, 2003.

Your Right to Request Restrictions on Our Use or Disclosure of Information. If you do so in writing, you have the right to request restrictions on the information we may use or disclose about you. We are not required to agree to such requests. Where protected health information is disclosed to a health care provider for emergency treatment, we must request that the health care provider not further use or disclose the information.

Your Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Your request must be in writing. For example, you can ask that we only contact you at home or only at a certain address or only by mail.

How to Use Your Rights Under this Notice. If you want to use your rights under this notice, you may call us or write to us. If your request to us must be in writing, we will help you prepare your written request, if you wish.

Complaints to the Federal Government. If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may to: Office for Civil Rights, U.S. Department of Health & Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601. Or visit their website at <http://www.hhs.gov/ocr> for specific filing instructions. You will not be penalized or retaliated against for filing a complaint with the federal government.

Complaints and Communications to Us. If you want to exercise your rights under this Notice or if you wish to communicate with us about privacy issues or if you wish to file a privacy related complaint, you can write to:

**Chief Privacy Officer
Meridian Advantage Plan of Illinois (HMO SNP)
1 Campus Martius, Suite 700
Detroit, MI 48226**

You can also call us as at 877-902-6784 (TTY users should call 711) Monday – Sunday from 8 a.m. to 8 p.m. You will not be penalized or retaliated against for filing a complaint. You can view a copy of this notice on our web site at www.mhplan.com/mi.