

Privacy

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Privacy is the right to be undisturbed or alone a reasonable amount of time. It is also the right to protect one's privacy in the event of an emergency or other situation where one's privacy may be violated.

2015

HEALTH PLAN NOTICES OF PRIVACY PRACTICES

This notice says how medical information about you may be used and shared. It says how you can get access to this information. Read it carefully.

Effective January 1, 2015

We¹ must by law protect the privacy of your health information ("HI"). We must send you this notice. It tells you:

- how we may use your HI.
- when we can share your HI with others.
- what rights you have to your HI.

We must by law follow the terms of this notice.

"Health information" (or HI) in this notice means information that can be used to identify you. And it must relate to your health or health care services. We have the right to change our privacy practices. If we change them, we will, in our next annual mailing, either mail you a notice or provide you the notice by email, if permitted by law. We will post the new notice on your health plan website, **UHCCommunityPlan.com/ri**. We have the right to make the changed notice apply to HI that we have now and to future information. We will follow the law and give you notice of a breach of your HI.

We collect and keep your HI so we can run our business. HI may be oral, written or electronic. We limit access to all types of your HI to our employees and service providers who manage your coverage and provide services. We have physical, electronic and procedural safeguards, per federal standards, to guard your HI.

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HOW WE USE OR SHARE INFORMATION

We must use and share your HI if asked for by:

- you or your legal representative.
- the Secretary of the Department of Health and Human Services to make sure your privacy is protected.

We have the right to use and share HI. This must be for your treatment, to pay for care and to run our business. For example, we may use and share it:

- **FOR PAYMENTS.** This also may include coordinating benefits. For example, we may tell a doctor if you are eligible for coverage and how much of the bill may be covered.
- **FOR TREATMENT OR MANAGING CARE.** For example, we may share your HI with providers to help them give you care.
- **FOR HEALTH CARE OPERATIONS RELATED TO YOUR CARE.** For example, we may suggest a disease management or wellness program. We may study data to see how we can improve our services.
- **TO TELL YOU ABOUT HEALTH PROGRAMS OR PRODUCTS.** This may be other treatments or products and services. These activities may be limited by law.
- **FOR PLAN SPONSORS.** We may give enrollment, disenrollment and summary HI to an employer plan sponsor. We may give them other HI if they agree to limit its use per federal law.
- **FOR UNDERWRITING PURPOSES.** We may use your HI to make underwriting decisions but we will not use your genetic HI for underwriting purposes.
- **FOR REMINDERS ON BENEFITS OR CARE,** such as appointment reminders.

We may use or share your HI as follows:

- **AS REQUIRED BY LAW.**
- **TO PERSONS INVOLVED WITH YOUR CARE.** This may be to a family member. This may happen if you are unable to agree or object. Examples are an emergency or when you agree or fail to object when asked. If you are not able to object, we will use our best judgment. Special rules apply for when we may share HI of people who have died.
- **FOR PUBLIC HEALTH ACTIVITIES.** This may be to prevent disease outbreaks.
- **FOR REPORTING ABUSE, NEGLECT OR DOMESTIC VIOLENCE.** We may only share with entities allowed by law to get this HI. This may be a social or protective service agency.
- **FOR HEALTH OVERSIGHT ACTIVITIES** to an agency allowed by the law to get the HI. This may be for licensure, audits, and fraud and abuse investigations.
- **FOR JUDICIAL OR ADMINISTRATIVE PROCEEDINGS.** To answer a court order or subpoena.
- **FOR LAW ENFORCEMENT.** To find a missing person or report a crime.
- **FOR THREATS TO HEALTH OR SAFETY.** This may be to public health agencies or law enforcement. An example is in an emergency or disaster.
- **FOR GOVERNMENT FUNCTIONS.** This may be for military and veteran use, national security or the protective services.
- **FOR WORKERS' COMPENSATION.** To comply with labor laws.
- **FOR RESEARCH.** To study disease or disability, as allowed by law.

■ **TO GIVE INFORMATION ON DECEDENTS.**

This may be to a coroner or medical examiner. To identify the deceased, find a cause of death or as stated by law. We may give HI to funeral directors.

■ **FOR ORGAN TRANSPLANT.**

To help get, store or transplant organs, eyes or tissue.

■ **TO CORRECTIONAL INSTITUTIONS OR LAW ENFORCEMENT.**

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.

■ **TO OUR BUSINESS ASSOCIATES**

if needed to give you services. Our associates agree to protect your HI. They are not allowed to use HI other than as allowed by our contract with them.

■ **OTHER RESTRICTIONS.**

Federal and state laws may limit the use and sharing of highly confidential HI. This may include state laws on:

1. HIV/AIDS.
2. mental health.
3. genetic tests.
4. alcohol and drug abuse.
5. sexually transmitted diseases and reproductive health.
6. child or adult abuse, or neglect or sexual assault.

If stricter laws apply, we aim to meet those laws. See page 5 for a "Federal and State Amendments" document.

Except as stated in this notice, we use your HI only with your written consent. This includes getting your written consent to share psychotherapy notes about you, to sell your HI to other people or to use your HI in certain promotional mailings. If you allow us to share your HI, we do not promise that the person who gets it will not share it. You may take back your consent, unless we have acted on it. To find out how, call the phone number on your ID card.

YOUR RIGHTS

You have a right:

- **TO ASK US TO LIMIT** use or sharing for treatment, payment or health care operations. You can ask to limit sharing with family members or others involved in your care or payment for it. We may allow your dependents to ask for limits.
We will try to honor your request, but we do not have to do so.
- **TO ASK TO GET CONFIDENTIAL COMMUNICATIONS** in a different way or place. (For example, at a P.O. box instead of your home.) We will agree to your request when a disclosure could endanger you. We take verbal requests. You can change your request. This must be in writing. Mail it to the address in the box at right.
- **TO SEE OR GET A COPY OF CERTAIN HI** that we use to make decisions about you. You must ask in writing. Mail it to the address in the box at right. If we keep these records in electronic form, you will have the right to ask for an electronic copy to be sent to you. You can ask to have your record sent to a third party. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.
- **TO ASK TO AMEND.** If you think your HI is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. Mail this to the address in the box at right. If we deny your request, you may add your disagreement to your HI.



USING YOUR RIGHTS

- **TO CONTACT YOUR HEALTH PLAN:** Call the phone number on the back of your ID card. Or you may contact the UnitedHealth Group Call Center at **1-866-633-2446** or **TTY 711**.
- **TO SUBMIT A WRITTEN REQUEST:** Mail to:
UnitedHealthcare Government Programs Privacy Office
MN017-E300
P.O. Box 1459
Minneapolis, MN 55440
- **TO FILE A COMPLAINT:** If you think your privacy rights have been violated, you may send a complaint to the address above.

You may also notify the Secretary of the U.S. Department of Health and Human Services. We will not take any action against you for filing a complaint.

- **TO GET AN ACCOUNTING OF HI** shared in the six years prior to your request. This will not include any HI shared: (i) For treatment, payment and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does require us to track.

- **TO GET A PAPER COPY OF THIS NOTICE.** You may ask for a copy at any time. Even if you agreed to get this notice electronically, you have a right to a paper copy. You may also get a copy at our website, **UHCCommunityPlan.com/ri**.

¹This Medical Information Notice of Privacy Practices applies to the following health plans that are affiliated with UnitedHealth Group: AmeriChoice of New Jersey, Inc.; Arizona Physicians IPA, Inc.; Health Plan of Nevada, Inc.; Unison Health Plan of Delaware, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.; UnitedHealthcare Community Plan of Texas, L.L.C.; UnitedHealthcare Community Plan, Inc.; UnitedHealthcare Insurance Company; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Louisiana, Inc.; UnitedHealthcare of the Mid-Atlantic, Inc.; UnitedHealthcare of the Midlands, Inc.; UnitedHealthcare of the Midwest, Inc.; United Healthcare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of Pennsylvania, Inc.; UnitedHealthcare of Washington, Inc.; UnitedHealthcare of Wisconsin, Inc.; UnitedHealthcare Plan of the River Valley, Inc.

Financial Information Privacy Notice

This notice says how your financial information may be used and shared. Review it carefully.

Effective January 1, 2015

We² protect your “personal financial information” (“FI”). This means non-health information about someone with health care coverage or someone applying for coverage. It is information that identifies the person and is generally not public.

INFORMATION WE COLLECT

We get FI about you from:

- **APPLICATIONS OR FORMS.** This may be name, address, age and social security number.
- **YOUR TRANSACTIONS** with us or others. This may be premium payment data.

SHARING OF FI

We do not share FI about our members or former members, except as required or permitted by law.

To run our business, we may share FI without your consent to our affiliates. This is to tell them about your transactions, such as premium payment.

- **TO OUR CORPORATE AFFILIATES,** which include financial service providers, such as other insurers, and non-financial companies, such as data processors;
- **TO OTHER COMPANIES FOR OUR EVERYDAY BUSINESS PURPOSES,** such as to process your transactions, maintain your account(s) or respond to court orders and legal investigations; and
- **TO OTHER COMPANIES THAT PERFORM SERVICES FOR US,** including sending promotional communications on our behalf.

CONFIDENTIALITY AND SECURITY

We limit access to your FI to our employees and service providers who manage your coverage and provide services. We have physical, electronic and procedural safeguards, per federal standards, to guard your FI.

QUESTIONS ABOUT THIS NOTICE

If you have any questions about this notice, please call the toll-free member phone number on your health plan ID card or contact the UnitedHealth Group Customer Call Center at **1-866-633-2446** or **TTY 711**.



² For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 1, beginning on the first page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: AmeriChoice Health Services, Inc.; Dental Benefit Providers, Inc.; HealthAllies, Inc.; MAMSI Insurance Resources, LLC; Managed Physical Network, Inc.; OneNet PPO, LLC; OptumHealth Care Solutions, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; ProcessWorks, Inc.; Spectera, Inc.; UMR, Inc.; Unison Administrative Services, LLC; United Behavioral Health; United Behavioral Health of New York IPA, Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Service LLC; UnitedHealthcare Services Company of the River Valley, Inc.; UnitedHealthOne Agency, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group health plans in states that provide exceptions for HIPAA covered entities or health insurance products.

FEDERAL AND STATE AMENDMENTS

UnitedHealth Group Health Plan Notice of Privacy Practices

Revised: January 1, 2015

The first part of this Notice (pages 1–4) says how we may use and share your health information (“HI”) under federal privacy rules. Other laws may limit these rights. The charts below:

1. show the categories subject to stricter laws.
2. give you a summary of when we can use and share your HI without your consent.

Your written consent, if needed, must meet the rules of the federal or state law that applies.

SUMMARY OF FEDERAL LAWS

Alcohol & Drug Abuse Information

We are allowed to use and disclose alcohol and drug abuse information that is protected by federal law only (1) in certain limited circumstances, and/or disclose only (2) to specific recipients.

Genetic Information

We are not allowed to use genetic information for underwriting purposes.

SUMMARY OF STATE LAWS

General Health Information

We are allowed to disclose general health information only (1) under certain limited circumstances, and/or (2) to specific recipients. CA, NE, PR, RI, VT, WA, WI

HMOs must give enrollees an opportunity to approve or refuse disclosures, subject to certain exceptions. KY

You may be able to restrict certain electronic disclosures of health information. NC, NV

We are not allowed to use health information for certain purposes. CA, IA

We will not use and/or disclose information regarding certain public assistance programs except for certain purposes. KY, MO, NJ, SD

We must comply with additional restrictions prior to using or disclosing your health information for certain purposes. KS

Prescriptions

We are allowed to disclose prescription-related information only (1) under certain limited circumstances, and/or (2) to specific recipients. ID, NH, NV

Communicable Diseases

We are allowed to disclose communicable disease information only (1) under certain limited circumstances, and/or (2) to specific recipients. AZ, IN, KS, MI, NV, OK

Sexually Transmitted Diseases and Reproductive Health

We are allowed to disclose sexually transmitted disease and/or reproductive health information only (1) under certain limited circumstances and/or (2) to specific recipients. CA, FL, IN, KS, MI, MT, NJ, NV, PR, WA, WY

Alcohol and Drug Abuse

We are allowed to use and disclose alcohol and drug abuse information (1) under certain limited circumstances, and/or disclose only (2) to specific recipients. AR, CT, GA, IL, IN, IA, KY, LA, MN, NC, NH, OH, WA, WI

Disclosures of alcohol and drug abuse information may be restricted by the individual who is the subject of the information. WA

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| SUMMARY OF STATE LAWS (Continued from previous page) | |
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| Genetic Information | |
| We are not allowed to disclose genetic information without your written consent. | CA, CO, IL, KS, KY, LA, NY, RI, TN, WY |
| We are allowed to disclose genetic information only (1) under certain limited circumstances and/or (2) to specific recipients. | AK, AZ, FL, GA, IA, MD, MA, MO, NJ, NV, NH, NM, OR, RI, TX, UT, VT |
| Restrictions apply to (1) the use, and/or (2) the retention of genetic information. | FL, GA, IA, LA, MD, NM, OH, UT, VA, VT |
| HIV/AIDS | |
| We are allowed to disclose HIV/AIDS-related information only (1) under certain limited circumstances and/or (2) to specific recipients. | AZ, AR, CA, CT, DE, FL, GA, IA, IL, IN, KS, KY, ME, MI, MO, MT, NY, NC, NH, NM, NV, OR, PA, PR, RI, TX, VT, WV, WA, WI, WY |
| Certain restrictions apply to oral disclosures of HIV/AIDS-related information. | CT, FL |
| We will collect certain HIV/AIDS-related information only with your written consent. | OR |
| Mental Health | |
| We are allowed to disclose mental health information only (1) under certain limited circumstances and/or (2) to specific recipients. | CA, CT, DC, IA, IL, IN, KY, MA, MI, NC, NM, PR, TN, WA, WI |
| Disclosures may be restricted by the individual who is the subject of the information. | WA |
| Certain restrictions apply to oral disclosures of mental health information. | CT |
| Certain restrictions apply to the use of mental health information. | ME |
| Child or Adult Abuse | |
| We are allowed to use and disclose child and/or adult abuse information only (1) under certain limited circumstances, and/or disclose only (2) to specific recipients. | AL, CO, IL, LA, MD, NE, NJ, NM, NY, RI, TN, TX, UT, WI |