ALAMEDA ALLIANCE FOR HEALTH (ALLIANCE) NOTICE OF PRIVACY PRACTICES

This notice applies to all Alameda Alliance for Health (Alliance) members, including those enrolled in Alliance Group Care, Alliance Medi-Cal (Medicaid), and Alameda Alliance Wellness Health Maintenance Organization (HMO) Dual Eligible Special Needs Plan (D-SNP).

A statement about Alliance policies and procedures for keeping medical records confidential (private) is available upon request. This notice explains how medical information about you may be used and shared, and how you can access it. Please review it carefully.

In this notice, the terms "the Alliance," "we," "us," and "our" refer to the Alliance and its affiliates (partners).

The Alliance is committed to keeping your information confidential. As required by law, the Alliance must maintain your information privately and provide you with a notice about our legal duties and privacy practices. This notice explains how the Alliance may use and share your information. This notice also explains your rights and our legal duties with respect to your information. The Alliance complies with federal civil rights laws.

The Alliance does not treat people unfairly (discriminate) based on:

- Age
- Color
- Disability
- Ethnicity
- Gender identity
- Language
- National origin
- Race
- Sex
- Sexual orientation

If you have questions about this notice or want help to apply your rights, please call or write us. You can also request this notice in your preferred language or other alternative format at no cost to you.

For Alliance Group Care and Medi-Cal members:

Attn: Member Services Department
Alameda Alliance for Health
1240 South Loop Road
Alameda, CA 94502

Phone Number: **1.510.747.4567**
Toll-Free: **1.877.932.2738**
If you cannot hear or speak well (CRS/TTY): **711/1.800.735.2929**

For Alameda Alliance Wellness members:

Attn: Alameda Alliance Wellness Member Services Department
Alameda Alliance for Health
1240 South Loop Road
Alameda, CA 94502

Seven (7) days a week, 8 am – 8 pm
Toll-Free: **1.888.88A.DSNP (1.888.882.3767)**
If you cannot hear or speak well, use TTY **711** or call **1.800.735.2929**

A. Types of Information the Alliance Keeps

The Alliance receives protected health information (PHI) that identifies you. This may include your name, contact information, personal details, and financial information. This information comes from state, federal, and local agencies after you qualify for or join an Alliance program. The Alliance also receives PHI directly from you and from your health care providers, like physicians, clinics, hospitals, labs, and other insurance companies or payors. The Alliance uses this information to manage your care, pay for services, improve your health care, and contact you.

The Alliance does not use your genetic information to make decisions about your care or health care coverage.

The Alliance may receive information about your race, ethnicity, sexual orientation, disability status, or language. The Alliance may use this information to support your care, contact you, and to identify your needs, like providing educational materials in your preferred language and offering interpretation services at no cost to you. The Alliance uses and shares this information as described in this notice.

If you are enrolled in a Medicare Advantage (MA) or Dual Eligible Special Needs Plan (D-SNP), the Alliance receives health information about you from Medicare and other government agencies. This information may include your name, Medicare ID number, date of birth, enrollment status, and covered services. This helps to manage your care and benefits.

The type of information the Alliance collects may depend on the program. In addition to your address and phone number, the Alliance may collect personal details like your age, race, ethnicity, gender, sexual orientation, disability status, and preferred language. The Alliance also may collect and keep your health care information (also known as PHI).

This may include:

- Diagnoses and health conditions
- Lab results
- Medical findings
- Medical history
- Prescriptions
- Providers you see

The Alliance may collect information about any health and wellness classes you attend, participation in other health programs or plans, and financial documents you submit when you apply for coverage.

Your information is used only to provide care, process payments, manage your plan benefits, and meet legal and regulatory rules. The Alliance does not use any of this information to make decisions about your health care coverage or cost.

The Alliance is committed to protecting your PHI. The Alliance keeps the PHI of our current and former members private and secure. This is required by law and accreditation (approval) standards. The Alliance uses physical and electronic security measures (safeguards) to protect your information. Our staff is regularly trained in the correct way to use and share PHI. Some of the ways the Alliance protects PHI is to secure offices, lock desks and filing cabinets, password-protect computers and electronic devices, and limit access to only the information staff need to perform their jobs.

Some information about substance use disorder (SUD) treatment has extra privacy rules under federal law. If you have received SUD treatment from a program that gets federal funding, some records about that care may be protected by a law called 42 Code of Federal Regulations (CFR) Part 2.

B. How the Alliance May Use or Share Your Information

The Alliance may use and share PHI in the following ways:

- Treatment – The Alliance may use and share PHI with health care and service providers like doctors, hospitals, durable medical equipment (DME) suppliers, and others. This is to support your care, coordinate services, and provide information that helps with your treatment.
- Payment – The Alliance may use and share PHI with providers, service organizations, and other insurers or payors to process payment requests and to pay for the health services you receive.
- Health Care Operations – The Alliance may use and share PHI as part of running our organization and programs. This includes activities like audits, quality improvement, care management, and coordination. The Alliance may also share PHI with State, Federal, and County agencies to check if you qualify, confirm you are in the program, and oversee the program.

Examples of how the Alliance uses PHI:

1. To provide doctors or hospitals with your information to confirm benefits, copays, deductibles, approve care or referrals in advance, and to process and pay claims for services you received.
2. To review and improve the quality of your care, services, and provider performance, and to support quality improvement efforts using data, as allowed by HIPAA.

3. To offer you health education or support services, such as managing chronic conditions, wellness and diabetes programs, or fitness classes.
4. To remind you about routine health screenings or check-ups. Unless you tell us not to, reminders may be left on your voicemail or with someone who answers the phone.
5. To share your information with business associates (partners) who perform services on our behalf. These business associates are required by federal and California law to protect your information. They may only use or share it as permitted by their agreement with us and the laws that apply.
6. To communicate with your family members, personal representative, or caregiver about your location, general condition, or death, including in the event of a disaster. If you are not able to agree or object, the Alliance may use our professional judgment to decide if sharing your information is in your best interest.
7. To carry out essential health care operations such as legal services, internal audits, fraud investigations, business planning, and general management activities.
8. To share your information for research when permitted by law without written consent.
9. To contact you about products or services. The Alliance will not use or share your information for marketing that requires your permission unless you give written consent.
10. To comply with legal and government requirements, including court or administrative orders, subpoenas, or warrants.
11. To cooperate with law enforcement for authorized (approved) purposes, such as locating a missing person.
12. To share information for special government functions like military, national security, or correctional custody, as required by law.
13. To share information with health oversight agencies for audits, investigations, inspections, to get a license, and other legal oversight duties.
14. To report to public health authorities for legally authorized (approved) purposes, such as disease control, tracking medication outcomes, and preventing the spread of illness.
15. To report suspected child, elder, or dependent adult abuse or neglect to protective services or other government agencies as required by law.
16. To share your information with insurers when reviewing a health plan application.
17. To share information with your employer only with your consent or as required by law, for job-related medical claims or workplace health monitoring.
18. To assist coroners, medical examiners, or funeral directors in identifying a deceased person, determining the cause of death, or carrying out their duties.
19. To support organ, eye, or tissue donation and transplant services by sharing information with authorized (approved) organizations.
20. To help ensure product safety by reporting issues with medications, medical devices, or other health-related products to the U.S. Food and Drug Administration (FDA).
21. To share your information with your legal guardian, conservator, or personal representative who is authorized (approved) by law to act on your behalf.
22. To provide certain information to you through a third-party application of your choice, as required by federal Interoperability Rules. The Alliance is not responsible for your data once shared with a third-party application at your request.

23. To share your health information through Health Information Exchanges (HIEs) that allow providers and public health officials to coordinate care and avoid duplicate services. You may request to opt out. Some sensitive records may require your direct permission to be shared.
24. To participate in the California Data Exchange Framework (DxF), which enables the secure sharing of health and social service information among health care organizations, government agencies, and community programs, as required by state law. To learn more, visit **https://www.cdii.ca.gov/committees-and-advisory-groups/data-exchange-framework**.

C. Special Protections for Substance Use Disorder (SUD) Records

Some health information about substance use disorder (SUD) treatment is subject to additional privacy measures under federal law. Records that show an individual as having sought or received substance use disorder treatment from a federally assisted program may be protected by federal regulations at 42 Code of Federal Regulations (CFR) Part 2.

When 42 CFR Part 2 applies, the Alliance may use or share SUD records only as allowed by federal law. In many cases, Part 2 requires the member's written consent before SUD records may be used or shared. This is true for purposes that would otherwise be permitted under HIPAA, such as treatment, payment, or health care operations.

The privacy measures for SUD records under 42 CFR Part 2 are stricter than those under HIPAA. If Part 2 applies to your SUD records, those records may be subject to further limitations on use, disclosure, and redisclosure beyond those described elsewhere in this Notice of Privacy Practices.

When required by law, sharing of SUD records made with consent must include a statement to not allow redisclosure (re-sharing), unless another law permits it.

D. When the Alliance May Not Use or Share Your Information

Except as described in this Notice of Privacy Practices, the Alliance will not use or share your information without your written consent. If you do permit the Alliance to use or share your information for another purpose, you may take back your consent in writing at any time, unless the Alliance has already relied on your written consent to use or share your information.

E. The Alliance May Contact You

The Alliance may use your PHI to contact you or your authorized (approved) representative about your benefits, services, health care provider options, and billing. All communications will comply with laws that apply, including the Telephone Consumer Protection Act (TCPA).

The Alliance may contact you in the following ways:

Phone Calls

If you or your designee has provided a phone number (including a cell phone), the Alliance and our authorized partners may call you. We also may call you through an automated system or artificial voice, as permitted by law. Your carrier may charge for these calls. Please check with them for details. To stop receiving calls, notify the caller or request to be added to our Do Not Call list.

Text Messages

If a mobile number is provided, the Alliance may send texts for things like reminders, available services, or payment confirmations. Standard text message rates may apply. To stop receiving texts, reply with "STOP" or follow the unsubscribe instructions in the message.

Emails

If you or your designee has given us an email address, the Alliance may email you information about enrollment, benefits, providers, and payments. This is only if you have agreed to receive this electronically. Please note that an unencrypted (unsecure) email may pose privacy risks if accessed by a shared or unsecured device. By using email, you accept those risks and waive any related protections. To stop receiving emails, follow the unsubscribe link included in each message.

F. Your Privacy Rights

Federal law gives extra privacy protections for some substance use disorder (SUD) records. When these protections apply, your SUD records may have more limits on how they can be used or shared.

1. Sensitive Services – If you are of the age and can consent to sensitive services, you are not required to get any parent or guardian authorization to receive sensitive services or to submit a claim for those services. You can ask the Alliance to send communications about sensitive services to a different mailing address, email address, or telephone number of your choice. This is called a “request for confidential communications.” If you consent to care, the Alliance will not share information about your sensitive services with anyone else without your written permission. If you do not provide another mailing address, email address, or telephone number, the Alliance will send communications to the address or number on file in your name.
2. Confidential Communications – You may request that the Alliance contact you privately. This request needs to be submitted in writing to the Alliance. You can ask us to contact you in a specific way (like by home or office phone) or to send mail to a different address. Not all requests may be approved, but the Alliance will accept reasonable requests. Your request must be in writing and should mention how or where you wish to be contacted. If your request has a cost, the Alliance will let you know in advance. Your request for confidential communications will remain in effect until you cancel it or submit a new request.

3. Limits on Use or Sharing – You have the right to ask for limits on certain uses and sharing of your information. You can do this with a written request that tells us what information you want to limit and how you want to limit our use or sharing of it. The Alliance is not required to agree to your request, except in certain situations where the law requires us to do so. This may be when you pay out-of-pocket in full for a service and ask us not to share that information with your health plan. The Alliance may deny the request if it would affect your care, payment of claims, key operations, or noncompliance with rules, regulations, government agencies, law enforcement requests, or a court or administrative order. The Alliance will review your request and let you know if it has been accepted or denied.
4. Getting Health Records – You have the right to see and save a copy of your information. To see your information, you must send a written request and tell us what information you want to see. Also, let us know if you want to see it, copy it, or get a copy of it. California law allows us to charge a fair fee to copy records.

   The Alliance may deny your request under limited circumstances, examples include:

   a. Psychotherapy notes: These are personal notes of a mental health care provider documenting or analyzing the contents of a counseling session, that are maintained separately from the rest of the patient's medical record. See 45 CFR 164.524(a)(1)(i) and 164.501.
   b. Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. See 45 CFR 164.524(a)(1)(ii).
   c. When the Alliance does not have the records. The Alliance contracts with community-based physicians, provider groups, hospitals, and ancillary providers to render services to our members. The complete medical records regarding our members are retained by those community-based physicians, provider groups, hospitals, and ancillary providers, not by the Alliance. You may need to contact the healthcare providers to obtain medical records.

5. Right to request information through a third-party application – You have the right to request access to your health information through a third-party application of your choice, as allowed under the federal Interoperability and Patient Access Rules.
6. Correcting Health & Claims Records – If you believe there is a mistake in your PHI, you can ask us to correct it. There may be some information that the Alliance may not be able to change, like the doctor’s diagnosis, and the Alliance will tell you that in writing. If someone else gave us the information, e.g., your doctor, then the Alliance will let you know, so you can ask them to correct it. If the Alliance denies your request, the Alliance will explain why and let you know how to appeal the decision.

7. List of whom records have been shared with – You can ask us for a list of the times the Alliance has shared your health information, who the Alliance shared it with, and a brief description of the reason. The Alliance will provide you with the list for the period you request. By law, the Alliance will provide the list for a maximum of six (6) years prior to the date of your written request. The Alliance will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures, such as when the Alliance shared the information with you, or with your permission. Please note that a fee may apply.
8. Right to receive notice of privacy breach – The Alliance will promptly let you know if a breach occurs that may have compromised the privacy or security of your PHI.
9. Right to a paper copy of this Notice of Privacy Practices – You have a right to a paper copy of this Notice of Privacy Practices.
10. Right to choose someone to act for you – If you have given someone medical power of attorney, or if someone is your legal guardian, that person may exercise your rights and make decisions about your PHI.

G. Changes to This Notice of Privacy Practices

The Alliance has the right to change this Notice of Privacy Practices at any time in the future. Until a change is made, the Alliance is required by law to follow this notice. After a change is made, the changed notice will apply to all PHI that the Alliance maintains, no matter when it was created or received.

The Alliance will notify you of any major changes and how you may access a copy. An updated notice will be available on our website at **www.alamedaalliance.org**.

H. Complaints

Let us know if you have any complaints about this Notice of Privacy Practices or how the Alliance handles your information:

Attn: Grievance and Appeals Department
Alameda Alliance for Health
1240 South Loop Road
Alameda, CA 94502

You may also contact the Alliance Privacy Officer:

Attn: Compliance Department
Alameda Alliance for Health
1240 South Loop Road
Alameda, CA 94502

Phone: **1.510.747.4500**
If you cannot hear or speak well (CRS/TTY): **711/1.800.735.2929**

You may also let the Secretary of the U.S. Department of Health and Human Services (HHS) know of your complaint. The Alliance will never ask you to waive your rights to file a complaint. You will not be penalized (punished) or retaliated against for filing a complaint.

To submit a complaint to HHS, please contact:

Attn: Regional Manager
Department of Health Human Services (HHS) Office of Civil Rights (OCR)
90 7th Street, Suite 4-100
San Francisco, CA 94103

Toll-Free: **1.800.368.1019**
Fax: **1.202.619.3818**
Email: **ocrmail@hhs.gov**
Online: **https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf**

If you are an Alliance Medi-Cal member, you may also notify the California Department of Health Care Services (DHCS) Privacy Office:

Department of Health Care Services Office of HIPAA Compliance
PO Box 997413, MS 4721
Sacramento, CA 95899-7413

Toll-Free: **1.866.866.0602**
If you cannot hear or speak well (CRS/TTY): **711/1.800.735.2929**

If you are an Alameda Alliance Wellness member, please contact:

Alameda Alliance Wellness Member Services Department
Seven (7) days a week, 8 am – 8 pm
Toll-Free: **1.888.88A.DSNP (1.888.882.3767)**
If you cannot hear or speak well, use 711 or call **1.800.735.2929**

You may also file a complaint with Medicare about your privacy rights or any issue related to your plan:

Toll-Free **1.800.MEDICARE (1.800.633.4227)**
TTY users can call **1.877.486.2048**
https://www.medicare.gov

A statement describing the Alliance's policies and procedures for preserving the confidentiality of medical records is available to you upon request.