

# ALAMEDA ALLIANCE FOR HEALTH

## NOTICE OF PRIVACY PRACTICES

A STATEMENT DESCRIBING ALAMEDA ALLIANCE FOR HEALTH (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.

The Alliance is committed to keeping your information confidential. By law, we must keep your information private. By law, we must provide you with notice of our legal duties and privacy practices about your information. This notice lets you know how we may use and share your information. It also lets you know your rights and our legal obligations with respect to your information.

If you have any questions about this notice, please contact us at:

Alameda Alliance for Health  
Attn: Member Services Department  
1240 South Loop Road  
Alameda, CA 94502  
Phone Number: **1.510.747.4567**  
Toll-Free: **1.877.932.2738**  
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

### A. TYPES OF INFORMATION WE KEEP

The Alliance receives information on you when you choose the Alliance as your health plan. We get your information from the State of California, your doctor/other health care providers on your behalf, and you.

The information the Alliance collects varies by program. We keep the following information: your contact information, such as your address and phone number; your age, race/ethnicity, gender, sexual orientation, and language. We collect and keep your health care information which is called Protected Health Information or PHI. This includes the doctor you see and their findings about your health, your health care conditions and diagnosis; your health history, your prescriptions, and lab tests. We collect and keep information about the health and wellness classes you went to and whether you were in other health care programs or plans. We also collect and keep the financial records you present when you apply for coverage. This information helps us provide you with the service you need.

Please know that the Alliance will protect your privacy and your information. This information could be oral, written, and/or electronic. An example of how we protect your information is that the Alliance requires staff to be trained on keeping your health information private and secure. This also means that Alliance staff is only permitted to access your information at a level necessary to do their job.

## B. HOW WE MAY USE OR SHARE YOUR INFORMATION

1. Treatment – We may use or share your information to help your doctors or hospitals provide health care to you. For example, if you are in the hospital, we may give them your health records sent to us by your doctor. Or we may share this information with a pharmacist who needs it for a prescription or a lab that performs a test for you.
2. Payment – We may use or share your information to pay for your health care-related bills. For example, your doctor will give us the information we need before we pay them. We may also share information with other health care providers so they can be paid.
3. Health care operations – We may use or share your information to operate this health plan.
  - For example, we may use or share your information to review and improve the quality of care you receive. It can also be used to review the skills and qualifications of our providers.
  - We may also use or share this information so we can approve services and referrals.
  - We may also use or share this information when we need to for medical reviews or case management. For example, we may refer you to an asthma class if you have asthma.
  - We may also use or share this information when we need to for legal services, audits, or business planning and management.
  - We may also share your information with our “business associates” who provide certain plan services for us. We will not share your information with these outside groups unless they agree to protect it. Under California law, all parties that receive information may not share it again, except as specifically needed or allowed by law.
4. Appointment reminders – We may use or share your information to remind you about doctor or health care visits. If you are not home, we may leave this information on your answering machine or leave a message with the person who answers the phone.
5. Notification and communication with family – We may share your information to let a family member, your personal representative, or a person responsible for your care know about where you are, your general condition, or your death. In case of a disaster, we may share information with a group like the Red Cross so they can contact you. We may also share information with someone who helps you with your care or helps pay for your care. If you are able to decide, we will let you decide before we share the information. We may share this information in a disaster even if you do not want us to so that we can respond to the emergency. If you are not able to decide because of your health or you cannot be found, our professional staff will use their best judgment in sharing information with your family and others.
6. Required by law – As required by law, we will use or share your information, but we will limit our use or sharing to only what we are allowed to use or share by law.
7. Provider peer review – We may use or share your information to review your provider's skills or the quality of care you receive.

8. Group health plans – If you are a member of a group health plan, we may share information with the sponsor of your group health plan. For instance, if your employer provides your health coverage, we may let your employer know if you are still a member of the plan.
9. Research – We may share your information without your written consent if the research meets certain rules.
10. Marketing – We may contact you to give you information about products or services. We will not use or share your information for this purpose without your written permission.
11. Court and administrative proceedings – We may, and sometimes need to by law, share your information for an administrative or judicial proceeding as we are told to by a court or administrative order if you were told of the request and you did not object or the court or administrative judge did not agree with your objection.
12. Health monitoring activities – We may, and sometimes need to by law, share your information with health monitoring agencies for audits, investigations, inspections, licensure, and other proceedings, only as allowed by federal and California law.
13. Public health – We may, and sometimes need to by law, share your information with public health agencies so they can: prevent or control disease, injury, or disability; report child, elder, or dependent adult abuse or neglect; report domestic violence; report problems to the Food and Drug Administration (FDA) about products and reactions to medications, and report disease or infection exposure.
14. Law enforcement – We may share your information with a law enforcement official. This would be to: identify or locate a suspect, fugitive, material witness, or missing person; comply with a court order, warrant, or grand jury subpoena; and other law enforcement purposes.
15. Public safety – We may share your information with persons who help prevent or lessen a serious and immediate threat to the health or safety of a person or the public.
16. Special government functions – We may share your information for military or national security purposes, to the extent permitted by law. We may also share it with correctional institutions or law enforcement officers that have you in lawful custody.
17. Insurers – We may use or share your information with insurers when we review a health plan application.
18. Employers – We may use or share your information with your employer to find out about an illness or injury from work, or for workplace medical surveillance, to the extent that you consent to that use. We may use or share your information with your employer if you consent and/or if permitted by law when there is an employee claim or lawsuit about a medical condition, or if the information is about doing a particular job.
19. Other ways the Alliance may use or share your information:
  - We may, as needed by law, share your information with coroners when they investigate deaths.
  - We may share information with organizations that provide services for organ and tissue transplants.
  - We may use or share your information with the FDA when it is about the quality, safety, or effectiveness of an FDA-related product or activity.
  - We may use or share your information with Conservators/Guardians under certain circumstances.

- We may share your information as we need to for worker's compensation.
  - If the Alliance is sold or merged with another organization, your information/record will be owned by the new owner, but you will be able to change enrollment to another health plan.
  - We may use or share your information to protect it when we send it over the internet.
20. Interoperability Rule – We may provide certain information to you through a third-party application as allowed by the Interoperability Rules. The Interoperability Rules require health plans like the Alliance to provide certain health information through a third-party application of your choice. For more information about how to select a third-party application, please see "Member Privacy Document" on our website. The Alliance is not responsible for third-party applications and is not responsible for your information once it is transferred to the third-party application at your request.
21. Health Information Exchange (HIE) – The Alliance participates in multiple HIEs, which allow providers to coordinate care and provide faster access to our members. HIEs assist providers and public health officials in making more informed decisions, avoid duplicate care (such as tests), and reduce the likelihood of medical errors.
- By participating in an HIE, the Alliance may share your health information with other providers and participants as permitted by law. If you do not want your medical information shared in the HIE, you must make this request directly to the Alliance.
- (PLEASE NOTE:** In some circumstances, your health information may not be disclosed. For example, mental health diagnosis and treatment, diagnosis or treatment for drug or alcohol abuse; or an STD, reproductive health, birth control; or HIV test results are all considered "Protected Records" and may require your direct authorization to be shared.)
22. Data Exchange Framework (DxF) – The California Health and Safety Code section 130290 requires the Alliance to participate in the DxF. The goal of California's Health and Human Services (CalHHS) DxF, a statewide data-sharing agreement, is to accelerate and expand the exchange of health information among health care entities, government agencies, and social service programs.

To learn more about the DxF, please visit [www.cdii.ca.gov/committees-and-advisory-groups/data-exchange-framework](http://www.cdii.ca.gov/committees-and-advisory-groups/data-exchange-framework).

## C. WHEN WE MAY NOT USE OR SHARE YOUR INFORMATION

Except as described in this Notice of Privacy Practices, we 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 we have already relied on your written consent to use or share your information.

## D. THE ALLIANCE MAY CONTACT YOU

We may contact you to provide you with information, resources like books or DVDs, products, or services related to health education, treatment, and/or other health-related benefits and services.

## E. YOUR PRIVACY RIGHTS

1. Right to request special privacy protections – 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 what ways you want to limit our use or sharing of that information. We reserve the right to accept or reject your request and we will let you know of our decision.
2. Right to request confidential communications – You have the right to ask that you receive your information in a specific way or at a specific location if the usual way may put you in danger. For example, you may ask that we send information to your work address. Please write us and tell us how you would like to receive your information and why you would be in danger if we did not follow your request. If your request has a cost that you will have to pay for, we will let you know.
3. Right to see and copy – 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. We 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).
4. Right to request information through a third-party application – You have the right to request certain information through a third-party application of your choice as allowed by the “Interoperability Rules.”
5. Right to change or supplement – You have a right to ask that we change your information that you believe is incorrect or incomplete. You must ask us in writing to change your record. Tell us the reasons you believe the information is not correct. We do not have to change your information, and if we deny your request, we will let you know why. We will also tell you how you can disagree with our denial. We may deny your request if we do not have the information. We may also deny your request if we did not create the information (unless the person who created the information is no longer available to make the amendment). We may also deny your request if you are not permitted to inspect or copy the information or if the information is correct and complete.
6. Right to an accounting of how we shared your information – You have a right to receive a list of how we shared certain information during the **six (6) years** prior to your request. Please note that a fee may apply.
7. Right to receive notice of privacy breach – We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI.
8. 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.

If you would like more information about these rights or if you would like to use these rights, please call:

Alliance Member Services Department

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

## **F. CHANGES TO THIS NOTICE OF PRIVACY PRACTICES**

We have the right to change this Notice of Privacy Practices at any time in the future. Until such change is made, we have to follow this notice by law. After a change is made, the changed notice will apply to all PHI that we maintain, regardless of when it was created or received.

We will mail the notice to you within **60 days** of any major change. We will also put the current notice on our website at **[www.alamedaalliance.org](http://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:

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

You may also let the Secretary of the U.S. Department of Health and Human Services (HHS) know of your complaint. We 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, please contact:

Department of Health Human Services (HHS) Office of Civil Rights (OCR)  
Attn: Regional Manager  
90 7th Street, Suite 4-100  
San Francisco, CA 94103  
Phone: **1.800.368.1019**  
Fax: **1.202.619.3818**  
Email: **[ocrmail@hhs.gov](mailto: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 at:

Department of Health Care Services Office of HIPAA Compliance  
PO Box 997413, MS 4721  
Sacramento, CA 95899-7413  
Phone: **1.866.866.0602**  
People with hearing and speaking impairments (TTY/TDD): **1.877.735.2929**

You may also notify the Alliance Privacy Officer at:

Alameda Alliance for Health  
Attn: Compliance Department  
1240 South Loop Road  
Alameda, CA 94502  
Phone: **1.510.747.4500**  
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

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