

Notice of Privacy Practices

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.

This Notice is effective on April 14, 2003

Lovelace Health Plan is committed to maintaining and protecting the confidentiality of our members' personal and sensitive information. We are required by federal and state law to protect the privacy of your individually identifiable health information and other personal information and to send you this Notice about our policies, safeguards and practices. The term 'confidential information' will be used throughout the remainder of this notice to describe individually identifiable health information maintained and possibly shared. When we use or disclose your confidential information, we are bound by the terms of this Notice or any revised notice.

How We Protect Your Privacy

Lovelace Health Plan will not disclose confidential information without your authorization unless it is necessary to provide your health benefits, administer your benefit plan, to support Lovelace Health Plan programs or services, or as otherwise required or permitted by law. When we need to disclose individually identifiable information, we will follow the policies described in this Notice to protect your confidentiality.

Lovelace Health Plan protects your confidential information by implementation of processes and

procedures for accessing, labeling and storing confidential records. Access to our facilities is limited to authorized personnel. We restrict internal access to your confidential information to the Lovelace Health Plan employees who need to know that information to conduct our business. Lovelace Health Plan trains its employees on policies and procedures designed to protect your privacy. Our Privacy Office monitors how we follow those policies and procedures and educates our organization on this important topic.

How We Use and Disclose Your Confidential Information

We will not use your confidential information or disclose it to others without your authorization, except for the following purposes:

- **Treatment.** We may disclose your confidential information to your health care provider for its provision, coordination or management of your health care and related services - for example, for coordinating your health care with us or for referring you to another provider for care.
- **Payment.** We may use and disclose your confidential information to obtain payment of premiums for your coverage and to determine and fulfill our responsibility to provide your health plan benefits - for example, to make coverage determinations, administer claims and coordinate benefits with other coverage you may have. We also may disclose your confidential information to another health plan or a

health care provider for its payment activities - for example, for the other health plan to determine your eligibility or coverage, or for the health care provider to obtain payment for health care services provided to you.

- **Health Care Operations.** We may use and disclose your confidential information for our health care operations - for example, to provide customer service and conduct quality assessment and improvement activities. We also may disclose your confidential information to another health plan or a provider who has a relationship with you, so that it can conduct quality assessment and improvement activities - for example, to perform case management.

■ **Appointment Reminders and Treatment**

Alternatives. We may use and disclose your confidential information for appointment reminders or to send you information about treatment alternatives or other health-related benefits and services.

■ **Disclosures to your Employer as Sponsor of Your Health Plan.** We may disclose your confidential information to your employer or to a company acting on your employer's behalf, so that it can monitor, audit and otherwise administer the employee health benefit plan in which you participate. Your employer is not permitted to use the confidential information we disclose for any purpose other than administration of your health benefit plan. Your employer's health benefit plan documents will say whether your employer receives confidential information and will identify the employees who are authorized to receive your confidential information.

■ **Disclosures to Lovelace Health Plan Vendors and Accreditation Organizations.** We may disclose your confidential information to companies with whom we contract, if they need it to perform the services we've requested - for example, vendors who help us provide important information and guidance to members with chronic conditions like diabetes and asthma. Lovelace Health Plan also discloses confidential information to accreditation organizations such as the National Committee for Quality Assurance (NCQA) when the NCQA auditors collect Health Plan Employer Data and Information Set (HEDIS®) data for quality measurement purposes. When we enter into these types of arrangements, we obtain a written agreement to protect your confidential information.

■ **Promotional Gifts.** We may use or disclose your confidential information to provide you with a promotional gift of nominal value.

■ **Public Health Activities.** We may disclose your confidential information for the following public health activities and purposes: (1) to report health information to public health authorities that are authorized by law to receive such information for the purpose of preventing or controlling disease, injury or

disability; (2) to report child abuse or neglect to a government authority that is authorized by law to receive such reports; (3) to report information about a product or activity that is regulated by the U.S. Food and Drug Administration (FDA) to a person responsible for the quality, safety or effectiveness of the product or activity; and (4) to alert a person who may have been exposed to a communicable disease, if we are authorized by law to give this notice.

■ **Health Oversight Activities.** We may disclose your confidential information to a government agency that is legally responsible for oversight of the health care system or for ensuring compliance with the rules of government benefit programs, such as Medicare or Medicaid, or other regulatory programs that need health information to determine compliance.

■ **For Research.** We may disclose your confidential information for research purposes, subject to strict legal restrictions.

■ **To Comply with the Law.** We may use and disclose your confidential information to comply with the law.

■ **Judicial and Administrative Proceedings.** Under certain circumstances, we may disclose your confidential information in a judicial or administrative proceeding or in response to a legal order.

■ **Law Enforcement Officials.** We may disclose your confidential information to the police or other law enforcement officials, as required by law or in compliance with a court order or other process authorized by law.

■ **Health or Safety.** We may disclose your confidential information to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of the general public.

■ **Government Functions.** Under certain circumstances, we may disclose your confidential information to various departments of the government such as the U.S. military or the U.S. Department of State.

■ **Workers' Compensation.** We may disclose your confidential information when necessary to comply with workers' compensation laws.

Uses and Disclosures with Your Written Authorization

We will not use or disclose your confidential information for any purpose other than the purposes described in this Notice without your written authorization. For example, we will not supply confidential information to another company for its marketing purposes or to a potential employer with whom you are seeking employment without your signed authorization. You may revoke an authorization that you previously have given by sending a written request to our Privacy Office, but not with respect to any actions we already have taken.

Your Individual Rights

- **Right to Request Additional Restrictions.** You may request restrictions on our use and disclosure of your confidential information for the treatment, payment and health care operations purposes explained in this Notice. While we will consider all requests for restrictions carefully, we are not required to agree to a requested restriction.
 - **Right to Receive Confidential Communications.** You may ask to receive communications of your confidential information from us by alternative means of communication or at alternative locations. While we will consider reasonable requests carefully, we are not required to agree to all requests.
 - **Right to Inspect and Copy your Confidential Information.** You may ask to inspect or to obtain a copy of your confidential information that is included in certain records we maintain. Under limited circumstances, we may deny you access to a portion of your records. If you request copies, we may charge you copying and mailing costs.
 - **Right to Amend your Records.** You have the right to ask us to amend your confidential information that is contained in our records. If we determine that the record is inaccurate, and the law permits us to amend it, we will correct it. If your doctor or another person created the information that you want to change, you should ask that person to amend the information.
 - **Right to Receive an Accounting of Disclosures.** Upon request, you may obtain an accounting of disclosures we have made of your confidential information. The accounting that we provide will not include disclosures made before April 14, 2003, disclosures made for treatment, payment or health care operations, disclosures made earlier than six years before the date of your request, and certain other disclosures that are excepted by law. If you request an accounting more than once during any 12-month period, we will charge you a reasonable fee for each accounting statement after the first one.
 - **Right to Receive Paper Copy of this Notice.** You may call Member Services at the toll-free number on your Lovelace Health Plan ID card to obtain a paper copy of this Notice, even if you previously agreed to receive this Notice electronically.
- If you wish to make any of the requests listed above under “Your Individual Rights,” you must complete and mail us the appropriate form. To obtain the form, please call Member Services at the toll-free number on your Lovelace Health Plan ID card and request the appropriate form. The requested form will be mailed to you. Completed forms should be mailed to the address printed on the forms. After we receive your signed, completed form, we will respond to your request.**

For More Information or Complaints

If you want more information about your privacy rights, do not understand your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your confidential information, you may contact our Privacy Office. You may also file written complaints with the Secretary of the U.S. Department of Health and Human Services. Please call our Privacy Office to obtain the correct address for the Secretary. We will not take any action against you if you file a complaint with the Secretary or us.

Privacy Office

You may contact our Privacy Office at:

Privacy Office

Lovelace Health Plan

PO Box 27107

Albuquerque, NM 87125-7107

Telephone Number: 505.262.7363 (in Albuquerque)

800.808.7363 (Outside Albuquerque)

Fax Number: 505.262.7719

We may change the terms of this Notice at any time. If we change this Notice, we may make the new Notice terms effective for all of your confidential information that we maintain, including any information we created or received before we issued the new Notice. If we change this Notice, we will send you the new Notice if you are enrolled in a Lovelace health Plan benefit plan at that time. You also may obtain any new notice by calling Member Services at the toll-free number on your Lovelace Health Plan ID card.

