



CHOICESM
Health Plans

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed. It also describes how you can get access to this information. Please review it carefully.

Thank you for being a member of VNSNY CHOICE, an affiliate of the Visiting Nurse Service of New York (VNSNY). VNSNY CHOICE Health Plans include a New York State Medicaid managed long term care plan and an HIV Special Needs Plan under contract with the New York State Department of Health (DOH), Medicare Advantage plans under contract to the United States Centers for Medicare and Medicaid Services (CMS), and a Fully Integrated Duals Advantage Plan under contract with both the DOH and CMS. In order for you to obtain services through VNSNY CHOICE, we collect, create and maintain personal health information about you, which includes any individually identifiable information that we obtain from you or others that relates to your past, present or future physical or mental health, the health care you have received, or payment for your health care. VNSNY CHOICE is required by law to maintain the privacy of this information. This Notice of Privacy Practices describes how VNSNY CHOICE protects your personal health information, how we may use and disclose your health information, and explains certain rights you have regarding this information. VNSNY CHOICE is providing you with this Notice in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and will comply with the terms as stated.

How VNSNY CHOICE Uses and Discloses Your Health Information

VNSNY CHOICE protects your health information from inappropriate use and disclosure. Your health information is obtained in the course of providing services to you and is related to your medical records, health visits and claims payment information. VNSNY CHOICE will not disclose any personal health information without your written authorization, unless such disclosure is permitted or required by law.

The law permits VNSNY CHOICE to disclose your health information without a signed authorization from you when we are using it to provide you with your health benefits. Our staff and those organizations contracted by us to provide service or business support are required to comply with our requirements to protect the confidentiality of your information. Here are some examples of when we may disclose information:

Treatment and Care Management. Health information about you may be used or disclosed to assist treatment by health care providers. This would include treatment provided to you by our providers, and coordinating and managing your

care with other providers such as physicians, hospitals, or nursing homes. For example, your nurse care manager will discuss your health conditions with your doctor to plan the nursing services or physical therapy you might receive at home. Your care manager may also discuss with other health care providers the types of services that would help you such as a nutritional evaluation.

Payment. Health information about you may be disclosed for our own payment purposes and to assist in the payment activities of other health plans and health care providers. Our payment activities include, without limitation, obtaining premiums, determining your eligibility for benefits, reimbursing health care providers that treat you and obtaining payment from other insurers that may be responsible for providing coverage to you. For example, if a health care provider submits a bill to us for services you received, your health information may be used to determine whether these services are covered under your benefit plan and the appropriate amount of payment for the provider.

Health Care Operations. Health information may be used and disclosed to support functions of VNSNY CHOICE, related to treatment and payment, which include, without limitation, care management, quality improvement activities, utilization review, actuarial analysis, internal audit, business management, program planning, accreditation, credentialing, certification, evaluating our own performance and resolving any complaints or grievances you may have. For example, we may collect and review records maintained by providers that have treated you to see whether they have provided you with preventive treatment and other important health services that are recommended by medical authorities. Your health information may also be used to assist other health plans and health care providers in performing certain health care operations, such as quality assurance, reviewing the competence and qualifications of health care providers and conducting fraud detection or compliance.

Business Associates. VNSNY CHOICE may use or disclose certain health information to its business associates who perform certain activities on our behalf. Business associates can include lawyers, pharmacy and dental benefit managers, accountants and other delegated entities. Their activities, which are governed by a written agreement with us, require the use or disclosure of personal health information in order to do their assignment for VNSNY CHOICE.

Government, Regulatory, and Law Enforcement Authorities. VNSNY CHOICE may also disclose certain personal health information to a variety of government, regulatory, or law enforcement authorities as follows:

Information may be disclosed to a federal or state health oversight agency such as the New York State Department of Health for the purposes of contract administration, inspections and audits.

Information may be disclosed to a law enforcement agency to respond to a court order, warrant, summons or similar process, to help identify or locate a suspect

or missing person, to provide information about a victim of a crime, a death that may be the result of criminal activity, or criminal conduct on our premises, or, in emergency situations, to report a crime, the location of the crime or the victims, or the identity, location or description of the person who committed the crime.

Information may also be shared for certain types of public health efforts involving births and deaths, communicable diseases or the safety or quality of FDA-regulated products with agencies such as the New York City Department of Health, and the Food and Drug Administration. In addition, information may be disclosed to the appropriate governmental authorities to avoid a serious threat to your health and safety, or when there is reason to suspect neglect, abuse or domestic violence.

Information will also be shared about a deceased person when necessary with coroners, medical examiners, funeral directors or with organizations involved with organ or tissue donations and transplantations.

Information may be released about you to authorized federal officials for intelligence, counterintelligence, other national security activities authorized by law or to authorized federal officials so they may provide protection to the President or foreign heads of state.

Information will also be disclosed about you when required to do so by applicable law.

Research. Your health information may be used and disclosed for research studies that might examine a type of care provided and its results. The research would only be done with the approval of the VNSNY Institutional Review Board, which must follow a special approval process. Before permitting any use or disclosure of your health information for research purposes, the VNSNY Institutional Review Board will balance the needs of the researchers and the potential value of their research against the protection of your privacy. When required, we will obtain a written authorization from you prior to using your health information for research.

To individuals involved in your care. Your health information may be disclosed to a family member, other relative or close personal friend assisting you in receiving or obtaining payment for health care services. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon our professional judgment. We may also disclose your health information to public or private disaster relief organizations such as the Red Cross to assist your family members or friends in locating you or learning about your general condition in the event of a disaster.

Fundraising. As a not-for-profit health care organization, our parent agency, VNSNY, may identify you as a patient for purposes of fundraising and marketing. You have the right to opt out of receiving such fundraising communications by contacting us at the email address or phone number we provide in the fundraising communication or by filling out and mailing back a preprinted, prepaid postcard contained in the fundraising communication.

Appointments, Information or Services. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related services that may be of interest to you.

Judicial and administrative proceedings. We may disclose your health information in the course of any judicial or administrative proceeding in response to an appropriate order of a court or administrative body.

Workers' compensation. We may use or disclose your health information as permitted by the laws governing the workers' compensation program or similar programs that provide benefits for work-related injuries or illnesses.

Military and Veterans. If you are a member of the Armed Forces, we may release health information about you as required by military command authorities.

Incidental Uses and Disclosures. Incidental uses and disclosures of your health information sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.

Special Treatment of Certain Records. HIV related information, genetic information, alcohol and/or substance abuse records, mental health records and other specially protected health information may enjoy certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.

Obtaining Your Authorization for Other Uses and Disclosures

Certain uses and disclosures of your health information will be made only with your written authorization, including uses and/or disclosures: (a) of psychotherapy notes (where appropriate); (b) for marketing purposes; and (c) that constitute a sale of health information under the Privacy Rule. VNSNY CHOICE will not use or disclose your health information for any purpose not specified in this Notice of Privacy Practices unless we obtain your express written authorization to do so. If you give us your authorization, you may revoke it at any time in writing, in which case we will no longer use or disclose your health information for the purpose you authorized, except to the extent we have relied on your authorization in providing benefits. We may not refuse to enroll or

continue to provide benefits to you if you decide not to sign an authorization form.

Your Rights Regarding Your Health Information

Right to Inspect and Copy. You have the right to inspect or request a copy of health information about you that we maintain and that we may use in making decisions about your benefits. Your request should describe the information you want to review. In limited circumstances, you may not be able to review or copy certain information. These include, without limitation, psychotherapy notes, or information collected in anticipation of a claim or legal proceeding. We may charge you a reasonable fee for copying. We may also deny a request for access to health information under certain circumstances if there is a potential for harm to yourself or others. If we deny a request for access for this purpose, you have the right to have our denial reviewed in accordance with the requirements of applicable law.

Right to Request Amendments. You have the right to request changes to any health information we maintain about you if you state a reason why this information is incorrect or incomplete. We may not agree to make the changes you request. If we do not believe the changes you requested are appropriate, we will notify you in writing how you can have your objection to our decision included in our records. In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.

Right to an Accounting of Disclosures. You have the right to receive a list of disclosures of your health information that have been made by VNSNY CHOICE. The list will not include disclosures made for certain types of purposes, including, without limitation, disclosures for treatment, payment or health care operations or disclosures you authorized in writing. Your request should specify the time period for which you want this list, which can be no longer than six years. The first time you ask for a list of disclosures in any 12-month period, we will provide it for free. If you request additional lists during a 12-month period, we may charge you a fee to cover our costs in providing the additional lists.

Right to Request Restrictions. You have the right to request restrictions on the ways in which we use and disclose your health information for treatment, payment and health care operations, or disclose this information to disaster relief organizations or individuals who are involved in your care. We may not agree to the restrictions you request. We are, however, required to comply with your request if it relates to a disclosure to your health plan regarding health care items or services for which you have paid the bill in full.

Right to Request Confidential Communications. You have the right to ask us to send health information to you in a different way or at a different location. Your request should also specify where and/or how we should contact you. We will accommodate all reasonable requests.

Right to Receive Notification of Breach. You have the right to receive a notification, in the event that there is a breach of your unsecured health information, which requires notification under the Privacy Rule.

Right to Paper Copy of Notice. You have the right to receive a paper copy of this Notice of Privacy Practices at any time. You may receive a paper copy even if you have previously requested to receive this Notice electronically. You may also print out a copy of this Notice by going to the VNSNY website at www.vnsny.org.

To make a request as described in the section “Your Rights Regarding Your Health Information”, please submit it in writing to:

VNSNY CHOICE
HIPAA Privacy Officer
1250 Broadway – 11th Floor
New York, N.Y. 10001

Complaints

If you believe your privacy rights have been violated, you may file a complaint with VNSNY CHOICE or the Secretary of the U.S. Department of Health and Human Services. You will not be penalized or retaliated against by VNSNY CHOICE for filing a complaint. Please submit your complaint in writing to the above address.

Additional Information

If you have a question about the VNSNY CHOICE Notice of Privacy Practices, you may write to the above address or call 1-888-867-6555 and ask for the HIPAA Privacy Officer.

Changes to this Notice

VNSNY CHOICE may change the terms of this Notice of Privacy Practices at any time. If we change the terms of this Notice, the new terms will apply to all of your health information, whether created or received by VNSNY CHOICE before or after the date on which the Notice is changed. We will notify you of changes to this Notice by posting a copy of the Notice on its Website.