



ALAMEDA ALLIANCE FOR HEALTH (ALLIANCE) NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practice applies to all Alameda Alliance for Health (Alliance) members, including those enrolled in Alliance Group Care, Alliance Medi-Cal (Medicaid), and Medicare Advantage (MA) Dual Eligible Special Needs Plans (D-SNP) – Alameda Alliance Wellness.

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

For purposes of the Privacy Policy, the terms “the Alliance,” “we,” “us,” and “our” refer to Alameda Alliance for Health (Alliance) and its affiliates.

The Alliance is committed to keeping your information confidential. As required by law, the Alliance must maintain the privacy of your information and provide you with a notice outlining our legal responsibilities and privacy practices. This notice lets you know how the Alliance may use and share your information. This notice also lets you know your rights and our legal obligations with respect to your information. The Alliance complies with applicable federal civil rights laws. The Alliance does not discriminate on the basis of race/ethnicity, color, national origin, language, age, disability, sex, sexual orientation, and/or gender identity.

If you have questions about this notice, or want help in applying your rights, or want this notice in your preferred language, braille, large print, audio, or other alternative format (upon request) at no cost to you, please call or write us.

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**

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For Alameda Alliance Wellness members:

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

Monday – Sunday, (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 – such as your name, contact information, personal details, and financial information – from several sources, including State, Federal, and local agencies, after you become eligible for, are assigned to, and/or enroll in an Alliance program. The Alliance also receives PHI directly from you and from health care providers such as physicians, clinics, hospitals, labs, and other insurance companies or payors. The Alliance uses this information to coordinate, approve, pay for, and improve your health care, and to communicate with you.

The Alliance does not use your genetic information to decide whether the Alliance will provide you with health care coverage or to determine the cost of that coverage.

At times, the Alliance may receive information about your race, ethnicity, or language. The Alliance may use this information to support your care, to communicate with you effectively, and to identify your needs – such as 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 to help coordinate your care and manage your benefits. This includes information such as your name, Medicare ID number, date of birth, enrollment status, and covered services.

The type of information the Alliance collects may vary depending on the program. In addition to your contact information, such as your address and phone number, the Alliance may collect personal details including your age, race/ethnicity, gender, sexual orientation, and preferred language. The Alliance also may collect and retain your health care information – referred to as PHI, which may include details about the providers you see, their medical findings, your diagnoses and health conditions, medical history, prescriptions, and lab results. Additionally, the Alliance may collect information about any health and wellness classes you attend, participation in other health programs or plans, and financial documentation you submit when applying for coverage.

Your information is used only to provide care, process payments, manage your plan benefits, and meet legal and regulatory obligations. The Alliance does not use any of this information to determine whether you will receive health care coverage or how much it will cost.

The Alliance is committed to protecting your PHI. The Alliance keeps the PHI of our current and former members private and secure, as required by law and accreditation standards. The Alliance uses physical and electronic safeguards, and our staff is regularly trained on the appropriate use and sharing of PHI. Some of the ways the Alliance protects PHI include securing offices, locking desks and filing cabinets, password-protecting computers and electronic devices, and limiting access to only the information staff need to perform their jobs.

B. How the Alliance May Use or Share Your Information

The Alliance generally uses and shares PHI in the following ways:

- Treatment – While the Alliance does not provide treatment directly, the Alliance may use and share PHI with health care and service providers – such as doctors, hospitals, durable medical equipment (DME) suppliers, and others – 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 administering programs. This includes activities like audits, quality improvement, care management, and coordination. The Alliance may also share PHI with State, Federal, and County agencies for eligibility verification, participation, and program oversight.

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 de-identified data, as allowed by HIPAA.
3. To offer you health education or support services, such as managing chronic conditions, and to inform you of the wellness programs, like diabetes programs or fitness and wellness 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 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 disclose it as permitted by their agreement with us and applicable law.

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 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, licensure, and other lawful oversight functions.
14. To report to public health authorities for legally authorized purposes, such as disease control, tracking medication reactions, 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 or permitted 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 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 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 entities, 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. 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.

D. The Alliance May Contact You

The Alliance may use your PHI to communicate with you or your authorized representative about your benefits, services, health care provider options, and billing. All communications will comply with applicable laws, 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, including 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 opt out, 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 purposes such as 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 – If you've agreed to receive this electronically. Please note that an unencrypted email may pose privacy risks if accessed via 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.

E. Your Privacy Rights

1. Sensitive Services – If you are of the age and capacity to consent to sensitive services, you are not required to get any other member's 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 an alternate 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 communicate with you confidentially. This request needs to be submitted in writing to the Alliance. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Not all requests may be agreed to, but the Alliance will accommodate reasonable requests. Your request must be in writing and should specify how or where you wish to be contacted. If your request involves 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 that information. The Alliance is not required to agree to your request, except in certain situations where the law requires us to do so (such as 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 say “no” if it would affect your care, payment of claims, key operations, or noncompliance with rules, regulations, or government agencies, law enforcement requests, or a court or administrative order. The Alliance will review your request and let you know if the Alliance accepts or denies it.
4. Obtaining Health Records – You have the right to see and copy your information, with limited exceptions. 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, which are the 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, e.g., 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 disagree or appeal the decision.

7. List of whom records have been shared with – You can ask us for a list (accounting) 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 let you know promptly 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.

F. 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 such 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, regardless of when it was created or received.

The Alliance will mail the notice to you within **60 days** of any major change. The Alliance will also put the current notice on our website at **www.alamedaalliance.org**.

G. 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 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
Monday – Friday, (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 policies and procedures for preserving the confidentiality of medical records is available and will be furnished to you upon request.