



Notice of Privacy Practices
Effective Date: 10/01/2018

THIS REQUIRED NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED/DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Please direct any questions to Member Services at (855) 624-6463.

Community Health Options (Health Options) respects the privacy of our Member's protected health information (PHI).

Health Options is required by law to:

- maintain the privacy of your PHI;
- provide you this detailed Notice of our legal duties and privacy practices relating to your PHI (upon enrollment and on an annual basis);
- notify affected individuals of a breach of unsecured PHI; and
- abide by the terms of the Notice that are currently in effect.

Use and Disclosure of Your PHI without Authorization

Health Options may use and disclose your PHI without your authorization for the following purposes:

For Health Care Operations: Health Options may use and disclose PHI during the course of running our health business, including for: quality assessment and improvement; licensing; accreditation by independent organizations; performance measurement and outcomes assessment; health services research; preventive health; disease management, case management and care coordination; administrations of reinsurance and stop loss; underwriting and rating; detection and investigation of fraud; administration of pharmaceutical programs and payments; transfer of policies or contracts from and to other health plans; data and information systems management; and Member Services. Health Options will not use or disclose PHI that is genetic information of an individual for underwriting purposes.

For Treatment: Although Health Options does not provide healthcare treatment services, Health Options may use and disclose your PHI for treatment purposes. For instance, this includes coordinating care with healthcare providers to provide you with treatment and services. Health Options may disclose PHI to doctors, dentists, pharmacies, hospitals and other healthcare providers who take care of you.

For Payment: Health Options may use and disclose your PHI for payment for treatment and services you receive. For instance, Health Options may disclose your PHI to the Member's designee (Personal Representative), an insurance or managed care company, Medicare, or another third-party payer. This information or an accompanying bill may include information that identifies you. Health Options may also use and disclose your PHI for: conducting utilization and medical necessity reviews; coordinating care; determining eligibility; determining formulary compliance; collecting premiums; calculating cost-sharing amounts; and responding to complaints, appeals and requests for external review. Health Options may also use PHI for mail order pharmacy services provided to you.

Plan Administration: Health Options may disclose PHI to your employer or group policyholder (for group health insurance plans), when appropriate language has been included in your plan documents, or when summary data is disclosed to assist in bidding or amending a group health plan.

Business Associates: Health Options may disclose your PHI to business associates that perform services on our behalf and have agreed in writing to maintain the privacy of your PHI.

As Required by Law: Health Options may disclose your PHI when required by law to do so.

Public Health Activities: Health Options may disclose your PHI for public health activities.

Reporting Abuse, Neglect or Exploitation: Health Options may use and disclose your PHI to notify a government entity authorized to receive reports of suspected abuse, neglect, or exploitation of children or dependent or incapacitated adults.

Health Oversight Activities: Health Options may disclose your PHI to a health oversight agency for oversight activities authorized by law.

Judicial and Administrative Proceedings: Health Options may use and disclose PHI in the course of a judicial or administrative proceeding under certain circumstances.

Law Enforcement: Health Options may use and disclose your PHI for certain law enforcement purposes as required or authorized by law or in response to a valid subpoena under certain circumstances.

To Avert a Serious Threat to Health or Safety: When permitted by law, Health Options may use and disclose your PHI when necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Worker s' Compensation: Health Options may use or disclose your PHI to comply with laws relating to workers' compensation or similar programs.

Research: Health Options may use and disclose PHI for research purposes under certain circumstances.

Use and Disclosure of Your PHI Requiring an Authorization

Uses and disclosures of your health information, not otherwise addressed in this notice, will be made only with your (or your personal representative's) written authorization. You may revoke your written authorization at any time to the extent that it has not already been relied upon. Authorization forms and revocation of authorization forms are available by contacting Member Services at (855) 624-6463.

Among the uses and disclosures that require your authorization include:

Sale of PHI: Health Options will not sell your PHI without written authorization, except as allowed by law.

Psychotherapy Notes: To the extent that Health Options maintains psychotherapy notes, we must have written authorization to use and disclose psychotherapy notes that we may maintain. There are a few exceptions to this rule, including when:

- the creator of the psychotherapy notes uses them for treatment;
- Health Options use or discloses the psychotherapy notes for professional training programs for students, trainees, or practitioners in mental health; or

- Health Options use or discloses psychotherapy notes in defense of a legal action brought by the individual who is the subject of the psychotherapy notes.

Health Options Protects Your PHI

Health Options has Privacy Policies and Procedures in place to protect PHI from unauthorized access.

HIV Information and Records: Maine law provides special protections for HIV information and records. Health Options will protect HIV information and records to the extent required by Maine law.

Substance Use Program Information and Records: Federal law provides special protections for certain substance use program information and records (42 C.F.R. Part 2) Health Options will protect this information and these records to the extent required by federal law.

Your Rights Regarding Your PHI

Right to Request Restrictions: You have the right to request restrictions on Health Options' use and disclosure of your PHI. Understand that a restriction of PHI for services may result in an inability to offer complete treatment and care. A form to request restrictions of PHI is available by contacting Member Services at (855) 624-6463.

We are not required to agree to a requested restriction. The only exception is for requests to restrict certain disclosures for payment and health care operations purposes relating to a health care item or service, but you must first pay out-of-pocket and in full for that item or service.

Right to Receive Confidential Communications: You have the right to request in writing, and Health Options must accommodate reasonable requests by Members, to receive communications of PHI from Health Options by alternative means or at alternative locations. A form to request confidential communications is available by contacting Member Services at (855) 624-6463.

Right to Amend PHI: You have the right to request an amendment to your PHI. Your request must be made in writing and you must provide a reason that supports your request. Under certain circumstances, Health Options may deny your request. A form to request an amendment to PHI is available by contacting Member Services at (855) 624-6463.

Right to an Accounting of Disclosures: You have the right to request that we provide you with an accounting of certain disclosures. Your request must state a time period which may not be longer than six years from the date of your request. A form to request an accounting of disclosures is available by contacting Member Services at (855) 624-6463.

Right of Access to PHI: You have the right to request your medical or billing records or other written information that may be used to make decisions about your care. Health Options may deny access to records in certain cases, and we will notify you if this happens. Health Options must allow you to inspect your records within 30 days of your request. Health Options may charge a reasonable fee, as allowed by law, for our costs in copying and mailing your requested information. A form to request access to PHI is available by contacting Member Services at (855) 624-6463.

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 by contacting Member Services at (855) 624-6463. An electronic version of this Notice is available within your Member portal on pioneeraso.org.

Your Rights to File Complaints and to be Informed of Privacy Policy Changes

Complaints: If you believe that your privacy rights have been violated you may file a complaint in writing to Health Options or with the Office of Civil Rights in the U.S. Department of Health and Human Services. Complain forms may be obtained by calling Member Services at (855) 624-6463. for a complaint form.

Changes to this Notice: Health Options will promptly revise, announce, and make available electronically this Notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. Health Options reserves the right to change this Notice and to make the revised or new Notice provisions effective for all PHI already received and maintained by Health Options as well as for all PHI Health Options receives in the future. Health Options will provide a copy of the revised Notice to all Members then covered in its next annual mailing. This Notice is available on your Member portal at pioneeraso.org, and any changes made to it will be promptly reflected.

For more information, contact: Privacy Officer, Community Health Options, Mail Stop 100, PO Box 1121, Lewiston, ME 04243, (855) 624-6463, (207) 402-3330.

Notice Regarding the Newborns' and Mothers' Health Protection Act

Under federal law, health insurance issuers generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, an issuer may not, under federal law, require that a physician or other healthcare provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, please contact Member Services at (855) 624-6463.

Notice Regarding the Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.