

NOTICE OF PRIVACY PRACTICES (HIPAA PRIVACY)

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 was effective November 11, 2010.

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, genetic information and other personal information and to send you this Notice about our policies, safeguards and practices. The term "genetic information" and "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 Officer 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 Plan benefits, for example, to make coverage determinations, administer claims and coordinate benefits with other coverage you may have. However, we are

prohibited from using or disclosing genetic information to make any underwriting determinations, such as eligibility or rate setting. However, we are prohibited from using or disclosing genetic information to make any underwriting determinations, such as eligibility or rate setting. 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 for fraud and abuse detection, for disease management and or 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 send you information about treatment alternatives or other health-related benefits and services. If receive anything of value for making these communications, we will notify you of this fact and you will have an opportunity to opt out of future communications.

Disclosure to your Employer as Sponsor of Your 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 and may not use your confidential information for employment related actions or decisions or in connection with other benefits plans sponsored by your employer. 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.

- **Disclosure to Lovelace Health Plan 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 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 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 use and disclose your confidential information for public health activities authorized by law, such as preventing or controlling disease, reporting births and deaths, reporting child or adult abuse or neglect to government authorities, reporting reactions to medications, notifying people of recalls of products and alerting those who may have been exposed to a communicable disease.
- **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 as required by law.
- **Judicial and Administrative Proceedings.** We may disclose your confidential information in response to a court or administrative order and, under certain circumstances, a subpoena, warrant, discovery request or other lawful process.
- **Law Enforcement Officials.** We may disclose your confidential information to the police or other law enforcement officials, as required by law, in compliance with a court order, warrant or other process or request authorized by law to report a crime or as otherwise permitted 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 or other person.
- **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. State law may further limit the permissible ways we use or disclose your confidential information. If an applicable state law imposes stricter restrictions, we will comply with that state law.

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 disclose psychotherapy notes, use or disclose your confidential information for marketing or sell your confidential information unless you have signed an authorization or applicable law permits the use or disclosure.

You may revoke an authorization that you previously have given by sending a written request to our Privacy Officer, but not with respect to any actions we already have taken.

Your Individual Privacy 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 Except for disclosures to another health plan when you have paid in full out-of-pocket for your care.
- **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 If you believe that communication through normal business practices could endanger you. While we will consider reasonable requests carefully, we are not required to agree to all requests. Your request must specify how or where you wish to be contacted.

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 consistent with applicable law. If your information is stored electronically and you request an electronic copy, we will provide it to you in a readable electronic form and format.

- **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, except for 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 contact the Lovelace Health Plan Customer Care Center 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 Privacy Rights," you must complete and mail us the appropriate form. To obtain the form, please contact our Customer Care Center 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. If we discover a breach involving your unsecured confidential information, we will notify you of the breach by letter or other method permitted by law.

You may also file written complaints with the Secretary of U.S. Department of Health and Human Services. (www.hhs.gov/ocr/privacy) Please contact 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 Officer

You may contact our Privacy Office at:

Lovelace Health Plan	Telephone Number: 505.727.5683 (In Albuquerque)
Privacy Officer	800.808.7363 (Outside Albuquerque)
PO Box 27107	Fax Number: 505.727-5510
Albuquerque, NM 87125-7101	

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 issue 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 contacting the Customer Care Center.