

# NOTICE OF PRIVACY PRACTICES

EFFECTIVE: 08/01/2021

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.

CalViva Health provides health care coverage to you and/or your family. We are required by state and federal law to protect your health information. We must give you this Notice that tells how we may use and share your information and what your rights are.

## **Your information is personal and private.**

We receive information about you after you become eligible and enroll in our health plan. We also receive medical information from your doctors, clinics, labs and hospitals in order to pay for your health care. We are prohibited from using or disclosing genetic information for underwriting purposes.

## **CHANGES TO NOTICE OF PRIVACY PRACTICES**

CalViva Health must obey this Notice. We have the right to change these privacy practices. If we do make changes, we will revise this Notice and send it to you.

## **HOW WE MAY USE AND SHARE INFORMATION ABOUT YOU**

Your information may be used or shared by CalViva Health only for a reason directly connected to your health care.

The information we use and share includes:

- Your name,
- Address,
- Personal information about your circumstances,
- Medical care given to you, and
- Your medical history.

## **Some Examples**

For treatment: You may need medical treatment that requires us to approve covered care in advance. We will share information with doctors, hospitals and others in order to get you the care you need.

For payment: CalViva Health reviews, approves and pays for health care claims sent to us for your medical care. When we do this, we share information with the doctors, clinics and others who bill us for your care. And we may forward bills to other health plans or organizations for payment.

For health care operations: We may use information in your health record to judge the quality of the health care you receive. We may also use this information in audits, fraud and abuse programs, planning and general administration. We also provide the names of members to county immunization reporting registries who report to CalViva Health whether members have received immunizations to assess their immunization status and to report related information to the California Department of Health Care Services. Members may instruct their health care provider that they do not consent to the provider's sharing of their immunization information with a county immunization registry.

Actions we take when we act as a health care plan include checking your eligibility, enrollment and amount of medical aid, approving, giving and paying for covered health care services, and investigating or prosecuting cases (such as fraud).

#### **OTHER USES FOR YOUR HEALTH INFORMATION**

We may also send you information about free medical exams and food programs. We will also send your information when we are required or permitted to do so by law. Sometimes a court will order us to give out your health information. We will also give out information when legally required to do so for the operations of the health care program. This may involve fraud or actions to recover money from others, when another responsible party has paid your medical claims.

You or your doctor, hospital and other health care providers may appeal decisions made about claims for your medical care. Your health information may be used to make these appeal decisions.

#### **WHEN WRITTEN CONSENT IS NEEDED**

If we want to use your information for the reasons listed below, we must get your written consent:

- For marketing purposes
- For disclosures that constitute the sale of your information
- For the use and disclosure of psychotherapy notes

If we want to use your information for a purpose not listed above, we must get your written consent. If you give us your consent, you may take it back in writing at any time.

#### **WHAT ARE YOUR PRIVACY RIGHTS?**

You have the right to ask us not to use or share your personal health care information in the ways described above. We may not be able to agree to your request.

You have the right to receive notice whenever a breach of your information occurs.

You have the right to ask us to contact you only in writing or at a different address, post office box or phone number.

We will accept reasonable requests when necessary to protect your safety.

You and your personal representative have the right to get a copy of your information. You will be sent a form to fill out and may be charged a fee for the costs of copying and mailing records. (We may keep you from seeing certain parts of your records for reasons allowed by law.)

You have the right to ask that information in your records be changed if it is not correct or complete. We may refuse your request if the information is not created or kept by CalViva Health, or we believe it is correct and complete.

If we don't make the changes you ask, you may ask that we review our decision. You may also send a statement saying why you disagree with our records and your statement will be kept with your records.

When we share your health information for reasons other than treatment, payment or CalViva Health operations, you have the right to request a list of whom we shared the information with, when we shared it, for what reasons, and what information was shared.

## **\*\*\*\*\* IMPORTANT \*\*\*\*\***

CA LVIVA HEALTH DOES NOT HAVE COMPLETE COPIES OF YOUR MEDICAL RECORDS. IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE YOUR MEDICAL RECORDS, PLEASE CONTACT YOUR DOCTOR OR CLINIC.

### **HOW DO YOU CONTACT US TO USE YOUR RIGHTS?**

If you want to use the privacy rights explained in this Notice, please call or write us at:  
CalViva Health Privacy Office  
Attention: Chief Compliance Officer  
7625 N. Palm Ave., Suite 109  
Fresno, CA 93711  
Phone: 1-866-863-2465  
Fax: (559) 446-1998

### **COMPLAINTS**

If you believe that we have not protected your privacy and wish to complain, you may file a complaint by calling or writing:

Privacy Officer  
c/o Office of Legal Services  
California Department of Health Care Services  
1501 Capitol Avenue  
P.O. Box 997413  
Sacramento, CA 95899-7413

(916) 255-5259 or 1-877-735-2929 TTY/TDD

E-mail: [PrivacyOfficer2@dhcs.ca.gov](mailto:PrivacyOfficer2@dhcs.ca.gov)

**OR**

Secretary of the U.S. Department of Health and Human Services  
Office for Civil Rights  
Attention: Regional Manager  
50 United Nations Plaza, Room 322  
San Francisco, CA 94102

For more information, call 1-800-368-1019

**OR**

U.S. Office for Civil Rights at 1-866-OCR-PRIV 1-866-627-7748) or 1-866-788-4989 TTY

**USE YOUR RIGHTS WITHOUT FEAR**

CalViva Health cannot take away your health care benefits or do anything to hurt you in any way if you choose to file a complaint or use the privacy rights in this Notice.

**QUESTIONS**

If you have questions about this Notice and want further information, please contact us at the address and phone number provided above.