



COMMUNITYCARE GOVERNMENT PROGRAMS, INC.

NOTICE OF PRIVACY PRACTICES

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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., d/b/a CommunityCare Choice, Inc. (“CommunityCare”) to maintain the privacy of your protected health information (PHI), to give you this Notice of its legal obligations and privacy practices with respect to PHI, and to notify affected individuals in the case of a breach of unsecured protected health information. By law, we will follow the terms of this Notice.

How CommunityCare May Use and Disclose Your Health Information

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

Uses and Disclosures of PHI Not Requiring Your Written Permission

CommunityCare may use and disclose your health information for the following purposes, without your written permission, as necessary to provide your health care benefits:

- **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.
- **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.

- **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, but are not limited to: 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 services or 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, and creating de-identified health information or limited data sets. CommunityCare may use and disclose your PHI to perform its various health care operations.

CommunityCare may also use or disclose your health information, without your written permission, for other purposes as permitted or required by law, including, but not limited to:

- **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, other 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 and receive data from a network system committed to securing the information and allowing 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 PHI may still be disclosed to an HIE by other HIE participants who have that information independently of CommunityCare; for example, a health care provider who participates in the HIE may have data about you as a result of providing care to you in the past. You will need to contact each of your health care providers separately to communicate your desire that they not share your patient data with any HIE in which they participate.

- **Research:** CommunityCare may share your PHI with researchers as authorized by law. For example, CommunityCare may use or disclose your PHI as part of a research study when the research has been approved by an institutional review board (IRB) or certain other privacy boards, as allowed by law, that has reviewed the research proposal and established protections and protocols to ensure the privacy of your information. Your permission is required for other types of research.
- **Government Agencies:** CommunityCare may disclose your PHI to state or federal agencies that regulate, investigate, or otherwise provide oversight of, 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.
- **Business Associates:** CommunityCare may disclose your PHI to outside persons or entities 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 carriers; and 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 as required by HIPAA and to appropriately safeguard your PHI.

- **Group Health Plan Administration:** CommunityCare may disclose to your group health plan sponsor (which is most often your employer) your enrollment or disenrollment status in the group health plan and summary data so that the plan sponsor may obtain bids for, modify, amend, or terminate your group health plan. CommunityCare may disclose your PHI to your group health plan sponsor so that your plan sponsor may carry out plan administration functions performed by your plan sponsor when we have been informed that appropriate language has been included in your plan documents.
- **Law Enforcement:** CommunityCare may disclose your PHI to law enforcement officials as required or permitted by law--for example, pursuant to applicable state and federal laws and regulations, in response to a court order, a court-ordered warrant, or summons, or in response to a subpoena issued by a judicial officer, administrative agency, or grand jury.
- **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. CommunityCare may also disclose your PHI in response to a subpoena, a discovery request, or other lawful request for information, but only if efforts have been made, by us or the requesting party, to contact you about the request or to obtain an order to protect the requested PHI.
- **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.
- **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.
- **As Required by Law:** CommunityCare may disclose your PHI if it is required to do so by applicable federal, state or local law.
- **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.

- **Worker's Compensation:** CommunityCare may disclose your PHI when necessary to comply with Workers' Compensation laws.
- **Specialized Government Activities:** If you are active military or a veteran, CommunityCare may disclose your PHI as required by military command authorities. CommunityCare may also disclose your PHI to authorized federal officials for the conduct of intelligence or other national security activities.
- **Fundraising Activities:** CommunityCare may use or disclosure your PHI, such as your name, address, date of birth and date of health care, for the purpose of fundraising for its own benefit. Any fundraising communication will contain information about how you can opt out of further fundraising communications. If you do not want CommunityCare to contact you for fundraising efforts, you can also opt out by contacting Customer Service using the information provided at the end of this Notice. Your choice to opt out will not affect your ability to receive treatment or payment for your health care services.
- **Organ Donation:** CommunityCare may use or disclose your PHI to arrange an organ or tissue donation from you or a transplant for you.
- **Disaster Relief:** CommunityCare may use or disclose your PHI to organizations for the purpose of disaster relief efforts.

Uses and Disclosures of PHI Requiring Your Written Permission

- **Other Uses and Disclosures:** CommunityCare will obtain your written permission before using or disclosing your PHI for purposes other than the purposes described in this Notice or purposes that are otherwise permitted or required by law.
- **Psychotherapy Notes:** Community Care will obtain your written permission prior to disclosing psychotherapy notes, unless the disclosure is specifically permitted or required by law.
- **Highly Sensitive/Specially Protected Information:** CommunityCare will adhere to federal and state regulations regarding the use and disclosure of highly sensitive and specially protected health information, such as drug and alcohol abuse treatment and referral information. CommunityCare will only disclose this type of information with your written permission, unless specifically permitted or required by law to release without authorization.

- **Marketing:** Except as permitted by law, CommunityCare will not use your PHI for marketing purposes without your written permission.
- **Sale of PHI:** CommunityCare will not engage in sale of your PHI without your written permission, as required by law.

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

Your Health Information Rights

You have the following rights regarding the PHI that CommunityCare creates, receives or maintains about you in a designated record set. A designated record set includes the enrollment, payment, claims adjudication and case or medical management record systems maintained by or for CommunityCare to make decisions about your care or payment for your care.

- **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 the cost of providing the information.
- **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) CommunityCare did not create the information you seek to amend; (4) CommunityCare determines that the information is correct and complete; (5) the information requested is not part of the designated record set; or (6) the information would not be available to you under your right to inspect and copy your health information.
- **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; disclosures which you authorized; and certain other disclosures that are permitted or required by law. Your request may not go back more than six (6) years prior to the date of the request. You are entitled to one accounting without charge in a 12-month period; you may be charged for additional requests during that 12-month period.
- **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.

- **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. Revoking an authorization will not affect uses or disclosures of your PHI by CommunityCare prior to the date CommunityCare receives notice that you are revoking your prior authorization.
- **Right to Request Restriction:** You have the right to request a restriction on your PHI that is used or shared by CommunityCare. For example, you can request to place limits on the PHI we disclose to someone who is involved in your care or payment for your care. We are not required to agree with your request. If we agree to your request, we will comply, except in emergency situations.
- **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>.

To exercise these rights, you must submit your request in writing to:

CommunityCare
Att: Customer Service Department
Williams Center Tower II
Two West Second Street, Suite 100
Tulsa, Oklahoma 74103

or call CommunityCare's Customer Service Department at **(800) 333-3275**. For the hearing and visually impaired, please call our TDD/TTY line: **(800) 722-0353**.

Changes to Notice

CommunityCare has the right to change this Notice, and any such changes will apply to all information we have about you. We will give you a copy of any new Notices promptly upon your request. We will post a copy of the revised Notice on our website: <http://www.ccokadvantage.com/Privacy>.

Questions or Complaints

If you have questions about your privacy rights or this Notice or if you believe your privacy rights have been violated, you may contact us in writing or by phone using the following contact information:

CommunityCare
Attn: Privacy Officer
Williams Center Tower II
Two West Second Street, Suite 100
Tulsa, OK 74103

phone **(918) 594-5295**, ext. 6912. If you believe we have violated your privacy rights, you may also make a complaint to the:

Secretary of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

toll-free **(877) 696-6775**. CommunityCare will not retaliate against you for filing a complaint.