Effective July 19, 2022

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.

Please review it carefully.
<table>
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<th>Your Rights (continued)</th>
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**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, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

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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.

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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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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: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

**Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.  

*Example:* Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

**Pay for your health services**

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

*Example:* We share information about you with your dental plan to coordinate payment for your dental work.

**Provide quality care and efficient delivery of services**

MetroPlusHealth participates in the health information exchange operated by Healthix. Healthix is a not-for-profit organization that shares information about people’s health electronically and meets the privacy and security standards of HIPAA and New York State Law. This Notice is to inform our patients that as part of participation in Healthix, MetroPlusHealth electronically sends/uploads our patients’ Protected Health Information to Healthix.

Additionally, certain staff at MetroPlusHealth are authorized to access patient information through Healthix subject to applicable consent rules. Consent to access Healthix is normally granted on an organization-by-organization basis. However, patients have the option of denying access to all organizations in Healthix. If you are interested in denying consent for all Healthix organizations to access your Protected Health Information, you may do so by visiting Healthix’s website at www.healthix.org or calling Healthix at 877-695-4749. Information in Healthix about patients comes from places that have provided medical care or through health insurance (claims) information. These data sources may include hospitals, physicians, pharmacies, clinical laboratories, health insurers, the Medicaid program and other organizations that exchange health information electronically. An updated list of these data sources is available from Healthix. Patients can obtain an updated list at any time by visiting www.healthix.org or by calling 1-877-695-4749.

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| **Help with public health and safety issues** | We can share health information about you for certain situations such as:  
| |  
| | o Preventing disease  
| | o Reporting adverse reactions to medications  
| | o Reporting suspected abuse, neglect, or domestic violence  
| | o 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.  
| **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.  

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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:

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.

This notice is effective as of July 19, 2022.

Privacy Officer 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
- E-mail: PrivacyOfficer@metroplus.org
NOTICE OF NON-DISCRIMINATION

MetroPlus Health Plan complies with Federal civil rights laws. MetroPlus Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

MetroPlus Health Plan provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call MetroPlus Health Plan at 1-800-303-9626. For TTY/TDD services, call 711.

If you believe that MetroPlus Health Plan has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with MetroPlus Health Plan by:

- Mail: 50 Water Street, 7th Floor, New York, NY 10004
- Phone: 1-800-303-9626 (for TTY/TDD services, call 711)
- Fax: 1-212-908-8705
- In person: 50 Water Street, 7th Floor, New York, NY 10004
- Email: Grievancecoordinator@metroplus.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- Web: Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
- Mail: U.S. Department of Health and Human Services
  200 Independence Avenue SW., Room 509F, HHH Building
  Washington, DC 20201
  Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html
- Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)
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<tr>
<th>Language</th>
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<tbody>
<tr>
<td>English</td>
<td>ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-303-9626 (TTY: 711).</td>
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<tr>
<td>Spanish</td>
<td>ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-303-9626 (TTY: 711).</td>
</tr>
<tr>
<td>Chinese</td>
<td>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 1-800-303-9626 (TTY: 711).</td>
</tr>
<tr>
<td>Arabic</td>
<td>ملاحظة: إذا كنت تتحدث اللغة، فإن خدمات المراقبة اللغة توفر لك بالمجمل. اتصل برقم هاتف الصم والبكم(TTY:711)</td>
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<tr>
<td>Korean</td>
<td>주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-800-303-9626 (TTY: 711) 번으로 전화해 주십시오.</td>
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<tr>
<td>Russian</td>
<td>ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-303-9626 (телетайп: TTY: 711).</td>
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<tr>
<td>Italian</td>
<td>ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-303-9626 (TTY: 711).</td>
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<tr>
<td>French</td>
<td>ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-303-9626 (TTY: 711).</td>
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<tr>
<td>Yiddish</td>
<td>אספמטיקסאמ : אייב אייר רעדט איידיש ,טענש פראלהפ פאר אינץ שפרוט הילכף טריויץ פראפ פן</td>
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<td>Polish</td>
<td>UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-303-9626 (TTY: 711)</td>
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<td>Tagalog</td>
<td>PAUNAWA: Kung nagsasalita ka ng Tagalog, maari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-303-9626 (TTY: 711).</td>
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<tr>
<td>Bengali</td>
<td>ভাষা কর্মরূপঃ যদি আপনি বা র বংশি বলেন, তাহলে দলজনের ভাষা সহায়তা পদ্ধতির উপর আত্মা ফাঁ কর্মরূপ ১-1-800-303-9626 (TTY: 711)</td>
</tr>
<tr>
<td>Albanian</td>
<td>KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-303-9626 (TTY: 711).</td>
</tr>
<tr>
<td>Greek</td>
<td>ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-303-9626 (TTY: 711).</td>
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<tr>
<td>Urdu</td>
<td>خبردار کا اگر اپ ایڈو پوائنٹ بیئی، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب بیج. کال کریئ-1 (TTY: 711) 800-303-9626</td>
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