



## NOTICE OF PRIVACY PRACTICES

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***THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.***

***PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.***

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### **ADVANTAGE Care Select LEGAL DUTY**

ADVANTAGE Care Select (ADVANTAGE) is required by applicable federal and state laws to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect November 1, 2007, and will remain in effect until we replace it.

ADVANTAGE reserves the right to change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by applicable law. ADVANTAGE reserves the right to make changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information ADVANTAGE created or received before we made the changes. Before we make significant change in our privacy practices, ADVANTAGE will change this notice and send the new notice to our health plan subscribers at the time of the change.

You may request a copy of our notice at any time. If you'd like to request a copy or obtain additional information, please contact us using the information listed at the end of this notice.

## USES AND DISCLOSURES OF HEALTH INFORMATION

The sections below describe the ways ADVANTAGE uses and releases your health information. Your health information is not shared with anyone who does not have a “need to know” to perform one of the tasks listed below.

- **Treatment:** ADVANTAGE may use your health information or disclose it to third parties to coordinate and oversee your medical care. For example, we may use your health information to help you find a doctor or a hospital that can treat your specific health needs.
- **Payment:** ADVANTAGE may use your health information or disclose it to third parties to pay for your medical care.
- **Health Care Operations:** ADVANTAGE may use your health information and disclose it to third parties in order to assist in ADVANTAGE’s everyday work activities such as looking at the quality of your care, carrying out utilization review, and ADVANTAGE’s business planning. For example, your health information may be released to members of ADVANTAGE staff to review the quality of care and outcomes. Your health information may be released to doctors or doctor groups involved in your care to improve patient care.

Non-English speaking members can access member services, utilization management and care coordination, and other ADVANTAGE services for member treatment, payment or ADVANTAGE operations, ADVANTAGE contracts with Language Line Services to assist non-English speaking members in accessing ADVANTAGE resources and getting answers to questions. The interpreters may communicate directly with the member and ADVANTAGE representatives to resolve member questions. The communication may include information related to your health care. As concepts familiar to English speakers often require explanation or elaboration in other languages and cultures, the interpreters will then convey the communications meaning-for-meaning not necessarily word-for-word.

- **To You and on Your Authorization:** ADVANTAGE must disclose your health information to you, as described in the Individual Rights section of this notice, below. You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Without your authorization, we may not use or disclose your health information for any reason except those described in this notice.

- **To Spouse or Parent.** Unless you specifically request ADVANTAGE not disclose such information, ADVANTAGE may disclose your health information to your spouse or parent, in compliance with applicable privacy laws, to help with your health care, or payment for health care services. Your request to not disclose health information to a spouse or parent must be in writing, signed by the individual authorized to make such a request, and sent to the Contact Information listed at the end of this notice.
- **To Family and Friends:** If you agree, or if you are unavailable to agree, when the situation, such as health emergency or disaster relief, indicates that disclosure would be in your best interest, ADVANTAGE may disclose your health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care services.
- **Underwriting:** ADVANTAGE may receive your health information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. We will not use or further disclose this health information for any other purpose, except as required by law, unless the contract of health insurance or health benefits is placed with us. In that case, our use and disclosure of your health information will only be as described in this notice.
- **Marketing:** ADVANTAGE may use your health information to contact you with information about health-related benefits and services, including but not limited to, ADVANTAGE's disease management programs and quality improvement activities that may be of interest to you. We may disclose your health information to a business associate to assist us in these activities.
- **Research: Death: Organ Donation:** ADVANTAGE may use or disclose your health information for research purposes in limited circumstances. We may disclose the health information of a deceased person to a coroner, health examiner, funeral director, or organ procurement organization for certain purposes.
- **Public Health and Safety:** ADVANTAGE may disclose your health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your health information to a government agency authorized to oversee the health care system or government programs or its contractors, and public health authorities for public health purposes. We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.
- **Required by Law:** ADVANTAGE may use or disclose your health information when we are required to do so by law. For example, we must disclose your health information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy law. We

may disclose your health information when authorized by workers' compensation or similar laws.

- **Process and Proceedings:** ADVANTAGE may disclose your health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your health information to law enforcement officials.
- **Law Enforcement:** ADVANTAGE may disclose limited information to a law enforcement official concerning the health information of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the health information of any inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances. We may disclose health information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.
- **Military and National Security:** ADVANTAGE may disclose to Military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

## **OTHER USES OF HEALTH INFORMATION – BY AUTHORIZATION ONLY**

- Other uses and disclosures of health information not covered by this Notice or the law that apply to use will be made only with your written authorization. If you provide us with an authorization to use or release health information about you, you may end that authorization, in writing, at any time. If you end your authorization, we will no longer use or release health information about you for the reasons covered by our written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization.

A parent, legal guardian, or properly named patient advocate may represent you if you cannot provide an authorization. Authorization is needed for certain release of information dealing with mental health issues, substance abuse issues, HIV/AIDS and grievances. We can provide you with a Sample Authorization Form. You may also end an authorization by writing to ADVANTAGE at the contact information listed at the end of this Notice.

## **CONFIDENTIALITY IN ALL SETTINGS**

- ➔ ADVANTAGE has policies and procedures in place that protect the privacy of your information:
  - Every employee signs a statement when they are hired that they understand they are required to keep member information private. They also learn about the actions the company will take if the privacy policies are not followed.
  - ADVANTAGE has strict control of access to electronic, and paper information specific to members. Only those users authorized with a password have access to electronic information. Paper information is stored in secure locations. Access is only given to those who need it to manage care for members.
  
- ➔ ADVANTAGE tells all third parties with whom we share information about our privacy policies. These third parties must follow our privacy policies unless they have policies of their own equal to ours. In addition, ADVANTAGE will not share any member information with an employer without specific authorization from the member.

ADVANTAGE's Privacy Committee reviews our confidentiality policies and procedures every year. This committee also reviews how we collect, use, dispose of and disclose your information. Members (or prospective members) and providers have the right to review ADVANTAGE's privacy policies and procedures. You may get copies by contacting Customer Service.

## CHANGES TO THIS NOTICE

- ➔ ADVANTAGE has the right to change the terms of this Notice. We have the right to make these changes, which apply to health information we already have about you as well as any we receive in the future. We will always post a copy of the current Notice on ADVANTAGE's web site. You will also receive materially revised Notices within 60 days of their effective date.

## INDIVIDUAL RIGHTS

- ‡ **Access:** You have the right to inspect or obtain copies of your health information, with limited exceptions. You may request that ADVANTAGE provide copies in a format other than photocopies (i.e. electronic). We will use the format you request unless we cannot practicably do so.
  
- ‡ **Disclosure Accounting:** You have the right to receive a list of instances in which ADVANTAGE or our business associates disclosed your health information obtained or created since April 14, 2003 for purposes other than treatment, payment or health care operations and certain other *authorizations*. We will provide you with the date(s) on which we made the disclosure, the name(s) of the person or entity(ies) to

whom we disclosed your health information, a description of the health information disclosed, and certain other information. If you request this list more than once in 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

- † **Restriction Request:** You have the right to request that ADVANTAGE place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement ADVANTAGE may make to a request for additional restrictions must be in writing and signed by a person authorized to make such an agreement on your behalf. ADVANTAGE will not be bound unless our agreement is so memorialized in writing.
- † **Confidential Communication:** You have the right to request that ADVANTAGE communicate with you in confidence about your health information by alternative means or to an alternative location. You must inform us that confidential communication by alternative means or to an alternative location is required to avoid endangering you. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence by the alternative means or to the alternative location you want. ADVANTAGE must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect payment for services under your health plan.
- † **Amendment:** You have the right to request that ADVANTAGE amend your health information. Your request must be in writing, and it must explain why the information should be amended. ADVANTAGE may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.
- † **Electronic Notice:** If you receive this notice on our web site ([www.advantageplan.com](http://www.advantageplan.com)) or by electronic e-mail, you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

## QUESTIONS AND COMPLAINTS

If you are concerned that we may have:

- Violated your privacy rights;

- You disagree with a decision we made about access to your health information;
- In response to a request you made to amend or restrict the use or disclosure of your health information; and/or
- In response to a request you made to have us communicate with you in confidence by an alternative means or at an alternative location

You may complain to ADVANTAGE using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

ADVANTAGE supports your right to protect the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services. If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

## **CONTACT INFORMATION**

<b>CONTACT OFFICE:</b>	<b>ADVANTAGE Care Select</b> 9490 Priority Way West Drive Indianapolis, IN 46240	
<b>ATTENTION:</b>	Medicaid Services	
<b>TELEPHONE:</b>	Toll-Free:	1-800-784-3981
	TDD	
	(hearing impaired):	1-800-743-3333
<b>HOURS OF OPERATION:</b>	7:00 a.m. – 7:00 p.m. e.s.t. (Monday-Friday)	