



## NOTICE OF HEALTH INFORMATION PRACTICES

*Effective Date: October 1, 2013*

*Date Amended: September 1, 2014 and January 1, 2019*

**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.**

### **WHO WILL FOLLOW THIS NOTICE.**

This Notice describes the health information practices for the VIVA MEDICARE Me plan offered by VIVA HEALTH, Inc. (referred to hereafter as "VIVA HEALTH"). All entities, sites and locations of VIVA HEALTH follow the terms of this Notice for the VIVA MEDICARE Me plan. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this Notice.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a membership record of your enrollment in our plan. We also maintain records of payments we have made for health care services you have received and medical information we have used to make decisions about your care. We need these records to provide the benefits and services you are entitled to receive as a member of our plan and to comply with certain legal and regulatory requirements. This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to medical information about you;
- notify you in the case of a breach of your unsecured identifiable medical information; and
- follow the terms of the Notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.**

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your information will fall within one of the categories.

- **For Treatment and Treatment Alternatives.** We may use or disclose medical information about you to help your doctors and other health care providers coordinate or arrange your medical treatment or care. For example, VIVA HEALTH may notify a doctor that you have not received a covered preventive health screening that is recommended by a national institute or authoritative agency, or we may alert your doctor that you are taking prescription drugs that could cause adverse reactions or interactions with other drugs. In addition, VIVA HEALTH may help your health care provider coordinate or arrange medical services that you need, or help your health care provider find a safer prescription drug alternative. We may also disclose medical information about you to people outside VIVA HEALTH who may be involved in your medical care, such as your family members or close friends. We may use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you.
- **For Payment.** We may use and disclose medical information about you for payment purposes. Examples of payment include, but are not limited to:
  - obtaining plan premiums;
  - determining or fulfilling our responsibility for coverage of benefits (or the provision of benefits);
  - processing claims filed by providers who have treated you;

- reviewing health care services to determine medical necessity, provision of coverage, or justification of charges;
- coordinating benefits with other health plans (payers) that provide coverage for you;
- pursuing recoveries from third parties (subrogation); and
- providing eligibility information to health care providers.

- **For Routine Health Care Operations.** We may use and disclose medical information about you for VIVA HEALTH's routine operations. These uses and disclosures are necessary for VIVA HEALTH to operate and make sure that all our members receive quality care. We may also combine medical information about many of our members to decide what additional services or benefits we should offer and what services or benefits are not needed. Examples of health care operations include, but are not limited to:
- conducting quality assessment and improvement activities;
  - engaging in care coordination or case management;
  - detecting fraud, waste or abuse;
  - providing customer service;
  - business management and general administrative activities related to our organization and the services we provide; and
  - underwriting, premium rating, or other activities relating to the issuing, renewal or replacement of a Group Health Policy. **Note: We will not use or disclose genetic information about you for underwriting purposes.**

We may also disclose your medical information for certain health care operations of another covered entity. For example, if you receive benefits through a group health plan, we may disclose medical information about you to other health plans or their business associates that are involved in administering your group health plan benefits.

- **Organized Health Care Arrangement.** VIVA HEALTH and the providers participating in the VIVA MEDICARE *Me* plan are part of an Organized Health Care Arrangement (referred to as an "OHCA"). In an OHCA, VIVA HEALTH and the VIVA MEDICARE *Me* plan providers work jointly to ensure you are receiving necessary medical care in the most appropriate care setting. The arrangement enables the entities of the OHCA to better address your health care needs. The entities of the OHCA may also share in the cost of your medical care and work together to assess the quality of the medical care you receive. Medical information about you will be shared among the entities participating in the OHCA for treatment, payment or health care operation purposes (described above) relating to the OHCA.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to the Subscriber, a friend or family member who is involved in your medical care or payment for your medical care, and to your personal representative(s) appointed by you or designated by applicable law. State and federal law may require us to secure permission from a child age 14 or older prior to making certain disclosures of medical information to a parent. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your status and location.
- **Health-Related Benefit and Service Reminders.** We may use and disclose medical information to contact you and remind you to talk to your doctor about certain covered medical screenings or preventive services. We may also use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Research.** Under certain circumstances, we may use and disclose medical information about you to researchers when their clinical research study has been approved by a facility's Institutional Review Board. Some clinical research studies require specific patient consent, while others do not require patient authorization. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. This would

be done through a retrospective record review with no patient contact. The Institutional Review Board reviews the research proposal to make certain that the proposal has established protocols to protect the privacy of your health information.

- **Certain Marketing Activities.** We may use medical information about you to forward promotional gifts of nominal value, to communicate with you about services offered by VIVA HEALTH, to communicate with you about case management and care coordination, and to communicate with you about treatment alternatives. We do not sell your health information to any third party for their marketing activities unless you sign an authorization allowing us to do this.
- **Business Associates.** There are some benefits and services VIVA HEALTH provides through contracts with Business Associates. Examples include a copy service we use when making copies of your health information, consultants, accountants, lawyers, and subrogation companies. When these services are contracted, we may disclose your health information to our Business Associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.
- **Employers.** We may disclose, in summary form, your claim history and other similar information to your Employer if your Employer has a Group Health Policy with VIVA HEALTH. Such summary information does not contain your name or other distinguishing characteristics. We may also disclose to the Employer the fact that you are enrolled in, or disenrolled from, VIVA HEALTH. We may disclose your medical information to the Employer for administrative functions that the Employer provides to VIVA HEALTH (for example, if the Employer assists its employees in resolving complaints) if the Employer agrees in writing to ensure the continuing confidentiality and security of your protected health information. The Employer must also agree not to use or disclose your protected health information for employment-related activities.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **Public Health Activities.** We may disclose medical information about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Food and Drug Administration (FDA).** We may disclose to the FDA and to manufacturers health information relative to adverse events with respect to food, supplements, products, or post-marketing surveillance information to enable product recalls, repairs, or replacement.
- **Victims of Abuse, Neglect or Domestic Violence.** We may disclose to a government authority authorized by law to receive reports of child, elder, and domestic abuse or neglect.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, licensure, and inspections. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made by the seeking party to tell you about the request or to obtain an order protecting the information requested. We may disclose medical information for judicial or administrative proceedings, as required by law.
- **Law Enforcement.** We may release medical information for law enforcement purposes as required by law, in response to a valid subpoena, for identification and location of fugitives, witnesses or missing

persons, for suspected victims of crime, for deaths that may have resulted from criminal conduct and for suspected crimes on the premises.

- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **Organ and Tissue Donation.** If you are an organ donor, we may use or release medical information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organ, eye or tissue to facilitate organ, eye or tissue donation and transplantation.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.
- **Other uses and disclosures.** We will obtain your authorization to use or disclose your psychotherapy notes (other than for uses permitted by law without your authorization); to use or disclose your health information for marketing activities not described above; and prior to selling your health information to any third party. Any uses and disclosures not described in this Notice will be made only with your written authorization.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes enrollment, payment, claims processing, and case or medical management records held by VIVA HEALTH.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to VIVA HEALTH's Privacy Officer (see contact information later in this Notice). If you request a copy (paper or electronic) of the information, we will charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care

professional chosen by VIVA HEALTH will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information kept by VIVA HEALTH.

To request an amendment, your request must be made in writing on the required form and submitted to VIVA HEALTH's Privacy Officer (see contact information later in this Notice). In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the medical information we keep;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of medical information about you for reasons other than treatment, payment or health care operations.

To request this list or accounting of disclosures, you must submit your request in writing on the required form to VIVA HEALTH's Privacy Officer (see contact information later in this Notice). Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing on the required form to VIVA HEALTH's Privacy Officer (see contact information later in this Notice). In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing on the required form to VIVA HEALTH's Privacy Officer (see contact information later in this Notice). We will not ask you the reason

for your request, but your request must clearly state that the disclosure of all or part of the information could endanger you. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to Revoke Authorization.** You have the right to revoke your authorization to use or disclose your medical information except to the extent that action has already been taken in reliance on your authorization. Revocations must be made in writing to VIVA HEALTH's Privacy Officer (see contact information later in this Notice).
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

You may obtain a copy of this Notice at our website, [www.vivahealth.com](http://www.vivahealth.com). To obtain a paper copy of this Notice, call VIVA HEALTH's Customer/Member Service Department (phone numbers are listed on your health plan ID card).

### **YOUR RESPONSIBILITIES FOR PROTECTING MEDICAL INFORMATION.**

As a member of VIVA HEALTH, you are expected to help us safeguard your medical information. For example, you are responsible for letting us know if you have a change in your address, email or phone number. You are also responsible for keeping your health plan ID card safe. If you have on-line access to Plan information, you are responsible for establishing a password and protecting it. If you suspect someone has tried to access your records or those of another member without approval, you are responsible for letting us know as soon as possible so we can work with you to determine if additional precautions are needed.

### **CHANGES TO THIS NOTICE.**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. If we make a material change to this Notice, we will include the new Notice in our annual mailing to all Subscribers covered by VIVA HEALTH. We will also post the new Notice on our website at [www.vivahealth.com](http://www.vivahealth.com). The Notice will contain the effective date on the first page.

### **FOR MORE INFORMATION OR TO REPORT A PROBLEM.**

If you have questions and would like additional information, you may contact VIVA HEALTH's Privacy Officer (see contact information below). If you believe your privacy rights have been violated, you may file a complaint with VIVA HEALTH or with the Secretary of the Department of Health and Human Services. To file a complaint with VIVA HEALTH, contact VIVA HEALTH's Privacy Officer (see contact information below). All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**NOTICE EFFECTIVE DATE:** The effective date of the Notice is October 1, 2013, amended on September 1, 2014 and January 1, 2019.

### **VIVA HEALTH PRIVACY OFFICER – CONTACT INFORMATION.**

Address: VIVA HEALTH

Attention: Privacy Officer  
417 20<sup>th</sup> Street North  
Suite 1100  
Birmingham, AL 35203

Email: [vivamemberhelp@uabmc.edu](mailto:vivamemberhelp@uabmc.edu)

Phone: 1-800-294-7780 (TTY users, please call the Alabama Relay Service at 711)

VIVA HEALTH's normal business hours are from 8 a.m. to 5 p.m., Monday through Friday.

## **VIVA HEALTH NOTICE OF FINANCIAL INFORMATION PRACTICES**

VIVA HEALTH is committed to maintaining the confidentiality of your personal financial information. We may collect and disclose non-public financial information about you to assist in providing your health care coverage or to help you apply for financial assistance from federal and state programs. Examples of personal financial information may include your:

- Name, address, phone number (if not available from a public source)
- Date of birth
- Social security number
- Income and assets
- Premium payment history
- Bank routing/draft information (for the collection of premiums)
- Credit/debit card information (for the collection of premiums)

We do not disclose personal financial information about you (or former members) to any third party unless required or permitted by law.

We maintain physical, technical and administrative safeguards that comply with federal standards to guard your personal financial information.