



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.

Effective Date of Notice: 10/1/2015

Stanford Health Care Advantage protects the privacy of your health information and follows all state and federal laws. This notice describes how we may use and disclose information about you in administering your benefits, and it explains your legal rights regarding the information.

State and Federal laws require Stanford Health Care Advantage to maintain the privacy of your health information and to give you this notice of our legal duties and privacy practices. By law, we will follow the terms of this notice.

When we use the term “information” or “health information”, we mean information that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

How We Use or Disclose Your Information

We may use and disclose your information for your treatment, to pay for your health care, and to operate our business. For example, we may use or disclose your information:

For Payment of premiums due us, to determine your coverage, and to process claims for health care services you receive, including for subrogation or coordination of other benefits you may have. For example, we may tell a doctor whether you are eligible for coverage.

For Treatment: We may use or disclose health information to aid in your treatment or the coordination of care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.

For Health Care Operations: We may use or disclose information as necessary to operate and manage our business activities related to providing and managing your health care coverage, including by contacting you when necessary. For example, we may notify your physician to suggest a disease management or wellness program that could help you improve your health, or we may analyze data to determine how we can improve our services.

To Other Covered Entities: We may disclose information to other covered entities, or business associates of those entities for treatment, payment and certain health care

operations purposes. For example, if you receive benefits through a group health insurance plan, we may disclose information to other health plans maintained by your employer if it has been arranged for us to do so in order to have certain expenses reimbursed and such disclosure is otherwise permitted or required by law.

Additional Reasons for Disclosure: We may use or disclose information about you in providing you with treatment alternatives, treatment reminders, or other health-related benefits and services. We also may disclose such information in support of:

- Law Enforcement: to federal, state and local law enforcement officials.
- Legal Proceedings: in response to a court order or other lawful process.
- Regulatory agencies: for activities authorized by law, such as licensure, governmental audits, and fraud and abuse investigations.
- Research: to researchers, provided measures are taken to protect your privacy.
- Public health: such as reporting or preventing disease outbreaks to a public health authority. We may also respond to organ and tissue donation requests and work with a medical examiner, coroner, or funeral director.
- Governmental agencies: for reporting victims of abuse, neglect or domestic violence as authorized by law.
- Business partners: to persons who provide services to us and assure us they will protect the information.
- Other Required Purposes: For any other purpose that is required by law.

Disclosure to Others Involved in Your Care

We may use or disclose your information to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interests. Special rules apply regarding when we may disclose health information to family members and others involved in a deceased individual's care. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.

Use and Disclosures Requiring Your Written Authorization

In all situations other than those described above, we will ask for your written authorization before using or disclosing personal information about you. For example, we will get your authorization:

- for marketing purposes that are unrelated to your benefit plan,
- before disclosing any psychotherapy notes,
- related to the sale of your health information, and
- for other reasons as required by law. For example, state law further requires us to ask for your written authorization before using or disclosing information relating to HIV/AIDS, substance abuse, or psychiatric or mental health information.

You have the right to revoke any such authorizations, except in limited circumstance such as if we have taken action in reliance on your authorization.

Your Rights

Federal privacy regulations give you several rights regarding your health information:

Right to Request Restrictions: You have the right to ask us to restrict the way we use or disclose health information about you in connection with health care operations, payment, or treatment. We will consider, but may not agree to, such requests. You also have the right to ask us to restrict disclosures to persons involved in your health care.

Right to Request Confidential Communication: You have the right to ask to receive confidential communications of information in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your home address). We will accommodate reasonable requests.

Right to Inspect and Copy: You have the right to see and have a copy of the health information that is contained in a “designated record set” – medical records and other records maintained and used in making enrollment, payment, claims adjudication, medical management and other decisions. We may ask you to make your request in writing, may charge a reasonable fee for producing and mailing the copies, and in certain cases, may deny the request.

Right to Request an Amendment: If you feel the health information in the “designated record set” is wrong or incomplete, you may ask us in writing to fix the information. We may say no to your request if it is not in writing and it does not include a reason, or the information was not created by us, or the information is determined to be correct and complete.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures" made by us during the six years prior to your request. This accounting will not include disclosures of information made: i) for treatment, payment and health care operations purposes; ii) to you or pursuant to your authorization; iii) to correctional institutions or law enforcement officials; and iv) other disclosures for which federal law does not require us to provide an accounting.

Right to a Paper Copy of this Notice: You have the right to ask for a paper copy of this notice. You may also print a copy of this notice from our website.

Right of Notification Following a Breach: You have the right to be notified following a breach involving your health information.

To use these rights, a request for inspecting, copying, amending, making restrictions, or obtaining an accounting of your health information must be made in writing to:

Stanford Health Care Advantage
Attention: Privacy Office
P.O. Box 5904
Troy, MI 48007

Contact Us

For more information, please call Stanford Health Care Advantage's Member Service at 1-855-996-8422 (TTY Users: 711).

If you believe your privacy rights have been violated, you may file a complaint by writing to Stanford Health Care Advantage at the address listed above or calling Stanford Health Care Advantage Member Services.

You may also file a complaint with the Secretary of Health and Human Services. There will be no punishment for filing a complaint.

Revisions to This Notice

Stanford Health Care Advantage has the right to change this notice. We keep the right to make any changed notice effective for the health information we already have about you, as well as any information we create or get in the future. We will give you a copy of any new notices within 60 days. We will also post a copy of the current notice on our website.