



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We will refer to ourselves simply as “HAP CareSource” in this notice.

Your Rights

When it comes to health information, you have the right to:

Get a copy of your health and claims records. You can ask for a copy of your health and claims records. We will give you a copy or a summary of your health and claims records. We often do this within 30 days of your request. We may charge a fair, cost-based fee.

Ask us to fix health and claims records. You can ask us to fix health and claims records if you think they are wrong or not complete. We may say “no” to requests. If we do, we will tell you why in writing within 60 days.

Ask for private communications. You can ask us to reach you in a specific way, such as home or office phone. You can ask us to send mail to a different address. We will think about all fair requests. We must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share. You can ask us not to use or share certain health information for care, payment, or our operations. We do not have to agree to these requests. We may say “no” if it would change your care or for certain other reasons.

Get a list of who we have shared information with. You can ask how many times we’ve shared your health information. This is only up to six years before the date you asked. You can ask who we shared it with and why. We will include all the disclosures except for those about:

- Care;
- Amount paid;
- Health care operations, and;
- Other disclosures that you asked us to make.

We will give you one list each year for free. We will charge a fair, cost-based fee if one is asked for within 12 months.

Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time. You can ask even if you agreed to get the notice electronically. We will give you a paper copy as soon as possible.

Allow HAP CareSource to speak to someone on your behalf. You can allow HAP CareSource to talk about your health information with someone else on your behalf. Legal guardians can make choices about your health information. HAP CareSource will give health information to the legal guardian. We will make sure a legal guardian has this right 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 the HAP CareSource Privacy Office at the information provided at the end of this notice or the HAP CareSource Compliance Hotline at 1-844-784-9583 (TTY: 711). When calling the hotline, you have the option to stay anonymous.

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 <https://www.hhs.gov/ocr/complaints/index.html>

We will not take action against you for filing a complaint. We cannot ask you to give up your right to file a complaint as a condition of:

- Care
- Payment
- Enrolling in a health plan
- Eligibility for benefits

Your Choices

For certain health information, you can choose what we share. You should tell HAP CareSource how you want this information shared. We will follow these orders. In these cases, you have the right and choice to tell us to:

- Share information with your family, close friends, or others who pay for your care.
- Share information in a disaster relief situation.

If you can't tell us your choice, such as if you are unconscious, we may share your information if we believe it is in your best interest. We may also share if we need to reduce a serious and close threat to health or safety. We cannot share your information unless you have given us written consent for:

- Marketing uses
- Sale of your information
- Sharing your therapy notes

Consent to Share Health Information

HAP CareSource shares your health information, including Sensitive Health Information (SHI). SHI can be information related to drug and/or alcohol treatment, genetic testing results, HIV/AIDS, mental health, sexually transmitted diseases (STD), or communicable/other diseases that are a danger to your health. This information is shared to handle your care and treatment or to help with benefits. This information is shared with your past, current, and future treating providers. It is also shared with Health Information Exchanges (HIE). An HIE lets providers view information that HAP CareSource has about members. You have the right to tell CareSource you do not want your health information (including SHI) shared. If you do not agree to share your health information, it will not be shared with providers to handle your care and treatment or to help with benefits. It will be shared with the provider who treats you for the specific SHI. If you

do not approve sharing, all providers helping care for you may not be able to manage your care as well as they could if you did approve sharing.

Other Uses and Disclosures

We use or share your health information in these ways:

- **Help you get health care.** We can use your health information and share it with experts who are treating you. *Example: A doctor sends us your diagnosis and care plan so we can arrange more care.*
- **Pay for your health care.** We can use and give out health information when we pay for health care. *Example: We share information about your dental plan to pay for dental work.*
- **Operate the plan.** We may use or share your health information to run our health plan. *Example: We may use your information to make the quality of health care better. We may give your health information to outside groups so they can help us run the health plan. Outside groups are lawyers, accountants, consultants, and others. They keep your health information private, too.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways. This is often for the public good, such as public health and research. We have to meet many rules in the law before we can share your information for these reasons. To learn more, see <https://www.hhs.gov/hipaa/index.html>.

- To help with public health and safety issues. This is to:
 - Prevent disease
 - Help with product recalls
 - Report harmful reactions to drugs
 - Report suspected abuse, neglect, or domestic violence
 - Prevent or reduce a serious threat to anyone's health or safety
- To do research. We can use or share your information for health research. We can do this as long as certain privacy rules are met.
- To obey the law. We will share information if state or federal laws call for it. This involves the Department of Health and Human Services if it wants to see that we are obeying federal privacy laws.
- To react to organ and tissue donation requests and work with a medical examiner or funeral director. We can share health information with organ donation organizations. We can also share with a coroner, medical examiner, or funeral director if you die.
- To address workers' compensation, law enforcement, and other government orders. We can use or share health information for:
 - Workers' compensation claims
 - Law enforcement purposes or with a police official
 - Health oversight offices for actions allowed by law
 - Special roles such as military, national safety, and presidential protective services

- To react to lawsuits and legal actions. We can share health information due to a court or legal order. We may also make a group of “de-identified” information that cannot be traced back you.

Our Responsibilities

- We protect your health information in many ways. This includes information that is written, spoken, or available online using a computer.
 - HAP CareSource employees are trained on how to protect member information.
 - Member information is spoken in a way so that it is not inappropriately overheard.
 - HAP CareSource makes sure that computers used by employees are safe by using firewalls and passwords.
 - HAP CareSource limits who can access member health information. We make sure that only those employees with a business reason to access information use and share that information.
- We are required by law to keep the privacy and security of your protected health information. We are required to give you a copy of this notice.
- We will let you know quickly 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. We must give you a copy of it.
- We will not use or share your information other than as listed here unless you tell us we can in writing. You may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Effective date and changes to the terms of this notice

This privacy notice is effective October 1, 2023. We must follow the terms of this notice as long as it is in effect. If we change the notice, the new one would apply to all health information we keep. If this happens, HAP CareSource will put the new notice on our web site. You can also ask our HAP CareSource Privacy Officer for it by:

Mail: HAP CareSource
Attn: Privacy Officer
P.O. Box 8738
Dayton, OH 45401-8738

Email: HIPAAPrivacyOfficer@CareSource.com

Phone: **1-833-230-2091** (TTY: 711)