

EFFECTIVE DATE: SEPTEMBER 23, 2013

## **NOTICE OF PRIVACY PRACTICES**

**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.**

VillageCareMAX has a Managed Long Term Care (MLTC) Plan, and Medicare Advantage Prescription Drug Plans (MAPD) that are offered by Village Senior Services Corporation. In order for you to obtain services through VillageCareMAX health plans, we collect, create and maintain personal health information about you. VillageCareMAX is required by law to protect the privacy of this information. This Notice of Privacy Practices describes how VillageCareMAX may use and disclose your health information, and explains certain rights you have regarding this information. VillageCareMAX is providing you this Notice in accordance with the Health Insurance Portability and Accountability Act ("HIPAA") of 1996 and will comply with the terms as stated. You or your personal representative may also obtain a copy of this notice and any future amendments to it by accessing our website at [www.VillageCareMAX.org](http://www.VillageCareMAX.org) or requesting a copy from our staff.

*VillageCareMAX provides care management, arranges and pays for care to be provided through its participating providers. The privacy practices described in this notice will be followed by: all employees, directors and officers of VillageCareMAX; all persons and entities we contract with us and help us operate our MLTC, and MAPD plans – our "business associates."*

### **HOW WE USE OR SHARE YOUR INFORMATION**

We are committed to protecting the privacy of information we gather about you while providing your healthcare services. In this notice, when we talk about "information" or "health information" we mean information we receive directly/indirectly from you through enrollment forms such as your name, address and other demographic data; information from your transactions with us or our providers such as: medical history, health care treatment, prescriptions, health care claims and encounters, health service requests and appeal or grievance information; or financial information pertaining to your eligibility for governmental health programs or pertaining to your payment of premiums.

### **AUTHORIZATION REQUIRED FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

Except as described in this Notice of Privacy Practices, and as permitted by applicable state or federal law, we will not use or disclose your personal information without your prior written authorization. We will also not disclose your personal information for the purposes described below without your specific prior written authorization:

- Your signed authorization is required for the use or disclosure of your protected health information for marketing purposes, except when there is a face-to face marketing communication or when we use your protected health information to provide you with a promotional gift of nominal value.
- Your signed authorization is required for the use or disclosure of your personal information in the event that we receive remuneration for such use or disclosure, except under certain circumstances as allowed by applicable federal or state law.

*If you give us written authorization and change your mind, you may revoke your written authorization at any time, except to the extent we have already acted in reliance on your authorization. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not re-disclose the information.*

## USES AND DISCLOSES OF YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

*We may use your health information or share it with others as necessary in order to provide you with treatment or care, to obtain payment for that treatment or care, and run our business operations. In some cases, we may also disclose your health information for payment activities and certain business operations of another health care provider or payor. Below are further examples of how your information may be used and disclosed for these purposes.*

**Treatment Purposes.** Health information may be used or disclosed as necessary for the treatment, coordination and management of health care and related services for you by one or more health care providers, including consultation between providers regarding your care and referral of your care by VillageCareMAX or another health plan or provider to another health care provider. This would include treatment provided to you by our participating providers, such as physicians, hospitals, nursing homes and home care providers. For example, your care manager will discuss your health conditions with your doctor to plan the nursing services or physical therapy you might receive at home.

**Payment.** Health information about you may be disclosed as necessary for our own payment purposes and to assist in the payment activities of other health plans and health care providers. Our payment activities include 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.

**Business Operations.** Health information about you may be used and disclosed to carry out health care operations, which includes, but is not limited to care management and coordination, quality assurance and performance improvement activities, including performance evaluations of our health plans and participating providers, provider credentialing, and health plan accreditation activities; review of your health benefit utilization, conducting or arranging for medical reviews, audits or legal services, including fraud and abuse detection and compliance programs; specified insurance functions, business planning, development, management and administration; and business management and general administrative activities of VillageCareMAX, including but not limited to: de-identifying protected health information, creating a limited set of data for authorized purposes, actuarial analysis, resolving complaints or grievances you or your health care providers may have, and certain fundraising for the benefit of VillageCareMAX, and 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 network providers and conducting fraud detection.

**As Required By Law.** We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures if notice is required by law, including by statute, regulations or court orders.

We may also use and disclose you health information as follows:

- To authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities, including activities for preventing or controlling disease, injury or disability;
- To a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, we may report your information to government officials if we reasonably believe that you have been a victim of such abuse, neglect or domestic violence for law enforcement purposes;
- To prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person ;
- To authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

- To conduct audits, investigations, and inspections of our health plans. The government agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs, civil rights laws and other laws and regulations;
- For research purposes in limited circumstances;
- To a coroner, medical examiner, or funeral director about a deceased person;
- To an organ and tissue donation organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

## **ADDITIONAL USES AND DISCLOSURES PERMITTED WITHOUT YOUR AUTHORIZATION**

**Treatment Alternatives, Benefits And Services.** In the course of planning and arranging for your treatment and services we may use your health information in order to recommend to you possible treatment alternatives or health-related benefits and services that may be of interest to you.

**Fundraising.** To support our business operations, we may use demographic information about you, including information about your age and gender, when deciding whether to contact you or your personal representative to raise money to help us operate. We may also share this information with a charitable foundation that will contact you or your personal representative to raise money on our behalf. However, you have the right to opt not to permit these uses or receive fundraising communications by communicating that decision to us.

**Business Associates.** We may disclose your health information to contractors, agents and other business associates who need the information in order to assist us in arranging for your care, paying or arranging for payment for your care or carrying out our business operations. If we do disclose your health information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information.

**Family And Friends Involved In Your Care.** Based on your informal permission and if you do not object, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care. We may also notify a family member, personal representative or another person responsible for your care about your location and general condition, or about the event of your death. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons.

**Special Protections For HIV, Alcohol and Substance Abuse, Mental Health And Genetic Information.** Special privacy protections apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information in addition to the protections described in this general Notice of Privacy Practices. If your treatment involves this information, you will be provided with separate notices explaining how the information will be protected.

## **YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION**

*You have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters. If you would like to exercise the rights described in this notice, please contact the Privacy Officer, 120 Broadway, Suite 2840, New York, NY, 10271 or call 212-337-5760.*

**Right To Inspect And Copy Records.** You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please submit your request to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. The standard fee is \$0.75 per page and must generally be paid before or at the time

we give the copies to you. We will respond to your request for inspection of records within twenty-four hours. We ordinarily will respond to requests for copies within two working days.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we do, we will provide you with a summary of the information instead. We will also provide a written notice that explains our reasons for providing only a summary, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. The notice will also include information on how to file a complaint about these issues with us or with the Secretary of the Department of Health and Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

**Right To Amend Records.** If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please submit your request to the Privacy Officer. Your request should include the reasons why you think we should make the amendment. Ordinarily we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

If we deny part or all-of-your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

**Right To An Accounting Of Disclosures.** You have a right to request an “accounting of disclosures” which identifies certain other persons or organizations to whom we have disclosed your health information in accordance with applicable law and the protections afforded in this Notice of Privacy Practices.

An accounting of disclosures also does not include information about the following disclosures:

- Disclosures we made to you or your personal representative;
- Disclosures we made pursuant to your written authorization;
- Disclosures we made for treatment, payment or business operations;
- Disclosures made to your friends and family involved in your care or payment for your care;
- Disclosures that were incidental to permissible uses and disclosures of your health information;
- Disclosures for purposes of research, public health or our business operations of limited portions of your health information that do not directly identify you;
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures about inmates to correctional institutions or law enforcement officers; or

Your request must state a time period within the past six years for the disclosures you want us to include. For example, you may request a list of the disclosures that we made between January 1, 2014 and January 1, 2015. You have a right to receive one accounting within every 12-month period for free. However, we may charge you for the cost of providing any additional accounting in that same 12-month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily we will respond to your request for an accounting within 60 days. If we need additional time to prepare the accounting you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting. In rare cases, we may have to delay providing you with the accounting without notifying you because a law enforcement official or government agency has asked us to do so.

**Right To Request Additional Privacy Protections.** You have the right to request that we further restrict the way we use and disclose your health information for purposes of providing or arranging for treatment, paying or arranging payment for treatment or operating our health plans. You may also request that we limit how we disclose information about you to family or friends authorized to be involved in your care. For example, you could request that we not disclose information about any treatment you received or your plan of care. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. *However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law.* Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

**Right To Request Confidential Communications.** You have the right to request that we communicate with you or your personal representative about your medical matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. *We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.* Please specify in your request how you or your personal representative wish to be contacted, and how payment for your health care will be handled if we communicate with your personal representative through this alternative method or location.

**Notification of Breach of Unsecured Protected Health Information.** You will receive notification of any breach of your unsecured protected health information that we either identify ourselves or is reported to us by a Business Associate or its subcontractors.

## **ADDITIONAL INFORMATION**

**How To Obtain A Copy Of This Notice.** You have the right to a paper copy of this notice. You may request a paper copy at any time. To do so, please call VillageCareMAX at 1-800-469-6292 (TTY 711) or send a request to 112 Charles Street, New York, NY 10014. You may also obtain a copy of this notice from our website at [www.VillageCareMAX.org](http://www.VillageCareMAX.org).

**How To Obtain A Copy Of Revised Notice.** We may change our privacy practices from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices. The revised notice will apply to all of your health information. We will post any revised notice in each of our facility reception areas. You or your personal representative will also be able to obtain your own copy of the revised notice by accessing our website at [vcny.org](http://vcny.org) or requesting a copy from our staff. The effective date of the notice will always be noted in the top right corner of the first page. We are required to abide by the terms of the notice that is currently in effect.

**How To File A Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services- Office for Civil Rights at 200 Independence Avenue S.W., Washington D.C. 20201 or call 1-877-696-6775 or go on line at [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). To file a complaint with us, please contact us at 1-800-469-6292 (TTY 711). *No one will retaliate or take action against you for filing a complaint.*