

Notice of Privacy Practices

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Effective: April 14, 2003 | Updated: January 2022

CalOptima offers you access to health care through the Medicare 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 or Medi-Cal sends your information to us. We also get medical information from your doctors, clinics, labs and hospitals to approve and pay for your health care.

This notice explains how medical information about you may be used and shared 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	<ul style="list-style-type: none">• 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 fair fee for the costs of copying and mailing records. You must provide a valid form of ID 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	<ul style="list-style-type: none">• You have the right to send 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 will 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.

Notice of Privacy Practices

Request confidential communications	<ul style="list-style-type: none">• You can ask us to contact you by your preferred method of contact (for example, home or work phone) or to send mail to a different address.• We will consider all fair requests. We must say “yes” if you tell us you would be in danger if we do not.
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Notice of Privacy Practices

Ask us to limit what we use or share	<ul style="list-style-type: none"> 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 shared information	<ul style="list-style-type: none"> You can ask for a list of the times we shared your health information during the past 6 years before the date you ask. You have the right to request a list 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	<ul style="list-style-type: none"> You can ask for a paper copy of this notice at any time, even if you have agreed to accept the notice electronically. We will offer you a paper copy in good time. You can also find this notice on our website at www.caloptima.org.
Choose someone to act for you	<ul style="list-style-type: none"> If you have given someone medical power of attorney or if someone is your legal guardian, that person can use 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	<ul style="list-style-type: none"> If you feel we have violated your rights, you can complain by contacting us using the information in this notice. We will not retaliate against you for filing a complaint.
Use a self-pay restriction	<ul style="list-style-type: none"> 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 preference for how we share your information in the situations below, please contact us. In most cases, if we use or share your Protected Health Information (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:	<ul style="list-style-type: none"> Share information with your family, close friends or others involved in payment for your care Share information in a disaster relief situation
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Notice of Privacy Practices

<p>In these cases we <i>never</i> share your information unless you give us written permission:</p>	<ul style="list-style-type: none"> • <u>Psychotherapy Notes</u>: 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
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Our Uses and Disclosures

Your information may be used or shared by CalOptima only for treatment, payment and health care operations related with the Medicare or Medi-Cal program in which you are enrolled. We may use and share your information in health information exchanges with providers involved in the care you receive. The information we use and share includes, but is not limited to:

- Your name
- Address
- History of care and treatment given to you
- Cost or payment for care

Some examples of how we share your information with those involved with your care:

<p>Help manage the health care treatment you receive</p>	<ul style="list-style-type: none"> • We can use your health information and share it with professionals who are treating you. 	<p><i>Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services. We will share information with doctors, hospitals and others in order to get you the care you need.</i></p>
<p>Run our organization (health care operations)</p>	<ul style="list-style-type: none"> • We can use and share 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. 	<p><i>Example: We use health information about you to develop better services for you, which may include reviewing the quality of care and services you receive. We may also use this information in audits and fraud investigations.</i></p>

Notice of Privacy Practices

<p>Pay for your health services</p>	<ul style="list-style-type: none"> • We can use and share your health information as we pay for your health services. 	<p><i>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.</i></p>
<p>Administer your plan</p>	<ul style="list-style-type: none"> • We may share your health information with the Department of Health Care Services (DHCS) or the Centers for Medicare & Medicaid Services (CMS) for plan administration. 	<p><i>Example: DHCS contracts with us to provide a health plan, and we provide DHCS with certain statistics.</i></p>

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 promote 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.

Notice of Privacy Practices

Help with public health and safety issues	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> • Preventing disease • Helping with product recalls • Reporting adverse reactions to medicines • Reporting suspected abuse, neglect or domestic violence • Preventing or reducing a serious threat to anyone’s health or safety
Comply with the law	<ul style="list-style-type: none"> • 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 are complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	<ul style="list-style-type: none"> • 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	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 programs.

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- 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.

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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 (TTY 711)

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

Toll-free: **1-888-587-8088 (TTY 711)**

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 Seventh St., 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.

Notice of Privacy Practices

OneCare (HMO SNP) is a Medicare Advantage organization with a Medicare Contract. Enrollment in OneCare depends on contract renewal. OneCare 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 **1-877-412-2734**, 24 hours a day, 7 days a week. TDD/TTY users can call **711**.

English: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-877-412-2734** (TTY: **711**)

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-412-2734** (TTY: **711**).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-412-2734** (TTY: **711**).

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. TDD/TTY users can call **711**.

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: **711**).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-705-8823** (TTY: **711**).

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: **711**).

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: **711**)

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-855-705-8823** (TTY: **711**)번으로 전화해 주십시오.

Farsi: توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. باشماره **1-855-705-8823** (TTY: **711**) تماس بگیرید.

Arabic:

ملحوظة: إذا كنت تتحدث بلغة أخرى غير الإنجليزية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل علي الرقم **1-855-705-8823** (الهاتف النصي/خط الاتصال لضعاف السمع TTY: **711**).