OneCare Connect
CalOptima
A Public Agency
Better. Together.

Notice of Privacy Practices

Effective: April 14, 2003 | Updated: December 2016

CalOptima provides you access to health care through the Medicare and/or Medi-Cal program. We are required by state and federal law to protect your health information. After you become eligible and enroll in our health plan, Medicare and/or Medi-Cal sends your information to us. We also receive medical information from your doctors, clinics, labs and hospitals in order to approve and pay for your health care.

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.**

Your Rights

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records	• You can ask to see or get a copy of your health and claims records and other health information we have about you. You must make this request in writing. You will be sent a form to fill out and we may charge a reasonable fee for the costs of copying and mailing records. You must provide a valid form of identification in order to view or get a copy of your health records. • We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. • We may keep you from seeing certain parts of your records for reasons allowed by law. • **CalOptima does not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.**
Ask us to correct health and claims records	• You have the right to send in a written request to ask that information in your records be changed if it is not correct or complete. You must make your request in writing. • We may refuse your request if the information is not created or kept by CalOptima, or we believe it is correct and complete but we'll tell you why in writing within 60 days. • If we don't make the changes you ask, you may ask that we review our decision. You may also send a statement saying why you disagree with our records, and your statement will be kept with your records.

Request confidential communications	• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will consider all reasonable requests, and 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 treatment, payment, or our operations. • We are not required to agree to your request, and we may say "no" if it would affect your care.
Get a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask. • You have the right to request a list (accounting) of what information was shared, who it was shared with, when it was shared and why. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
Get a copy of this privacy notice	• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. • You can also find this notice on our website at www.caloptima.org.
Choose someone to act for you	• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority 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 us using the information in this notice. • We will not retaliate against you for filing a complaint.
Self-pay restriction	• If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us. If you or your provider submits a claim to CalOptima, we do not have to agree to a restriction. If a law requires the disclosure, CalOptima does not have to agree to your restriction.

For certain health information, you can tell us your choices about what we share.
If you have a clear preference for how we share your information in the situations described below, please contact us. In most cases, if we use or disclose your PHI outside of treatment, payment or operations, we must get your **written** permission first. If you give us your permission, you may take it back in writing at any time. We can't take back what we used or shared when we had your written permission, but we will stop using or sharing your PHI in the future.

In these cases, you have both the right and choice to tell us to:	• Share information with your family, close friends, or others involved in payment for your care • Share information in a disaster relief situation
In these cases we *never* share your information unless you give us written permission:	• Psychotherapy Notes: We must obtain your authorization for any use or disclosure of psychotherapy notes except to carry out certain treatment, payment or health care operations. • Marketing purposes • Sale of your information

Our Uses and Disclosures

Your information may be used or shared by CalOptima only for a reason directly connected to Medicare and/or Medi-Cal program. The information we use and share includes, but is not limited to:

Help manage the health care treatment you receive	• We can use your health information and share it with professionals who are treating you.	***Example:*** *A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*
Run our organization	• We can use and disclose your information to run our organization and contact you when necessary. • **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.**	***Example:*** *We use health information about you to develop better services for you.*
Pay for your health services	• We can use and disclose your health information as we pay for your health services.	***Example:*** *We share information with the doctors, clinics and others who bill us for your care. We may also forward bills to other health plans or organizations for payment.*

Administer your plan	• We may disclose your health information to the Department of Healthcare Services (DHCS) and/or the Centers for Medicare & Medicaid Services (CMS) for plan administration.	***Example:*** *DHCS contracts with us to provide a health plan, and we provide DHCS with certain statistics.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Help with public health and safety issues	We can share health information about you for certain situations such as: • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone's health or safety
Comply with the law	• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	• We can share health information about you with organ procurement organizations. • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	We can use or share health information about you: • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Comply with special laws	• There are special laws that protect some types of health information such as mental health services, treatment for substance use disorders, and HIV/AIDS testing and treatment. We will obey these laws when they are stricter than this notice. • There are also laws that limit our use and disclosure to reasons directly connected to the administration of CalOptima's healthcare programs.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly 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 and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of This Notice

CalOptima reserves the right to change its privacy notice and the ways we keep your PHI safe. If that happens, we will update the notice and notify you. We will also post the updated notice on our website.

How to Contact us to Use Your Rights

If you want to use any of the privacy rights explained in this notice, please write us at:

Privacy Officer
CalOptima
505 City Parkway West
Orange, CA 92868
1-888-587-8088

Or call CalOptima's Customer Service Department at: **1-714-246-8500**

Toll-free at **1-888-587-8088**
TTY: **1-800-735-2929**

If you believe that we have not protected your privacy and wish to file a complaint or grievance, you may write or call CalOptima at the address and phone number above. You may also contact the agencies below:

California Department of Health Care Services
Privacy Officer
C/O: Office of HIPAA Compliance
Department of Health Care Services
P.O. Box 997413, MS 4722
Sacramento, CA 95899-7413
Email: privacyofficer@dhcs.ca.gov
Phone: 1-916-445-4646
Fax: 1-916-440-7680

U.S. Dept. of Health and Human Services
Office for Civil Rights
Regional Manager
90 7th Street, Suite 4-100
San Francisco, CA 94103
Email: OCRComplaint@hhs.gov
Phone: 1-800-368-1019
Fax: 1-415-437-8329
TDD: 1-800-537-7697

Use Your Rights Without Fear

CalOptima cannot take away your health care benefits nor do anything to hurt you in any way if you choose to file a complaint or use any of the privacy rights in this notice.

This notice applies to all of CalOptima's health care programs.

OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. OneCare Connect complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Please call our Customer Service number at **1-855-705-8823**, 24 hours a day, 7 days a week. TTY users can call **1-800-735-2929**.

English: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-855-705-8823** (TTY: **1-800-735-2929**).

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-705-8823** (TTY: **1-800-735-2929**).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-855-705-8823** (TTY: **1-800-735-2929**).

Farsi:
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
باشماره **1-855-705-8823** (**1-800-735-2929** :TTY) تماس بگیرید.

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-855-705-8823 (TTY: **1-800-735-2929**) 번으로 전화해 주십시오.

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-855-705-8823** (TTY: **1-800-735-2929**).

Arabic:
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل على الرقم **1-855-705-8823** (TTY: **1-800-735-2929**).