



**Notice of Privacy Practices
Montefiore HMO, LLC**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION AND YOUR RIGHTS AS A HEALTH PLAN ENROLLEE. PLEASE REVIEW IT CAREFULLY.

THE EFFECTIVE DATE OF THIS NOTICE IS October 13, 2017

At Montefiore HMO your privacy is very important to us, and we are committed to protecting health information that identifies you (“Health Information”). This Notice will tell you about the ways we may use and disclose Health Information. We also describe your rights and certain obligations we have regarding the use and disclosure of Health Information. We are required by law to maintain the privacy of Health Information that identifies you, give you this Notice of our legal duties and privacy practices with respect to your Health Information, and follow the terms of our Notice that are currently in effect. We are giving you this notice because our records show that we provide managed long-term care benefits to you.

CHANGES TO THIS NOTICE

We are required to follow the terms of this notice until we replace it, and we reserve the right to change the terms of this notice at any time. If we make changes, we will revise it and send a new Privacy Notice to all persons to whom we are required to give the new notice. We reserve the right to make the new changes apply to your medical information maintained by us before and after the effective date of the new notice.

HOW WE USE OR SHARE INFORMATION

In this notice, when we talk about “information” or “health information,” we mean information we receive directly or indirectly from you through enrollment forms such as your name, address and other demographic data; information from your transactions with us or our providers, such as medical history, healthcare treatment, prescriptions, healthcare claims and encounters, health service requests, and appeal or grievance information; or financial information pertaining to your eligibility for governmental health programs or pertaining to your payment of premiums.

PERMISSIBLE USES AND DISCLOSURES WITHOUT YOUR CONSENT OR AUTHORIZATION

The following are ways we may use or share information about you:

Healthcare Providers’ Treatment Purposes: We may disclose your health information to your doctor, at the doctor’s request, for your treatment; use the information to help pay your medical bills that have been submitted to us by doctors and hospitals for payment; or share your information with your doctors or hospitals to help them provide medical care to you. For example, if you are in the hospital, we may give them access to any medical records sent to us by your doctor. We may use or share your information with others to help manage your healthcare. For example, we might talk to your doctor to suggest a disease management or wellness program that could help improve your health.

Healthcare Operations: We may use and disclose your health information to conduct quality assessment and improvement activities to others who help us manage, plan or develop our business operations; to business

associates authorized to perform data aggregation services; and to participate in case management or care coordination. We will not share your information with these outside groups unless they agree to keep it protected. In some situations, we may disclose your health information to another covered entity for the limited healthcare operations activities and healthcare fraud and abuse compliance activities of the entity that receives your health information.

Healthcare Services: We may use or share your information to give you information about alternative medical treatments and programs or about health-related products and services that you may be interested in. For example, we might send you information about asthma, diabetes control or smoking cessation programs. We do not sell your information to outside groups who may want to sell their products or services to you, such as a catalog company. We may disclose your health information to our business associates to assist us with these activities.

As Required by Law: State and federal laws may require us to release your health information to others. We may be required to report information to state and federal agencies that regulate us, such as the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, New York State and City Departments of Health, Local Districts of Social Service and New York State Attorney General.

We may also use and disclose your health information as follows:

- To report information to public health agencies if we believe there is a serious health or safety threat;
- To provide information to a court or administrative agency (for example, pursuant to a court order, subpoena or child protective order);
- To report information to a government authority regarding child abuse, neglect or domestic violence; report information for law enforcement purposes;
- To share information for public health activities;
- To share information relative to specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others;
- For research purposes in limited circumstances;
- To a coroner, medical examiner or funeral director about a deceased person;
- To an organ procurement organization in limited circumstances; and
- To prevent serious threat to your health or safety or the health or safety of others.

PERMISSIBLE USES AND DISCLOSURES WITH YOUR CONSENT OR AUTHORIZATION

If one of the above reasons does not apply, we must get your written permission to use or disclose your health information. If you give us written permission to use or disclose your personal health information and change your mind, you may revoke your written permission at any time. Your revocation will be effective for all your medical information we maintain, unless we have taken action in reliance on your authorization.

YOUR HIPAA RIGHTS

The following are your rights with respect to your health information that we maintain. You may make a written request to us to do one or more of the following concerning your health information:

- **You have the right to request a copy of this notice** to be mailed to you if you received this notice through means other than by U.S. Mail.
- **You have the right to request copies of your health information.** In limited situations, we do not have to agree to your request (i.e., information contained in psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil criminal or administrative action or proceeding; and information subject to certain federal laws governing biological products and clinical laboratories). In certain other situations, we may deny your request to inspect or obtain a copy of your information. If we deny your request, we will notify you in writing and may provide you with a right to have the denial reviewed.
- **You have the right to ask us to restrict how we use or disclose your information for treatment, payment or healthcare operations.** You also have the right to ask us to restrict information that we have been asked to give to family members or to others who are involved in your healthcare or payment for your healthcare. While we may honor your request, we are not required to agree to these restrictions, unless you or someone other than the health plan paid in full for the treatment
- **You have the right to submit special instructions to us regarding how we send plan information to you that contains protected health information.** For example, you may request that we send your information by a specific means (such as U.S. Mail or fax) or to a specified address if you believe that you would be harmed if we send your information to you by other means (for example, in situations involving domestic disputes or violence). We will accommodate your reasonable requests as explained above. Even though you requested that we communicate with you through alternative means, we may provide the contract holder with cost information.
- **You have the right to inspect and obtain a copy of information that we maintain about you in your designated record set.** A “designated record set” is the group of records that we use in order to make decisions about you, including enrollment, payment, claims adjudication and case management records.
- **You have the right to ask us to make changes to information we maintain about you in your designated record set.** These changes are known as amendments. Your written request must include a reason for your request. If we make the amendment, we will notify you that it was made. In addition, we will provide the amendment to any person that we know has received your health information. We will also provide the amendment to other persons identified by you. Denied requests to amend will be communicated to you in writing with an explanation for the denial. You have a right to file a written statement of disagreement.
- **You have the right to receive an accounting of certain disclosures of your information made by us during the six years prior to your request.** We are not required to provide you with an accounting of the following disclosures:
 - Disclosures made for treatment, payment and healthcare operations purposes;
 - Disclosures made to you, your personal representative or pursuant to your authorization;
 - Disclosures made incident to a use or disclosure otherwise permitted;
 - Disclosures made to persons involved in your care or other notification purposes;
 - Disclosures made for national security or intelligence purposes;
 - Disclosures made to correctional institutions, law enforcement officials or health oversight agencies; or

- Disclosures made as part of a limited data set for research, public health or healthcare operations purposes.
- **You have the right to be notified of a breach of your Health Information.** If there is improper access, use or disclosure of your Health Information that meets the legal definition of a "Breach" of your Health Information, we will notify you in writing.

YOUR ENROLLEE RIGHTS

- You have the right to receive medically necessary care.
- You have the right to timely access to care and services.
- You have the right to privacy about your medical record and when you get treatment.
- You have the right to get information on available treatment options and alternatives presented in a manner and language you understand.
- You have the right to get information in a language you understand; you can get oral translation services free of charge.
- You have the right to get information necessary to give informed consent before the start of treatment.
- You have the right to be treated with respect and dignity.
- You have the right to get a copy of your medical records and ask that the records be amended or corrected.
- You have the right to take part in decisions about your health care, including the right to refuse treatment.
- You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- You have the right to get care without regard to sex, race, health status, disability, color, age, national origin, sexual orientation, gender identity or expression, physical appearance, marital status or religion.
- You have the right to be told where, when and how to get the services you need from your managed long term care plan, including how you can get covered benefits from out-of-network providers if they are not available in the plan network.
- You have the right to complain to the New York State Department of Health or your Local Department of Social Services; and, the Right to use the New York State Fair Hearing System and/or a New York State External Appeal, where appropriate.
- You have the right to appoint someone to speak for you about your care and treatment.
- You have the right to seek assistance from the Participant Ombudsman program.



EXERCISING YOUR HIPAA RIGHTS

If you would like to exercise the HIPAA rights described in this notice, please contact our Compliance Office (below), Monday through Friday, from 9:00 am to 5:00 pm, by phone or in writing. We will provide you with the necessary information and forms for you to complete and return to our office. In some cases, we may charge you a cost-based fee to carry out your request. If you have any questions about this notice or about how we use or share information, please contact the Compliance Office at:

Montefiore HMO Compliance Office
200 Corporate Boulevard South
Yonkers, New York 10701
Phone: 1-914-378-6200
Email: cmocompliance@montefiore.org

EXERCISING YOUR ENROLLEE RIGHTS

If you would like to exercise your enrollee rights, please contact the Member Services Call Center at **1-855-55-MONTE (1-855-556-6683)** and they will assist you with your request.

COMPLAINTS

If you believe that we have violated your privacy or enrollee rights, you have the right to file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with us by calling the Montefiore Compliance Hotline, which is available 24 hours per day, 365 days per year. All calls are confidential and you may make calls anonymously.

Montefiore Compliance Hotline: 1-800-662-8595
Website: www.montefiore.alertline.com
Montefiore HMO Compliance Office
200 Corporate Boulevard South
Yonkers, New York 10701

We will not take action against you for filing a complaint with us or with the U.S. Department of Health and Human Services.

Office for Civil Rights
U.S. Department of Health and Human Services
Jacob Javits Federal Building, Suite 3312
New York, New York 10278
OCR Hotlines—Voice: 212-264-3313; TDD: 212-264-2355
Email: ocrmail@hhs.gov
Website: <http://www.hhs.gov/ocr/>