



...rising above the service you expect™

NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW PROTECTED 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.**

ADVANTAGE Care Select LEGAL DUTY

ADVANTAGE Care Select (ADVANTAGE) is required by certain federal and state laws to keep private your protected health information (PHI). We are also required to give you this notice about our privacy practices, our legal duties, and your rights about your PHI. We must follow the privacy practices that are listed in this notice while it is in effect. This notice takes effect November 1, 2010, 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 allowed by applicable law. ADVANTAGE reserves the right to make changes in our privacy practices and the new terms of our notice effective for all PHI that we keep, including PHI ADVANTAGE created or received before we made the changes. Before we make significant change in our privacy practices, ADVANTAGE will change this notice and provide you with the revised Notice by mail or posting on ADVANTAGE's website within 60 days of the effective date.

You may ask for a copy of our notice or get additional information at any time by using the contact 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 PHI. Your PHI is not shared with anyone who does not have a “need to know” to perform one of the tasks listed below.

- **Treatment:** Your PHI may be used or disclosed to third parties to organize and oversee your medical care. For example, we may use your PHI to help you find a doctor or a hospital that can treat your specific health needs.
- **Payment:** Your PHI may be used or disclosed to third parties to pay for your medical care.
- **Health Care Operations:** Your PHI may be used and disclosed 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 PHI may be released to members of ADVANTAGE staff to review the quality of care and outcomes.
- **Underwriting:** We are not allowed to use your genetic information for enrollment, continued eligibility, computation of premiums, or other activities related to underwriting under The Genetic Information Non-discrimination Act of 2009 (GINA). Genetic information about you is defined as (1) your genetic tests; (2) genetic tests of your family member; (3) family medical history, or (4) any request of or receipt by you or your family members of genetic services. A written authorization cannot be used to permit a use or disclosure of this kind.

OTHER ALLOWED AND REQUIRED USES AND DISCLOSURES ALLOWED WITHOUT YOUR AUTHORIZATION

ADVANTAGE may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

- **Research: Death: Organ Donation:** for research purposes in limited circumstances to a coroner, health examiner, funeral director, or organ procurement organization for certain purposes.
- **Public Health and Safety:** to the extent necessary to avoid a serious and imminent threat to your health or safety or that of others. We may disclose your PHI to address public interest concerns as required or allowed by law. For example, we may disclose your PHI to proper authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.
- **Required by Law:** to the U.S. Department of Health and Human Services, state insurance department, and other government agencies that regulate us. We may disclose your PHI when authorized by workers’ compensation or similar laws.
- **Legal Process and Proceedings:** in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain conditions. Under limited

conditions, such as a court order, warrant, or grand jury subpoena, we may disclose your PHI to law enforcement officials.

- **Law Enforcement:** limited information to federal, state, and local law enforcement officials as to the PHI of a suspect, fugitive, material witness, crime victim or missing person.
- **Military and National Security:** The PHI of Armed forces people to authorized Military people under certain circumstances for lawful intelligence, counterintelligence, and other national security activities.
- **Emergency:** when the situation, such as medical emergency or disaster relief, indicates that disclosure would be in your best interest, ADVANTAGE may disclose your 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.

OTHER ALLOWED AND REQUIRED USES AND DISCLOSURES THAT REQUIRE PROVIDING YOU THE CHANCE TO AGREE OR OBJECT

ADVANTAGE may use and disclose your PHI in the following instances. You have the chance to agree or object to the use or disclosure of all or part of your protected PHI. If you are not present or able to agree or object to the use or disclosure of the protected PHI, then ADVANTAGE, using qualified judgment, may decide whether the disclosure is in your best interest.

Others Involved in Your Healthcare or Payment for Your Care: We may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care. For example, if a family member contacts us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid. **If you do not want your PHI to be shared this way, please contact us using the contact information listed at the end of this notice.** If you are unable to agree or object to such a disclosure, ADVANTAGE may disclose such information as necessary if ADVANTAGE determines that it is in your best interest based on its professional judgment. ADVANTAGE may also use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death. Finally, ADVANTAGE may use or disclose your protected PHI to an authorized public or private entity to assist in disaster relief and to coordinate uses and disclosures to family or other individuals involved in your health care. You have the right to stop or limit this kind of disclosure by contacting us using the information listed at the end of this notice.

Marketing: ADVANTAGE may use your PHI 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 PHI to a business associate to assist us in these activities. Unless the information is provided to you by a general newsletter or in person, you may opt-out of receiving further such information by contacting us using the contact information listed at the end of this notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

BASED UPON YOUR WRITTEN AUTHORIZATION

In all situations other than those described above, we will ask for your written authorization before using or disclosing your PHI. An authorization is also needed for certain releases of PHI dealing with mental health issues, substance abuse issues, HIV/AIDS and grievances. You may revoke your authorization, in writing, at any time. Once revoked, we will no longer use or release PHI about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have acted on based on your authorization.

Personal Representatives: ADVANTAGE will disclose your PHI to an individual who has been chosen by you as your personal representative and who has qualified for such title in accordance with relevant law. You must provide us with written documentation that supports and established the basis for the personal representation. We may elect not to treat the person as your personal representative if we have a sound belief that you have been, or may be, subjected to domestic violence, abuse, or neglect by such person or is not in your best interest. We can provide you with a Sample Authorization Form.

INDIVIDUAL RIGHTS

- **Access:** You have the right to see or get copies of your PHI, with limited exceptions. You may ask that ADVANTAGE provide copies in a format other than photocopies (i.e. electronic). We will use the format you request unless we cannot reasonably do so.
- **Disclosure Accounting:** You have the right to receive a list of instances in which ADVANTAGE or our business associates disclosed your PHI 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 organization(s) we disclosed your PHI, a description of the PHI disclosed, and certain other information. If you request this list more than once in 12-month period, we may charge you a reasonable fee.
- **Restriction Request:** You have the right to request restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions. 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. ADVANTAGE will not be bound unless our agreement is so memorialized in writing.
- **Confidential Communication:** You have the right to request how and where ADVANTAGE communicates with you in confidence about your PHI. You must make your request in writing, and you must state that the information could cause danger to you if it is not communicated in confidence by the way you want. ADVANTAGE must accommodate your request if it is reasonable, specifies the other communication means or location, and continues to permit us to collect payment for services under your health plan.
- **Amendment:** You have the right to ask that ADVANTAGE amend your PHI. Your request must be in writing, and it must explain why the information should be changed. 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 and instructions on how you can disagree.

- **Electronic Notice:** If you receive this notice on our web site (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 PHI;
- In response to a request you made to amend or restrict the use or disclosure of your PHI; 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 upon request with that address to file your complaint. ADVANTAGE supports your right to protect the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint. 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. 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.

CONTACT INFORMATION

CONTACT OFFICE:

ADVANTAGE Care Select
9045 River Road, Suite 200
Indianapolis, IN 46240

ATTENTION:

Medicaid Services

TELEPHONE:

Toll-Free: 1-800-784-3981
TDD
(hearing impaired): 1-800-743-3333

HOURS OF OPERATION:

8:00 a.m. – 5:00 p.m. e.s.t. (Monday-Friday)