

Privacy Practices

PRIORITY PARTNERS MANAGED CARE ORGANIZATION 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 carefully.

Safeguarding Your Protected Health Information

Priority Partners Managed Care Organization (PPMCO) is committed to protecting your health information. In order to provide treatment or to pay for your health care, PPMCO will ask for certain health information and that health information will be put into your record. The record usually contains your symptoms, examination and test results, diagnoses and treatment. That information, referred to as your health or medical record and legally regulated as health information, may be used for a variety of purposes. PPMCO is required to follow the privacy practices described in this Notice, although PPMCO reserves the right to change our privacy practices and the terms of this Notice at any time effective for health information we already have about you as well as any information we receive in the future. You may request a copy of the new notice from PPMCO Customer Service at [800-654-9728](tel:800-654-9728).

Information collected on race, ethnicity, language, gender identity, and sexual orientation is considered confidential and protected health information. We treat this data with the same level of privacy as all other medical records. We will use this information to enhance our services and better understand the needs of our members. This data is only shared with our health care provider partners in an effort to improve your health. This data will not be used to determine your eligibility for benefits or the cost of your health care.

Securing electronic data: The Plan secures and limits access to hardcopy and electronic files. Electronic data is password protected. Internal controls are in place to ensure that only those workforce members with a “need to know” have access to information required to perform their specific job functions. All workforce members are required to only utilize and/or access the “minimum necessary” information to perform their assigned tasks.

How PPMCO May Use and Disclose Your Protected Health Information

The PPMCO workforce will only use your health information when doing their jobs. For uses beyond what PPMCO normally does, PPMCO must have your written authorization unless the law permits or requires it. The following are some examples of our possible uses and disclosures of your health information.

Uses and Disclosures Relating to Treatment, Payment or Health Care Operations

For treatment: PPMCO may use or share your health information to approve or deny treatment and to determine if your medical treatment is appropriate. For example, PPMCO health care

providers may need to review your treatment plan with your health care provider for medical necessity or for coordination of care.

To obtain payment: PPMCO may use and share your health information in order to bill and collect payment for your health care services and to determine your eligibility to participate in our services. For example, your health care provider may send claims for payment of medical services provided to you.

For health care operations: PPMCO may use and share your health information for PPMCO operations. For example, PPMCO may use or share your information for case management and care coordination, to evaluate the quality of services provided or to our state or federal auditors and regulators.

Health Information Exchanges: PPMCO may share information that we obtain or create about you with other health care entities, such as your health care providers, as permitted by law, through Health Information Exchanges (HIEs) in which we participate. For example, information about your participation in a care management program may be shared with your treating providing for care coordination purposes if they participate in the HIE as well. Exchange of health information can provide you with faster access and better coordination of care and assist entities in making more informed decisions.

The Chesapeake Regional Information System for Our Patients, Inc. (CRISP), is a regional HIE in which PPMCO participates. PPMCO may receive information about you through CRISP for treatment, payment, health care operations or research purposes. You may opt out of CRISP and disable access to your health information available through CRISP by contacting CRISP at [877-952-7477](tel:877-952-7477) or completing and submitting an Opt-Out form to CRISP by mail, by fax or through their website at crisphealth.org. Even if you opt-out of CRISP, public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers through CRISP, as permitted by law.

PPMCO also participates in other HIEs, including an HIE that allows us to share and receive your information through our electronic record system. You may choose to opt-out of these other HIEs by calling [800-557-6916](tel:800-557-6916).

Other Uses and Disclosures of Health Information Required or Allowed by Law

Information purposes: Unless you provide us with alternative instructions, PPMCO may send appointment reminders and other materials about the program to your home.

Required by law: PPMCO may disclose health information when a law requires us to do so.

Public health activities: PPMCO may disclose health information when PPMCO is required to collect or report information about disease or injury, or to report vital statistics to other divisions in the department and other public health authorities.

Health oversight activities: PPMCO may disclose your health information to the Maryland Department of Health and Mental Hygiene and other agencies for oversight activities. Examples of these oversight activities are audits, inspections, investigations, accreditations and licensure.

Coroners, medical examiners, funeral directors and organ donations: PPMCO may disclose health information relating to a death to coroners, medical examiners or funeral directors, and to authorized organizations relating to organ, eye or tissue procurement, donations or transplants.

Research purposes: In certain circumstances, and under supervision of an Institutional Review Board or other designated privacy board, PPMCO may disclose health information to assist medical research.

Avert threat to health or safety: In order to avoid a serious threat to health or safety, PPMCO may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

Abuse and neglect: PPMCO will disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or some other crime. PPMCO may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Specific government functions: PPMCO may disclose health information of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

Families, friends or others involved in your care: Unless you say no, PPMCO may share your health information with people as it is directly related to their involvement in your care. PPMCO may share your health information if related to payment of your care. Unless you say no, PPMCO may also share health information with people to notify them about your location, general condition or death.

Worker's compensation: PPMCO may disclose health information to worker's compensation programs that provide benefits for work-related injuries or illnesses without regard to fault.

Lawsuits, disputes and claims: If you are involved in a lawsuit, a dispute or a claim, PPMCO may disclose your health information in response to a court or administrative order, subpoena, discovery request, investigation of a claim filed on your behalf or other lawful process.

Law enforcement: PPMCO may disclose your health information to a law enforcement official for purposes that are required by law or in response to a subpoena.

Government programs providing public benefits: PPMCO may disclose your health information relating to eligibility for or enrollment in PPMCO to another agency administering a government program providing public benefits, as long as sharing the health information or maintaining the health information in a single or combined data system is required or otherwise authorized by law.

Genetic information: PPMCO will not use or share any genetic information about you for underwriting purposes or deciding if you are eligible to participate in PPMCO.

Additional uses or disclosures: Other uses and disclosures of your health information not covered by this Notice will be made only with your written permission. This includes most uses and

disclosures for marketing purposes. Additionally, with some exceptions, PPMCO will not receive anything of value in exchange for your health information without your written permission. If you give us permission to use or share your health information, you may withdraw that permission, in writing, at any time. However, we cannot take back any disclosures we may have already made before you withdrew your permission.

You Have a Right to:

Be notified in the event of a breach: You have the right to be notified if your health information has been “breached,” which means that your health information has been used or disclosed in a way that is not consistent with the law and results in it being compromised.

Request restrictions: You have a right to request a restriction or limitation on the health information PPMCO uses or discloses about you. PPMCO will accommodate your request, if possible, but is not legally required to agree to the requested restriction. If PPMCO agrees to a restriction, the agreement must be in writing, and PPMCO will follow it except in emergency situations or if otherwise permitted or required by law.

Request confidential communications: You have the right to ask that PPMCO send you information at an alternative address or by alternative means. PPMCO must agree to your request as long as it is reasonably easy for us to do so.

Inspect and copy: You have a right to see your health information upon your written request. If you want copies of your health information, you may be charged a fee for copying, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

Request amendment: You may request in writing that PPMCO correct or add to your health record. PPMCO may deny the request if PPMCO determines that the health information is: (1) correct and complete; (2) not part of our records; or (3) not permitted to be disclosed. If you request an amendment to records that we did not create, we will consider your request only if the creator of the records is unavailable. If PPMCO approves the request for amendment, PPMCO will amend the health information and inform you, and, with your assistance, will tell others that need to know about the amendment in the health information.

Accounting of disclosures: You have a right to request a list of the disclosures made of your health information in the six years prior to your request. This list will not include every disclosure made, including those disclosures of your health information for treatment, payment and operations. There will be no charge for up to one such list each year.

Notice: You have the right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

For More Information

This document is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act. If you have questions and would like more information, you may contact PPMCO Customer Service at [800-654-9728](tel:800-654-9728).

Exercise of Rights, Questions or Complaints

If you would like to obtain an appropriate request form to (1) inspect and/or receive a copy of your health information, (2) request an amendment to your health information, (3) request an accounting of disclosures of your health information or (4) request a disclosure of your health information, or for other questions, please contact:

Priority Partners MCO

c/o Johns Hopkins Health Plans
Compliance Department
7231 Parkway Drive, Suite 100
Hanover, MD 21076

Email: compliance@jhhp.org

Phone: [410-424-4996](tel:410-424-4996)

If you believe your privacy rights have not been followed as directed by applicable law or as explained in this Notice, you may file a complaint with us using the contact information below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. **PPMCO will take no retaliatory action against you if you make such complaints.**

Johns Hopkins Privacy Office

733 N. Broadway
MRB Suite 102B
Baltimore, MD 21205

Phone: [410-614-9900](tel:410-614-9900)

Fax: [443-529-1548](tel:443-529-1548)

Email: hipaa@jhmi.edu

Non-Discrimination Notice

Priority Partners MCO complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [800-654-9728](tel:800-654-9728) (TTY: [800-201-7165](tel:800-201-7165)).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 [800-654-9728](tel:800-654-9728)

([TTY: 800-201-7165](tel:800-201-7165))。

Effective Date: This notice is effective on November 15, 2016.

[Read about website privacy.](#)