

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 THIS NOTICE CAREFULLY.

The protection of the privacy and confidentiality of our members' health information takes precedence at Essence. We know that you count on Essence to keep your personal and health information safe. Health information that identifies you ("protected health information" or "health information") includes your medical record and other information relating to your care or payment for your care. This document is based on state and federal law, as well as our own Code of Conduct, and is effective as of October 1, 2024.



Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records.

- You can ask to receive a copy of certain health information we maintain about you in a “designated record set”, such as claims or medical management records. In some cases, you may receive a summary of this health information. Ask us how to do this.
- We may charge a reasonable, cost-based fee for providing the copies.

Ask us to correct health and claims records.

You can ask us to correct your health and claims records if you think they are incorrect or incomplete. We may say “no” to your request but we’ll tell you why in writing within 60 days. Ask us how to do this.

Request confidential communications.

You can request to receive confidential communications in a specific way (for example, home or office phone) or to send mail to a different address. We will accommodate reasonable requests.

Ask us to limit what we use or share.

- You can ask us not to use or share certain health information for treatment, payment, or our healthcare operations.
- We will consider your request, but we are not required to agree.

Get a list of those with whom we’ve shared information.

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice.

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

To contact us or file a complaint if you feel your rights are violated:

- If you wish to exercise any of your rights, have a question, or believe that your privacy rights have been violated, please contact us by calling the customer service telephone number on the back of your membership card. We will not retaliate against you for filing a complaint, either with us or the Department.

You may also mail your written requests or complaints to:

Essence Healthcare
ATTN: Privacy Officer
13900 Riverport Drive
Maryland Heights, MO 63043

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling 1-877-696-6775.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Situations that require your authorization

For uses and disclosures not generally described below, we must obtain your written authorization. For example, the following uses and disclosures will be made only with your authorization:

- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute the sale of Personal Health Information (“PHI”); and
- Most uses and disclosures of psychotherapy notes.

You have the choice to revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the activities covered by the authorization. The uses and disclosures made previously while your authorization was in effect will not be impacted by a revocation.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Help manage the health care treatment you receive

We may use your health information and share it with another health plan, insurer, or health care professional who has a relationship with you to support case management, care coordination or quality improvement activities. This includes the use and disclosure of your information to help you obtain services you may need, or to coordinate your care and services.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We may use and disclose your information to run our business, including but not limited to activities such as quality assessment and improvement, case management and care coordination, activities relating to improving health outcomes or reducing health care costs, provider credentialing, compliance activities, and general business planning and administrative activities. We may also de-identify health information in accordance with applicable laws. De-identified Information is no longer subject to this Notice, and we may use the information for any lawful purpose.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.

- We do not sell member information for HIPAA-defined fundraising purposes.
- We may disclose your information to Business Associates that perform services on our behalf if the information is necessary for such services. Our Business Associates are required by law and under a written agreement with us to protect the privacy of your information.

Examples: We use health information about you to improve the services we offer to you, provide you with customer service, and offer disease management programs or treatment alternatives you may be eligible for.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We use and disclose your information to process and pay claims for healthcare services provided to you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Public health and safety issues

We can share health information about you for certain situations, such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Research

We can use or share your information for health research.

Comply with the law

We will share information about you to comply with legal obligations or requirements.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Contacting you

We, along with our affiliates and/or vendors, may call, email, or send you a text message by using the contact information you have provided to us to let you know about wellness programs, treatment options, or other benefits and services related to your health. As always, Message and Data Rates May Apply for any messages sent to you from us and to us from you. If at any time you would like to opt-out from receiving text messages from us, you can opt-out at any time by texting “STOP,” “QUIT,” “END,” “REVOKE,” “OPT OUT,” “CANCEL,” or “UNSUBSCRIBE” to any SMS messages you receive from us.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website at EssenceHealthcare.com, and we will mail a copy to you.¹

¹ This Notice of Privacy Practices applies to the following health plans affiliated with Essence Healthcare:
–Essence Healthcare, Inc. (operating in Missouri, Illinois, Kentucky, Indiana, and Arkansas)
–Essence Healthcare of Ohio, Inc. (operating in Ohio)
–Essence Healthcare PPO, Inc. (operating in Missouri, Illinois, Kentucky, Indiana and Arkansas)