

THIS NOTICE TELLS YOU HOW YOUR MEDICAL INFORMATION MAY BE USED AND SHARED. IT ALSO TELLS YOU HOW TO GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Neighborhood Health Plan of Rhode Island (“Neighborhood”) uses and shares protected health information (“PHI”) for your treatment, to pay for care, and to run our business. We may also use and share your information for other reasons, as allowed and required by law.

PHI includes health information like medical records that have your name, your member number or other information that can identify you. Types of PHI include verbal, written, or electronic information.

Why does Neighborhood use or share your PHI?

- For your **treatment**. For example, information can be shared with your doctors to decide what’s best for you.
- To **pay for your care**. For example, your benefit information can be shared with a doctor so claims can be paid.
- For health care **operations**. For example, Neighborhood may contact you about health programs that could help you.

Neighborhood shares your PHI as needed with business associates. Business associates agree to protect your verbal, written, or electronic PHI. They are not allowed to use your PHI other than as per our contract with them. Neighborhood may use your PHI to remind you of appointments. Neighborhood may also give you information about other treatment, or health related benefits and services.

When can Neighborhood use or share your PHI without your written approval?

Neighborhood is allowed or required by law to share your PHI in ways that help the public good. In some cases, there are many requirements Neighborhood must meet before we can share your PHI. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Examples of when Neighborhood may use or share your PHI:

When required by law.

For public health activities. This may be to prevent disease outbreaks.

In cases of abuse, neglect, or domestic violence. Neighborhood may only share with entities who are allowed by law to get this information.

For health oversight activities. This may be for things like audits or fraud and abuse investigations.

For court and administrative proceedings. Such as to answer a court order or a subpoena.

For law enforcement purposes. Such as to help find a missing person or report a crime.

To give information on decedents. PHI may be shared with medical examiners. This may be to identify a deceased person, find out the cause of death, or as allowed by law. Your PHI may also be shared with funeral directors.

For organ, eye or tissue donation. Such as with an organ collection agency to help with an organ transplant.

For research. Such as to study a disease, as allowed by law.

For health and safety. Such as to prevent danger to public health or safety in an emergency.

For government functions. Such as for military or veteran use, national security, or protective services.

For workers' compensation. Such as to obey workers' compensation laws.

To correctional institutions. For persons in custody: (1) To give health care, (2) To protect your health and the health of others, (3) For the security of the institution.

Federal and State laws may limit the use and sharing of PHI, including highly private information about you. This may include Federal laws about:

1. HIV/AIDS;
2. Mental health;
3. Genetic tests;
4. Alcohol and drug abuse;
5. Sexually transmitted infections and reproductive health information; and
6. Child or adult abuse or neglect, including sexual assault.

If stricter laws apply, Neighborhood will meet the requirements of the stricter law. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

When does Neighborhood need your approval to share your PHI?

Neighborhood must have your approval to:

- Use and share **Psychotherapy notes**.
- Use and share PHI **for marketing reasons**.
- **Sell your PHI**.

Except as stated in this notice, Neighborhood uses and shares your PHI only with your written approval. You may cancel your approval at any time, unless we have already acted on it. You will need to write to us in order to cancel your approval.

What are your health information rights?

You have the right to:

✓ **Ask for limits on how Neighborhood uses and shares your PHI.**

You may ask that your PHI not be used or shared for the use of treatment, payment, and operations. You may also ask Neighborhood not to share your PHI with family, friends, or other persons involved in your care. Neighborhood will try to honor your request, but we do not have to do so.

✓ **Ask to have your PHI communicated privately.**

You may ask to be contacted in a specific way (for example, by cell phone) or at a different location. Neighborhood will follow reasonable requests when sharing your PHI could put you in danger.

✓ **Review and copy your PHI.**

You have a right to review and get a copy of your PHI. In certain cases we may deny the request. Important Note: Neighborhood does not have complete copies of your medical records. Please contact your Primary Care doctor to request a copy of your medical chart.

✓ **Make changes to your PHI.**

If you think your health information is wrong or incomplete, you can ask to change it. You must ask in writing and give reasons for the change. These changes would only be made to your Neighborhood member records. If we deny your request, you may file a letter disagreeing with us.

✓ **Ask for a record of when your PHI has been shared.**

You may ask for a list of the times Neighborhood has shared your PHI during the six years prior to the date of your request. The list will include who we shared it with, and why. The list will not include PHI that has been shared:

- For treatment, payment or health care operations.
- With you about your own PHI.
- For reasons allowed or required by law.
- With your approval.
- To persons involved in your care.
- In the interest of national security.
- To correctional institutions or law enforcement officials having custody of an inmate.
- As part of a limited data set.
- Before April 14, 2003.

✓ **Ask for a paper copy of this notice from Neighborhood.**

You can always request a paper copy of this notice. You can also get a copy from our website, www.nhpri.org.

✓ **Get notified when there is a breach of your PHI.**

Neighborhood will notify you of any unauthorized access or sharing of your PHI.

✓ **File a complaint if you believe your privacy rights have been violated.**

Neighborhood will not take any actions against you if you file a complaint. Your benefits will not change.

To file a complaint, contact Neighborhood's Privacy Official at 1-800-963-1001 or by writing to:

Neighborhood's Privacy Official
Attn: Corporate Compliance
910 Douglas Pike
Smithfield, RI 02917

You may also file a complaint with the United States Department of Health and Human Services, Office for Civil Rights via email, on their portal, via fax, or by writing to:

Office for Civil Rights, DHHS
JFK Federal Building - Room 1875
Boston, MA 02203
(617) 565-1340; (617) 565-1343 (TDD)
(617) 565-3809 FAX

What are Neighborhood's duties?

Neighborhood protects your verbal, written and electronic PHI from illegal use or sharing. Neighborhood is required by law to:

- Keep your health information private.
- Provide you with notice of our legal duties and privacy practices about PHI.
- Notify you when there has been a breach of your PHI.
- Follow the terms of this notice.

Not only do all the physicians and providers in our network know that your information is private and confidential, but Neighborhood's employees know that too. We use training programs and policies and procedures supported by management oversight to make sure employees know the procedures they need to follow so your information - whether in oral, written or electronic format - is secure and safeguarded.

Neighborhood has the right to change the terms of this notice. Neighborhood can also make new terms effective for all PHI that is kept. This notice is available on our web site www.nhpri.org, and you can request a copy at any time.

Contact information

If you have any questions about this notice or would like more information, please contact:

Neighborhood Health Plan of Rhode Island
1-401-459-6000 (local)
1-800-963-1001 (toll free)