Message From
INLAND EMPIRE HEALTH PLAN (IEHP)

Notice of Privacy Practices

Effective: April 14, 2003
Revised: August 12, 2026

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 federal and state law to maintain the privacy and security of your protected health information. And we must give you this notice that tells how we may use and share your information and your rights.

For certain health information, you can tell us your choices about what we share. If you have clear preferences for how we share your information in the situations described below, tell us what you want us to do.

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
We never share your information for marketing purposes or the sale of information unless you give us written permission.

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.

©2026 Inland Empire Health Plan. A Public Entity. All Rights Reserved. ADM_26_ 9451681

CHANGES TO NOTICE OF PRIVACY PRACTICES

IEHP must obey the current notice. 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 that are permitted by HIPAA and other applicable law. The information we use and share includes, but is not limited to:

- Your name
- Address
- Personal facts
- Medical care,
- Your medical history
- Other information such as race/ethnicity, language, gender identity and sexual orientation

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 it in advance. We will share information with doctors, hospitals and others to get you the care you need.

2. **For payment:** We review, 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 investigations, planning, and general administration.

4. **For public health activities:** We may disclose your protected health information for public health activities, research, reporting purposes, and as required by law.

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 that 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.

5. Substance use disorder treatment records received from programs subject to 42 Code of Federal Regulations (CFR) part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

6. We may share your health information if it was received with patient's written consent for treatment, payment, and health care operations from a Part 2 program, to the extent that HIPAA regulations permit.

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 certain health care information for treatment, payment, or operations. 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, by post office box, or by telephone. We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

You and your personal representative have the right to inspect and get a paper or electronic copy of your health and claims records, as well as other health information we have about you. You will be sent a form to fill out and may be charged a fee for copying and mailing records. We will provide a copy or 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.)

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, but we will tell you why in writing within 60 days. 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 request, you may ask us to review our decision. You may also send a statement saying why you disagree with our records, and it 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 ask for a list (accounting) of the times we've shared your health information for s i x years prior to the date you ask, who we shared it with and why. We will include all disclosures except those about treatment, payment and health care operations, and certain other disclosures. We will provide one accounting per year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

*****

IMPORTANT
*****
IEHP DOES NOT HAVE COMPLETE COPIES OF YOUR MEDICAL RECORDS. IF YOU WANT TO LOOK AT, GET COPIES 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
- What information was shared

You have a right to request a paper copy of this Notice of Privacy Practices at any time, even if you have agreed to receive the notice electronically. You can also find this notice on our website at: www.iehp.org

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.

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 Compliance Officer
INLAND EMPIRE HEALTH PLAN
P.O. Box 1800
Rancho Cucamonga, CA 91729
Email: Privacy@iehp.org

Or, you can call:
IEHP Member Services 1-800-440-4347
DualChoice Member Services 1-877-273-4347
IEHP Covered Member Services 1-855-433-4347
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 1-800-440-4347
DualChoice Member Services 1-877-273-4347
IEHP Covered Member Services 1-855-433-4347
TTY/TDD users should call 1-800-718-4347

Or, you may contact the agencies below:

Privacy Office
Department of Health Care Services
1501 Capitol Avenue
P.O. Box 997413, MS0010
Sacramento, CA 95899-7413

Email: DHCSPrivacyOfficer@dhcs.ca.gov
Telephone: (916) 445-4646
Toll Free: (866) 866-0602
Fax: (916) 327-4556

Secretary of the U.S. Department of Health and Human Services
Office for Civil Rights
Attention: Regional Manager
90 Seventh St.; Suite 4-100
San Francisco, CA 94103
Email: ocrmail@hhs.gov

Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697

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 HIPAA and all other federal and state laws. All IEHP employees are required to have education and training upon hire and annually thereafter on ways to protect your health information from being looked at or talked about by others who are not a part of your health care delivery system. We have, and enforce, policies limiting building access and visitor access to IEHP. Electronic records are protected by administrative, physical and technical safeguards. Our business associates are required to have the same privacy protections as IEHP.

Questions

If you have any questions about this notice and want further information, please contact the IEHP Compliance Officer at the address and phone number listed on page 5.