



Effective November 16, 2023

MetroPlus Health Plan
50 Water Street, 7th Floor
New York, NY 10004

Website: www.metroplus.org

General Phone: 1-800-303-9626

TTY: 711

E-mail: PrivacyOfficer@metroplus.org

Your Information.

Your Rights.

Our Responsibilities.

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.**

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 your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We will charge you \$0.75 (75 cents) for each page of copies you request.

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. Ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

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Your Rights (continued)

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 operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

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

- You can ask for a list (accounting) of the times we have shared your health information for 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 will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- To ask for confidential communications, call our Member Services Department at 1-800-303-9626 (TTY: 711). Requests to change or modify this type of confidential communication request must be made in writing to the address listed below.

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. You may get a paper copy of this notice at any time by calling our Member Services Department at 1-800-303-9626 (TTY: 711).

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.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- 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, emailing OCRComplaint@hhs.gov, or by submitting a complaint through the OCR Complaint Portal. For more information, please visit <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.htm>. We will not retaliate against you for filing a complaint.

Your Rights (continued)

Former Members

- If your membership with MetroPlusHealth ends, your Information will remain protected in accordance with our policies and procedures for current members.

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.*

In these cases, we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

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 can use your health information and share it with professionals who are treating you.
- Health Related Products or Programs: MetroPlusHealth may provide you information on medical treatments, programs products and services.

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

Our Uses and Disclosures (continued)

The information provided to you is subject to any limits imposed by the law.

- Reminders: MetroPlusHealth may use and disclose PHI about you (for example, by calling or texting you or sending you a letter) to remind you of an appointment for treatment or that it's time for you to schedule an appointment for a regular check-up or immunization, or to provide information about treatment alternatives ("choices") or other health-related benefits and services that may be of interest to you.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.

***Example:** We use health information about you to develop better services for you. MetroPlusHealth's Quality Management Department may use your health information to help improve the quality of the Plan's programs, data and business processes. As an example, your medical record may be reviewed by our quality management staff or contracted nurse reviewers to evaluate the quality of care provided to you and all Plan members.*

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Our Uses and Disclosures (continued)

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 must meet many conditions in the law before we can share your information for these purposes. For more information see:

<https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

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| Administer your plan | We may disclose your health information to your health plan sponsor for plan administration. | Example: <i>Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.</i> |
| Pay for your health services | We can use and disclose your health information as we pay for your health services. | Example: <i>We share information about you with your dental plan to coordinate payment for your dental work.</i> |
| Help with public health and safety issues | We can share health information about you for certain situations such as: <ul style="list-style-type: none">o Preventing diseaseo Reporting adverse reactions to medicationso Reporting suspected abuse, neglect, or domestic violenceo Preventing or reducing a serious threat to anyone’s health or safety. | |
| Perform Research | We can use or share your information for health research. | |
| Comply with the law | We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law. | |

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Our Uses and Disclosures (continued)

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

We can use or share health information about you:

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

Respond to lawsuits and legal action

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

New York State laws on disclosures for certain types of information

MetroPlusHealth must comply with additional New York State laws that have a higher level of protection for personal information, particularly information relating to HIV/AIDS status or treatment; mental health; substance use disorder; and family planning.

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.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>.

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 web site, and we will mail a copy to you.

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This notice is effective as of November 16, 2023

Contact Information:

If you have questions about our privacy practices, or if you want to file a complaint or exercise rights described above, please contact:

Customer Services – MetroPlus Health Plan

50 Water Street, 7th Floor

New York, NY 10004

- **General Phone:** 1-800-303-9626, 7 days per week 8:00 a.m. to 8:00 p.m.
- **Medicare Members:** 1-866-986-0356, 7 days per week, 8:00 a.m. to 8:00 p.m.
- **TTY:** 711

How to Contact Us Anonymously:

Compliance Hotline (completely anonymous and accessible 24 hours a day, 7 days a week, 365 days a year):

- Call 1-888-245-7247, or
- Submit an online report by visiting:
<https://metroplus.org/about-us/privacy-policies/>