

Secretary of the U.S. Department of Health and Human Services
Office for Civil Rights
Attention: Regional Manager
90 Seventh St.; Federal Bldg., St. 5-100
San Francisco, CA 94103



For additional information, call (800) 368-1019 or U.S. Office for Civil Rights at (866) OCR-PRIV (866-627-7748) or (866) 788-4989 TTY

Use Your Rights Without Fear

IEHP cannot take away your health care benefits or 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.

IEHP has always been committed to protecting Members' privacy and maintaining the confidentiality of their personal and medical information in all settings in accordance with and in compliance with HIPAA and all other state and federal laws. All IEHP employees are required to have education and training upon hire and annually thereafter about ways to protect your health information from being looked at and/or talked about by others who are not a part of your healthcare delivery system. We have, and enforce, policies about limiting building access and visitors to IEHP. Electronic records are protected by administrative, physical and technical safeguards. Our Business Associates are required to have the same privacy protections that IEHP has in place.

Questions

If you have any questions about this Notice and want further information, please contact the IEHP Privacy Officer at the address and phone number listed on page 3.

IEHP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-440-4347 (TTY: 1-800-718-4347).

IEHP cumple con las leyes Federales aplicables de derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o género. ATENCIÓN: Si habla español u otro idioma diferente al inglés, le ofrecemos los servicios gratuitos de un intérprete de idiomas. Llame al 1-800-440-4347 o al 1-800-718-4347 (TTY).

IEHP遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。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 1-800-440-4347 (TTY: 1-800-718-4347)。

Notice of Privacy Practices

Effective: April 14, 2003

Revised: January 1, 2017

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.

IEHP provides health care to you through Federal, State and Commercial programs. We are required by state and federal law to protect your health information. And we must give you this Notice that tells how we may use and share your information and what your rights are.

Your information is personal and private.

We receive information about you from Federal, State and local agencies after you become eligible and enroll in our health plan. We also receive medical information from your doctors, clinics, labs, and hospitals in order to approve and pay for your health care.

CHANGES TO NOTICE OF PRIVACY PRACTICES

IEHP must obey the Notice currently in effect. We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future. If we do make changes we will revise this Notice and send it to you right away.

How We May Use and Share Information About You

Your information may be used or shared by IEHP only for treatment, payment and health care operations associated with the particular program in which you are enrolled. The information we use and share includes, but is not limited to:

- Your name,
- Address,
- Personal facts,
- Medical care given to you, and
- Your medical history.

Some actions we take when we act as your Health Plan include:

- Checking your eligibility, enrollment, and amount of medical aid
- Approving, giving, and paying for health care services
- Investigating or prosecuting cases (like fraud)
- Checking the quality of care that you receive
- Coordinating the care you receive

Some examples of why we would share your information with others involved in your health care:

- 1. **For treatment:** You may need medical treatment that requires us to approve care in advance. We will share information with doctors, hospitals and others in order to get you the care you need.
- 2. **For payment:** IEHP reviews, approves, and pays for health care claims sent to us for your medical care. When we do this, we share information with the doctors, clinics, and others who bill us for your care. And we may forward bills to other health plans or organizations for payment.
- 3. **For health care operations:** We may use information in your health record to judge the quality of the health care you receive. We may also use this information in audits, fraud and abuse programs, planning, and general administration.

We may also contact you to provide information about other health-related benefits and services that may be of interest to you, such as health education programs and management of certain health conditions.

Other Uses For Your Health Information

- 1. Sometimes a court will order us to give out your health information. We will also give information to a court, investigator, or lawyer if it is about the operation of one of the other programs. This may involve fraud or actions to recover money from others, when the Federal, State, Commercial entity or IEHP has paid your medical claims.
- 2. You or your doctor, hospital, and other health care providers may appeal decisions made about claims for your health care. Your health information may be used to make these appeal decisions.
- 3. We may also share your health information with agencies and organizations, which check how our health plan is providing services.
- 4. We must share your health information with the federal government when it is checking on how we are meeting privacy rules.

When Written Permission is Needed

If we want to use your information for any purpose not listed above, we must get your written permission. If you give us your permission, you may take it back in writing at any time.

What Are Your Privacy Rights?

You have the right to ask us not to use or share your protected health care information in the ways described above. We may not be able to agree to your request.

You have the right to ask us to contact you only in writing or at a different address, post office box, or by telephone. We will accept reasonable requests when necessary to protect your safety.

You and your personal representative have the right to inspect and get a paper or electronic copy of your health information. You will be sent a form to fill out and may be charged a fee for the costs of copying and mailing records. (We may keep you from seeing certain parts of your records for reasons allowed by law.)

You have the right to ask that information in your records be amended if it is not correct or complete. We may refuse your request if:

- The information is not created or kept by IEHP, or
- We believe it is correct and complete.

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.

You have the right to be notified of a breach of unsecured protected health information in the event that you are affected by the breach.

You have the right to restrict certain disclosures of protected health information to IEHP where you pay, or another person on your behalf pays, out of pocket in full for the health care item or service.

You have the right to receive an account of instances where your protected health information was shared.

**** IMPORTANT ****

IEHP 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.

When we share your health information you have the right to request a list of:

- Whom we shared the information with,
- When we shared it,
- For what reasons, and
- What information was shared.

You have a right to request a paper copy of this Notice of Privacy Practices.

You can also find this Notice on our website at: www.iehp.org

How do you Contact us to Use Your Rights?

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

IEHP Director of Compliance
 INLAND EMPIRE HEALTH PLAN
 P.O. Box 1800
 Rancho Cucamonga, CA 91729
 Email: compliance@iehp.org

Or, you can call IEHP Member Services at 1-800-440-IEHP (4347); TTY/TDD users should call 1-800-718-4347.

Complaints

If you believe that we have not protected your privacy and wish to complain, you may file a complaint by writing:

INLAND EMPIRE HEALTH PLAN
 P.O. Box 1800
 Rancho Cucamonga, CA 91729

Or, you can call IEHP Member Services at 1-800-440-IEHP (4347); TTY/TDD users should call 1-800-718-4347.

Or, you may contact the agencies below:

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
 Telephone: (916) 445-4646
 Fax: (916) 440-7680