

# NOTICE OF PRIVACY PRACTICES

## University Health Care, Inc.

Dba Passport Advantage (HMO SNP)

### MAIL

Attn: Privacy Officer  
Passport Advantage  
5100 Commerce Crossings Drive  
Louisville, KY 40229

### PHONE

(502) 585-8239  
1-800-578-0603, press 0, then press 8239  
TTY users: 711

### WEBSITE

[www.passportadvantage.com](http://www.passportadvantage.com)

### EMAIL

[PADCompliance@passporthealthplan.com](mailto:PADCompliance@passporthealthplan.com)

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

### You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

⇒ **See page 2** for more information on these rights and how to exercise them

## Your Choices

### You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information, or use or share your psychotherapy notes.

⇒ **See page 3** for more information on these choices and how to exercise them

## Our Uses and Disclosures

### We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

⇒ **See pages 3 and 4** for more information on these uses and disclosures

# 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. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### 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, who we shared it with, 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). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### 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.

### 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.

*continued on next page*

**File a complaint if you feel your rights are violated**

- If you feel we have violated your rights, you may file a complaint with Passport's Privacy Office by mail, phone, or email:

**MAIL**

Attn: Privacy Officer  
Passport Advantage  
5100 Commerce Crossings Drive  
Louisville, KY 40229

**PHONE**

(502) 585-8239  
1-800-578-0603, press 0, then press 8239  
TTY users: 711

**EMAIL**

[PADCompliance@passporthealthplan.com](mailto:PADCompliance@passporthealthplan.com)

- 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 [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

**Your Choices**

**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, talk to us. Tell us what you want us to do, and we will follow your instructions.

**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.

*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.*

**In these cases, we never use or share your information unless you give us written permission:**

- Most marketing purposes. We will obtain your prior written authorization to use or disclose your health information for marketing purposes, unless the communication is made face to face by us to you, or is a promotional gift of nominal value.
- Sale of your information. We will obtain your prior written authorization before making a disclosure that would be a sale of your information.
- If Psychotherapy Notes are created for your treatment, most uses and disclosures of these notes will need your prior written authorizations. "Psychotherapy Notes" means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. "Psychotherapy Notes" excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests,

*continued on next page*

In these cases, we never use or share your information unless you give us written permission:

and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. Given that Passport does not provide treatment, it is unlikely we would have these. However, if we do, we will follow the federal rules for their use and disclosure.

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### 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.

#### Appointment reminders

- To help you receive good health care, Passport may use your health information to remind you of needed services or treatments.

**Example:** Reminders may be mailed to you about shots, checkups and screenings, like mammograms and hearing or colorectal checkups.

#### Health promotion and disease prevention

- Passport may use your health information to tell you about disease prevention and health care.

**Example:** We may send you health care ideas for things like women's health, diabetes, asthma, etc. Passport may also work with other entities on health and disease prevention programs.

#### Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- To run our organization, we provide services to you by contracting with entities known as business associates. We will disclose your information to our business associates and allow them to create information about you and use and disclose your information to perform their jobs for us. For example, we may disclose your medical information to a company that assists us in care coordination and quality management. To protect your health information, however, we will seek assurances from our business associates that they have implemented appropriate safeguards to protect your information.

**Example:** We use health information about you to develop better services for you.

*continued on next page*

**Run our organization**

- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

**Pay for your health services**

- We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with the Department for Medicaid Services to coordinate payment for your care.*

**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. For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**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

**Do research**

- We can use or share your information for health research.

**De-Identify your information**

- We can use or share your data as long as we de-identify your health information.

**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.

**State law limits on information about certain health conditions**

Certain Kentucky laws limit our rights to use and disclose your health information and are more strict than the federal privacy rules.

- HIV/AIDS status or mental health or chemical dependency issues. We may disclose this information only under certain circumstances and/or to specific recipients. We cannot use HIV/AIDS test results to determine your insurability if your testing was done under the auspices of the Kentucky Cabinet for Health and Family Services, including voluntary testing at a public health department.
- The disclosure of genetic test information. We must have your prior written authorization.

When these more restrictive state laws apply to your health information, we will follow them.

**We will not use, share or provide your information for fundraising purposes.**

### **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.

For more information, see:

<https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>.

### **Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you with our next annual mailing.

*Effective Date: August 24, 2018*

*This Notice of Privacy Practices applies to the following organization:  
Passport Advantage (HMO SNP)*

Passport Advantage (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-859-6152 (TTY: 711). 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 1-844-859-6152 (TTY: 711).

Passport Advantage Privacy Officer, 5100 Commerce Crossings Drive, Louisville, KY 40229  
1-800-578-0603, press 0, then press 8239 (TTY: 711)

[PADCompliance@passporthealthplan.com](mailto:PADCompliance@passporthealthplan.com) | [www.passportadvantage.com](http://www.passportadvantage.com)