

COMMUNITYCARE GOVERNMENT PROGRAMS, INC.

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.

State and federal laws, including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), require CommunityCare Government Programs, Inc. (“CommunityCare”) to maintain the privacy of your protected health information (PHI) and to give you this Notice of its legal obligations and privacy practices. By law, we will follow the terms of this Notice.

How CommunityCare May Use and Disclose Your Health Care Information

Your PHI is protected from unauthorized use or disclosure by Federal law. Except in certain circumstances, CommunityCare must obtain your authorization before using your PHI or disclosing it to others.

A. Treatment, Payment & Health Care Operations

Due to the variety of purposes for which CommunityCare may use and disclose your PHI, this Notice does not necessarily list all types of uses and disclosures. In general, however, CommunityCare may use and disclose your PHI without your consent or authorization for purposes related to: (1) treatment, (2) payment and (3) health care operations, as those terms are defined below.

1. **Treatment:** “Treatment” generally means the provision, coordination or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another. CommunityCare may disclose your PHI to health care providers, including, but not limited to, doctors, nurses, hospitals, pharmacies and pharmacy benefit managers, disease state management services providers, social workers and other health plans with which you have a relationship. CommunityCare’s employees may also use and disclose your PHI in order to coordinate and manage your care.

2. **Payment:** “Payment” involves the various activities of health care providers to obtain payment or be reimbursed for their services, and of a health plan to obtain premiums, to fulfill its coverage responsibilities and provide benefits under the plan, and to obtain or provide reimbursement for the provision of health

care. Common payment activities include, but are not limited to, determining eligibility or coverage under a plan; adjudicating claims; risk adjustment; billing and collection; reviewing health care services for medical necessity, coverage, justifications of charges, etc.; pre- and post-service utilization review; and disclosures to consumer reporting agencies. CommunityCare may disclose your PHI to providers and other third parties, including your health plan sponsor, third-party administrators (TPAs), government programs such as Medicare and Medicaid, and Workers' Compensation carriers for payment purposes. CommunityCare's employees may also use your PHI to make or obtain payment for health care services provided to you.

3. Health Care Operations: "Health Care Operations" are certain administrative, financial, legal and quality improvement activities that are necessary for CommunityCare to run its business and support its core functions of treatment and payment. These activities include: conducting quality assessment and improvement and population-based activities relating to improving health care or reducing health care costs; case management and health care coordination; reviewing the competence or qualifications of health care professionals, evaluating provider and health plan performance; training health care and non-health care professionals; accreditation, certification, licensing or credentialing; underwriting and other activities related to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing or placing a contract for reinsurance of risk relating to health care claims; conducting or arranging for medical review, legal and auditing services; fraud, waste and abuse detection and compliance programs and related activities; business planning and development, such as cost-management and planning analyses related to managing and operating CommunityCare; and business management and general administrative activities, including those related to implementing and complying with applicable laws, rules and regulations (including satisfying regulatory reporting and disclosure requirements), customer service, resolution of internal grievances, the sale or transfer of assets, creating de-identified health information or limited data sets, and fundraising for CommunityCare's benefit. CommunityCare may use and disclose your PHI to perform its various health care operations.

CommunityCare may not use or disclose your PHI that is genetic information for underwriting purposes.

B. Participation in Health Information Exchanges (HIEs)

CommunityCare may participate in one or more digital health information exchanges (HIEs) with other health care providers, health plans and HIPAA covered entities and their business associates for purposes of treatment, payment and/or health care operations, and for other permitted purposes under the HIE's rules. As an HIE participant, CommunityCare may send patient data (including PHI) to a network system committed to securing the information and allow that data to be available to other HIE participants who are either providing treatment to the

patient, providing payment for health care services the patient has received, or who are engaged in medical research or community-based health care improvement initiatives. You may opt-out of this activity, in which case CommunityCare will not disclose your patient data to the HIE. In order to opt-out, you must complete an Opt-Out Request Form, which you may obtain from CommunityCare's website, www.ccok.com, or by calling CommunityCare's customer service department at the number listed in this Notice. However, even if you indicate to CommunityCare your desire to opt-out, your data may still be provided to the HIE by other HIE participants who have your data independently of CommunityCare—for example, a health care provider who participates in the HIE may have data about you that it created as a result of rendering care to you in the past. You will need to contact each of your health care providers to advise them of your desire to opt-out and instruct them not to share your patient data with any HIE in which they participate.

C. Special Rules for Psychotherapy Notes

Except for psychotherapy notes, CommunityCare may use and disclose your PHI for treatment, payment and operations without your authorization. If your PHI includes psychotherapy notes, disclosure of those notes requires your prior authorization, except when those notes are used by the originator to carry out treatment, or by CommunityCare for certain operations.

D. Purposes Other Than Treatment, Payment or Health Care Operations

CommunityCare's use or disclosure of your PHI for purposes other than treatment, payment or operations requires your prior authorization. For example, CommunityCare will not disclose your PHI for marketing purposes, or sell your PHI, without first obtaining your authorization to do so. CommunityCare may, however, disclose information about you if that information has been de-identified—that is, reduced to a form that does not identify you directly or that CommunityCare does not reasonably believe could be used to identify you. De-identified information is not considered PHI.

In addition, by requesting services from CommunityCare, you are deemed to have consented to allow CommunityCare to disclose your PHI in other situations to the extent permitted by HIPAA, including, but not limited to:

- 1. Government Agencies:** CommunityCare may disclose your PHI to state or federal agencies that regulate or investigate CommunityCare, the health care industry or the benefits you receive. Examples of such agencies include the Oklahoma State Department of Health; the Oklahoma State Department of Insurance; the Oklahoma Health Care Authority; the Oklahoma Tax Commission; the Centers for Medicare and Medicaid Services; the U.S. Department of Health and Human Services; the U.S. Office of Civil Rights; the U.S. Office of the Inspector General; the Internal Revenue Service and the U.S. Department of Justice.

2. **Business Associates:** CommunityCare may disclose your PHI to persons or entities that are not “covered entities” under HIPAA, but that perform certain functions or activities for, or provide services to, CommunityCare in order to assist CommunityCare in the performance of its business functions. Examples of business associates include pharmacy benefit managers (PBMs); attorneys; accountants; actuaries; health care consultants; health plan accrediting organizations; commercial liability insurance and health care reinsurance carriers; call center, language translation and data transcription and storage service providers. CommunityCare’s business associates are contractually obligated to maintain the privacy of your PHI to the same extent that CommunityCare is required to do so under HIPAA.

3. **Your group health plan sponsor and their business associates:** If you are covered by a fully-insured group health plan that does not create or receive PHI (also known as a “hands-off” plan), CommunityCare may disclose your PHI to the those individuals identified by the plan sponsor or employer as being responsible for administering certain plan functions like enrollment, disenrollment and payment of premiums, and to the plan sponsor (which is most often the employer) without your authorization. CommunityCare may also disclose de-identified data, as well as summary health information (SHI) that the plan sponsor may require to obtain bids, or to modify, amend or terminate the group health plan.

If a fully-insured group health plan creates or elects to receive PHI (also known as a “hands-on” plan), CommunityCare may disclose your PHI to the group health plan and the plan sponsor to allow the group health plan and/or the plan sponsor to perform certain administrative functions on behalf of the plan. However, CommunityCare will not disclose your PHI to a hands-on plan unless it first receives a written certification on behalf of the group health plan and the plan sponsor confirming that they have complied with applicable provisions of HIPAA’s privacy rule and that the plan documents have been amended to incorporate the provisions required by the privacy rule.

If a group health plan and/or the plan sponsor have taken the necessary steps to become HIPAA compliant and provided CommunityCare the required written certification, CommunityCare may also disclose your PHI to those entities’ business associates to the extent permitted by HIPAA’s privacy rule.

If CommunityCare is performing third-party administrative (TPA) services for a self-insured group health plan, CommunityCare is not acting as a covered entity for HIPAA purposes. Rather, the group health plan and the plan sponsor are responsible for the plan’s compliance with HIPAA’s privacy and security requirements to the extent they create, receive or maintain PHI concerning plan participants. In these circumstances, CommunityCare may be acting as the health plan’s business associate.

If your plan sponsor administers a health care program that provides rewards or incentives (e.g., reimbursing or discounting all or a portion of your health care premiums or out-of-pocket expenses) based on whether you have satisfied certain health- or health care expense-related goals or targets, your plan sponsor may ask CommunityCare to disclose your PHI in order for the plan sponsor to determine whether you qualify to receive such reimbursement under the program. Your plan sponsor should inform you if it administers an incentive program and how you may opt-out of the program. CommunityCare's ability to disclose individually-identifiable PHI to the plan sponsor for this purpose will depend on whether the group health plan is a "hands-on" or "hands-off" plan. In any event, CommunityCare will only disclose to the plan sponsor the minimum amount of PHI necessary in order for the plan sponsor to administer its incentive program.

4. **Law Enforcement:** CommunityCare may disclose your PHI to law enforcement officials, subject to applicable state and federal laws and regulations, for purposes that are required by law or in response to a court order or subpoena.

5. **Legal Proceedings:** If you are involved in a lawsuit or other legal dispute or proceeding, CommunityCare may disclose your PHI in response to a court or administrative order, a subpoena, a discovery request, or other lawful request for information.

6. **In the event of death:** CommunityCare may disclose your PHI to coroners, medical examiners or funeral directors to carry out duties authorized by law, and to the executor of your estate or to your survivors for purposes related to probate or your survivors' own health care. CommunityCare may also disclose your PHI to family members, friends and others who, prior to your death, were involved in your care or the payment for your care, unless the disclosure is inconsistent with any preference known to CommunityCare that was expressed by you prior to your death.

7. **To avoid a serious threat to health or safety:** CommunityCare may disclose your PHI if CommunityCare reasonably believes the disclosure is necessary to prevent a serious threat to your health or safety or to the health or safety of another person or the public. CommunityCare may also disclose your PHI at the request of a public health agency in the performance of its legal duties.

8. **As required by law:** CommunityCare may disclose your PHI if it is required to do so by applicable federal, state or local law.

9. **Student Immunization Records:** CommunityCare may disclose to a school proof of immunization of a student or prospective student if: (1) the school is required by law to have proof of immunization; and (2) CommunityCare obtains and documents that the student (if an adult or emancipated minor) or the student's parent or guardian (if the student is not an emancipated minor) agreed orally or in writing to the disclosure.

Your Health Information Rights

You have the following rights regarding the PHI that CommunityCare creates, receives or maintains about you:

1. **Right to Inspect and Copy:** You have the right to inspect and copy your health information, except information needed for civil, criminal, or administrative actions and proceedings, and psychotherapy notes. CommunityCare may charge you a reasonable fee to cover its copying costs.
2. **Right to Request Amendment:** If you believe that the health information CommunityCare has about you is wrong or incomplete, you may send us a written request to amend that information. We are not required to agree to your request if: (1) it is not in writing; (2) it does not include a reason to support your request; (3) if CommunityCare did not create the information you seek to amend; or (4) if CommunityCare determines that the information is correct and complete.
3. **Right to Accounting of Disclosures:** You have the right to request a list of persons or entities to whom we have disclosed your health information, except for disclosures made for purposes of treatment, payment or health care operations. Your request may not go back more than six (6) years or include dates prior to April 14, 2003.
4. **Right to Request Confidential Communication:** You have the right to ask that CommunityCare communicate with you about health care matters confidentially. For example, you can ask that we only contact you at home or by e-mail. CommunityCare will work to meet all reasonable requests to communicate confidentially.
5. **Right to Revoke Authorizations:** If you authorize CommunityCare to use or disclose your PHI for a particular purpose, you may revoke that authorization at any time, in writing. Revoking your authorization may, however, affect your ability to maintain coverage if it prevents CommunityCare from performing essential functions related to your coverage. In addition, revoking an authorization will not affect uses or disclosures of your PHI by CommunityCare prior to date CommunityCare received notice that you had revoked your prior authorization.
6. **Right to Paper Copy of this Notice:** You have the right to ask for and receive a paper copy of this Notice. You may also obtain this Notice from CommunityCare's website: <http://www.ccokadvantage.com/Privacy>.
7. **Right to be Notified Following a Breach of Unsecured PHI:** You have the right to be notified of a breach involving your unsecured PHI by CommunityCare.

To exercise these rights, you must submit your request in writing to: CommunityCare, Att: Member Services Department, Williams Center Tower II, Two West Second Street, Suite 100, Tulsa, Oklahoma 74103, or call CommunityCare's Member Services department (800) 333-3275. For the hearing and visually impaired, please call our TDD/TTY line: (800) 722-0353.

CommunityCare has the right to change this Notice and to make any changed Notice effective for the PHI that it already has about you, as well as any PHI it creates or receives about you in the future. We will give you a copy of any new Notices within sixty (60) days of the change. We will also post a copy of the new Notice on our website: <http://www.ccokadvantage.com/Privacy>.

If you believe your privacy rights have been violated, you may send a written complaint to CommunityCare, Attn: Privacy Officer, 218 W. 6th Street, Tulsa, OK 74119. You may also complain to the Secretary of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201, toll-free (877) 696-6775. You must file a complaint within 180 days of when the actions that caused concern happened. There will be no punishment for filing a complaint in good faith.

Multi-Language Insert

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-333-3275 (TTY: 1-800-722-0353).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-333-3275 (TTY: 1-800-722-0353).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-333-3275 (TTY: 1-800-722-0353).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-333-3275 TTY: 1-800-722-0353)。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-333-3275 (TTY: 1-800-722-0353) 번으로 전화해 주십시오.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-333-3275 (TTY: 1-800-722-0353).

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-333-008-1 (رقم هاتف الصم والبكم: 1-800-333-008-1).

Burmese:

သတိပြုရန် - အကယ်၍ သင့်သည် မြန်မာစကားကို ဝေပူပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အကြံကို စေတနာ့ဆိုင်ရုံကမ်းပါးပါ။ ဖုန်းနံပါတ် 1-800-333-3275 (TTY: 1-800-722-0353) သို့ ဝေပူပါ။

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-333-3275 (TTY: 1-800-722-0353).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-333-3275 (TTY: 1-800-722-0353).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-333-3275 (ATS: 1-800-722-0353).

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ແຈ້ງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-333-3275 (TTY: 1-800-722-0353).

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-333-3275 (TTY: 1-800-722-0353).

Urdu:

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-333-3275 (TTY: 1-800-722-0353).

Cherokee: Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1-800-333-3275 (TTY: 1-800-722-0353)

Persian/Farsi:

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-333-3275 تماس بگیرید.

CommunityCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CommunityCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CommunityCare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact CommunityCare's Senior Manager of Quality Improvement. If you believe that CommunityCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

CommunityCare
Attn: Senior Manager Quality Improvement
P.O. Box 3249 Tulsa, Oklahoma 74101
(918) 594-5303 (phone)
(918) 594-5250 (Fax)
CustomerServiceReview@ccok.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, CommunityCare's Senior Manager of Quality Improvement is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:
U.S. Department of Health and Human Services, 200 Independence Avenue, SW
Room 509F, HHH Building, Washington, D.C. 20201 1-800-368-1019, 800-537-7697
(TDD).

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.