Annual Notices

MVP Nonpublic Personal Financial Information Policy

MVP Health Plan, Inc., MVP Health Services Corp., MVP Health Insurance Company, MVP Health Plan of New Hampshire, Inc. and MVP Health Insurance Company of New Hampshire, Inc. (collectively "MVP")

Your privacy is important to MVP

MVP is committed to safeguarding your information.

MVP's Nonpublic Personal Financial Information Policy

We want you to understand what information we may gather and how we may share it. This Nonpublic Personal Financial Information Policy (the "Policy") explains MVP's collection, use, retention and security of nonpublic personal financial information about you. Examples of nonpublic personal financial information are: your social security number, your payment history, your date of birth and your status as a MVP member.

How MVP collects information

We collect nonpublic personal financial information about you from the following sources:

- your applications and other forms;
- your transactions with us, our affiliates, and others; and
- consumer reporting agencies, in some cases.

Sharing your information

We do not disclose any nonpublic personal financial information about our members or former members to anyone, except as permitted by law. We may disclose the following information to companies that perform marketing services on our behalf or to other companies with which we have joint marketing agreements:

- information we receive from you on applications or other forms, such as your name, address or status as an MVP member;
- information about your transactions with us, our affiliates or others, such as your health plan coverage, premium, and payment history.

Our former members

Even if you are no longer an MVP member, our policy will continue o apply to you.

Our security practices and information accuracy

We also take steps to safeguard member information. We restrict access to the nonpublic personal financial information of our members to those MVP employees who need to know that information in the course of their job responsibilities. We maintain physical, electronic, and procedural safeguards that comply with federal and state standards to protect member information. We also have internal controls to keep member information as accurate and complete as we can. If you believe that any information about you is not accurate, please let us know.

Other information

This Policy applies to products or services that are purchased or obtained from MVP. We reserve the right to change this policy, and any of the policies described above, at any time. The examples contained within this policy are illustrations; they are not intended to be exclusive or exhaustive.

Members can obtain a copy of our Privacy Notice by visiting our Web site **www.mvphealthcare.com** and clicking on Privacy Notice link in the bottom right corner of the home page or by calling the Member Services department toll-free at **1-888-MVP-MBRS (1-888-687-6277)** to request a copy.

Out-of-Network Reimbursement for PPO, Indemnity Plans

MVP members receive most of their care from providers in our network. When members choose to see an out-of- network doctor, the method for reimbursement is different and MVP is changing the way we reimburse providers in these situations.

New York's Attorney General Andrew Cuomo and MVP reached an agreement that supports his plan to establish a new not-for-profit organization to gather, maintain, and analyze provider reimbursement data for use by health insurers who choose to pay out-of-network providers using usual, customary and reasonable fees.

Like many other health insurers, MVP used Ingenix® data to establish usual, customary and reasonable (UCR) reimbursements for out-of-network providers because Ingenix was the industry standard. However, unlike many other insurers, MVP only used this database for a very small number of claims, less than 1 percent of the 12 million claims we process annually. Still, we recognize the Attorney General's concern about conflicts of interest inherent in the Ingenix database because it is owned by a health insurance company (United Health Group).

We agreed with the Attorney General that if we continue to pay out-of-network physicians using UCR methodology, we will base the payments on data from the Attorney General's new, not-for-profit replacement company for Ingenix, once that company is up and running.

We are working on a process to replace the UCR database with the federal government's database for Medicare fees. We would pay a percentage above those fees, and would make adjustments for regional differences, as the government does (i.e. Manhattan vs. Albany). This new process is estimated to be in place in July of this year. In the meantime, we will continue to use Ingenix, because it is the only database for UCR rates available to us, until our new process or the new not-for-profit database is available.

We agree that our members and providers will be well served by a new, more transparent system of paying out of network claims.

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Emergency Care Policy

If you or a member of your family have an emergency that requires immediate medical care, you should go to the nearest hospital emergency room, or call your local emergency number for medical assistance.

An emergency is a sudden and surprising illness or condition with such bad symptoms, including very bad pain, that not getting help right away could reasonably be expected by a prudent layperson with an average knowledge of health and medicine to:

1) Place your physical or mental health in serious danger; or

2) Cause serious limits to bodily functions; or

3) Cause serious dysfunction of any bodily organ or part.

Emergency Services or Care means Covered Services needed to evaluate and treat an emergency.

If MVP determines that the care you received did not meet this standard, MVP will not pay for the care.

Financial Incentives Relating to Utilization Management Policy

It is the policy of all of the operating subsidiaries of MVP Health Care, Inc. ("MVP/Preferred Care") to facilitate the delivery of appropriate health care to our members and to monitor the impact of the Plan's Utilization Management program to detect and correct potential under- and over-utilization of services.

MVP/Preferred Care's Utilization Management Program does not provide financial incentives to employees, providers, or practitioners who make utilization management decisions that would encourage barriers to care and services.

Utilization management decisions are based only on appropriateness of care and the benefits provisions of the member's coverage. MVP/Preferred Care does not specifically reward practitioners, providers or staff, including Medical Directors and UM staff, for issuing denials of requested care.

Financial incentives, such as annual salary reviews and/or incentive payments do not encourage decisions that result in underutilization.

Transition Care

If your practitioner leaves the MVP network, MVP will send you a letter to notify you. If you are undergoing treatment for a life-threatening, disabling, or degenerative condition, you may be able to continue to see that practitioner for covered services for 60 days from the date you received the letter. If you are in your second or third trimester of pregnancy, you may continue to receive care from your practitioner throughout your pregnancy, delivery and through the completion of your post-partum care.

You cannot do this if the provider was dropped from the MVP network for the following reasons:

- Concern of imminent harm to patients
- A determination of fraud
- A final disciplinary action by a state licensing board that impairs the provider's ability to practice

Transition care also applies when you are a new member.

If you are seeing a non-participating provider when you join MVP, you must switch to a participating provider. However, if you have a life-threatening, disabling, or degenerative condition, you may be able to continue to see that practitioner for covered services for 90 days from your date of enrollment. If you are in your second or third trimester of pregnancy, you may stay with your practitioner throughout your pregnancy, delivery and through the completion of your post-partum care.

In either situation, the provider must agree to:

- accept MVP's reimbursement or payment in full
- provide MVP with medical information related to your care
- adhere to MVP's policies and procedures

Women's Health and Cancer Rights Act of 1998, *Annual Notice*

As required by the Women's Health and Cancer Rights Act of 1998, MVP Health Insurance Company provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment of complications resulting from a mastectomy including lymphadema. To obtain a detailed description of the mastectomy-related benefits available through MVP, please refer to your Certificate of Coverage.

How MVP Health Insurance Company assesses new technology

MVP Health Insurance Company draws upon the knowledge of its medical directors, participating physicians and allied health professionals to research new technologies, medical products, behavioral health treatments and pharmaceuticals for inclusion as benefits covered by the health insurer.

MVP regularly reviews new technologies, and new applications of existing technologies, for inclusion as covered benefits. The research process includes a review of information from appropriate government regulatory bodies as well as published scientific evidence. Draft policies are reviewed by physicians and other health care professionals across MVP's service area, as well as by staff in several MVP departments, to decide whether the technologies will be included as covered benefits. MVP's Quality Improvement Committee gives final approval.

A comprehensive review of all policies is performed.

Need to see a behavioral health provider? MVP makes it easy

All it takes is a simple phone call to request to see a psychiatrist, psychologist, social worker or substance abuse counselor. That phone call can come from you, the behavioral health provider, or your Primary Care Physician (PCP) prior to a behavioral health visit.

The Behavioral Health Access Center in New York is your own customer service line for mental health and substance abuse care issues. If you don't know what provider to see, the Access Center in New York has specially trained clinical intake specialists to help you make your selection. The telephone number is toll free. Call **1-800-568-0458** to the Behavioral Health Access Center in New York.

How to reach the Utilization Management Department

You may reach the Utilization Management Department regarding authorizations for care during working hours and after working hours by calling MVP Member Services toll-free at **1-888-687-6277**.

Resolving problems with MVP (Member Complaint and Appeal Process)

MVP Health Insurance Company wants to solve any problems you may have with us fairly and in a friendly manner. Call the Member Service Department toll-free at **1-888-MVP-MBRS (1-888-687-6277)** if you have a problem with MVP. A Member Service Representative can often resolve your problem on the spot. The Member Service Department is open seven days a week from 8:00 AM to 10:00 PM except for holidays. MVP has interpreters if you do not speak English. If you are hearing impaired, call a Verizon relay operator at **1-800-662-1220**. The relay operator will contact MVP and assist in the call.

Filing a complaint or grievance

If the Member Service Representative cannot resolve your problem, you or your representative may file a complaint or grievance by contacting the Member Appeals Department:

MVP Health Insurance Company, Inc.
Member Appeals Department
PO Box 1076, Schenectady NY 12301-1076

A ***complaint*** is a written or verbal expression of dissatisfaction. Examples of complaints are problems scheduling appointments with providers, or timeliness of claim payment issues. A ***grievance*** is a request from a member for MVP to change a decision it has made. It may concern whether or not a requested service is a benefit covered by MVP, or the way a complaint has been resolved.

Medical complaints and grievances are handled by a licensed health care professional who is qualified to review the issue at hand. In a grievance, the reviewer must not have been involved in making MVP's original decision.

If your complaint or grievance concerns an administrative matter, it will be handled by a member of the senior administrative staff with the necessary education and background to resolve the matter.

MVP will never retaliate or take any discriminatory action against a member should he or she file a complaint or grievance.

Refer to your Certificate of Coverage for complete information, including time frames in which to initiate an appeal.

Formulary and Exceptions Policy

If your MVP Health Insurance Company benefits include prescription drug coverage, that coverage is subject to the MVP Prescription Drug Formulary, our list of covered drugs.

New prescription drugs are introduced all the time and drug companies advertise these new drugs heavily on television and in print. Before MVP will cover a newly-introduced prescription drug, a committee of MVP physicians and pharmacists review the available data concerning the effectiveness and safety of the new drug to determine if the drug represents a significant improvement over existing covered medications. If a drug meets the committee's criteria, MVP approves that drug for coverage.

If your doctor believes that a prescription drug that is not on MVP's Formulary is medically necessary for you and you do not have coverage for non-formulary drugs, your doctor can request an exception from MVP.

To find out if MVP covers a specific drug, or if MVP covers a drug with certain conditions such as Prior Approval or with Quantity Limits, log on to our Web site **(www.mvphealthcare.com)** or contact the MVP Member Services Department.

How to obtain information on the Web about practitioners who participate with MVP

New York State makes information available to consumers who would like to know more about their physicians, with easy online searches. The New York State Physician Profile Web site **(www.nydoctorprofile.com)** was created with the passage of the New York Patient Health Information and Quality Improvement Act of 2000. Using this New York Web site, MVP members may find information about the doctor's medical education, translation services at the doctor's office and information about legal actions taken against the doctor.

To see all the information that is available for each doctor, search on any doctor's name. This Web site offers information to the public at no charge and can be accessed via the Members' Home page of MVP's Web site, **www.mvphealthcare.com**. If you do not have access to the Internet and would like to receive a printed report from either of these sites for a specific practitioner, please contact the MVP Member Services Department at **1-888-687-6277**.

Your Rights and Responsibilities

You made an important commitment when you joined MVP Health Care. You showed your interest in making smart health care decisions for you and your family. At MVP Health Care, we are dedicated to helping you and your family live well.

To help you and your family live healthier lives, you need to know your rights and responsibilities as a MVP Health Care member. We encourage you to learn about your member rights and responsibilities — what you can expect from us and what we expect from you. You should exercise your rights if needed. Together we can create a healthier future for you and your family.

Your rights as a MVP Health Care member

To have reasonable and timely access to medically necessary health care services and access to your medical records.

This is one reason you need to choose a Primary Care Physician (PCP). Often, one phone call is all you will need to get treatment quickly. MVP Health Care sets high standards for our health care professionals and monitors the care you receive.

Members also have the right to their medical records, including diagnosis, treatments, and prognosis. If you would like to see your records, please check with your provider's office. They will be able to give you these records. If you need copies of these records, some offices charge on a per page basis. When it is not advisable to share

this information with you, the information will be shared with the person acting on your behalf.

To be treated with respect, dignity, and courtesy.

We recognize and respect your right to be treated with respect, dignity, and courtesy. This is one reason why MVP Health Care is consistently ranked among the best HMOs in the country for member satisfaction.

To be guaranteed of confidentiality and privacy in medical records and information.

We respect your right to privacy. There may be times when we will need information from your medical records to process your benefits. You and your dependents agree to the use of your personal health information for treatment, payment and health care operations. We will not release your personally identifiable health information for any other reason without your express written consent unless we are required to do so by federal or state law or regulation or by court order.

There may be times you would like us to release personal information or discuss you or your information with another person. You will need to fill out and sign an *Authorization to Disclose Information* – or ADI – form in order for this to happen. You can get a copy of the *Authorization to Disclose Information* form from Member Services or by visiting our Web site.

To discuss personal health in terms you can understand.
To participate in making decisions about your health care.
To have an open discussion about appropriate or medically necessary treatment options for your condition – regardless of cost or benefit coverage.

Your health care provider is required to tell you, in terms you will understand, all treatment options. Treatment options should include those not covered by the plan. You also have the right to ask for a second opinion before you get any non-emergency treatment or care. No information should be kept from you that could have any bearing on the treatment you receive.

To have access to information about MVP Health Care health care providers and to change PCPs within the plan.

Your relationship with your Primary Care Physician (PCP) is very important. Your PCP is the first one you will call when you need medical care (except in an emergency). Your PCP also will be responsible for coordinating all of your care. You may change your PCP at any time. Call Member Services for an updated list of participating providers and other information such as office locations that will help you choose a new PCP. You also may change your PCP online via MVP Health Care easyLink. Please call Member Services 30 days before you visit your new PCP. MVP Health Care understands that there are times when this may not be possible.

To have access to an established complaint and dispute system.

MVP Health Care tries hard to make sure you get the health care services you need and excellent service. If you come across a situation that causes concern, please call Member Services. If Member Services cannot satisfactorily respond to your concerns or you are unhappy with our response to your issues, you have a right to file a formal complaint. If you wish to appeal a previous decision associated with a denial of services or benefits, you have the right to access our two-step dispute process. Disputes are handled in a timely manner based on your health care needs. Complaints and disputes are investigated and responded to within 30 days. You will be notified in writing of the decision.

To formulate advance directives regarding your care and Health Care Proxy.

"Advance directives" are documents you may use to detail the care you wish to receive if you are unable to explain those wishes to your doctor (e.g., you are in a coma). Advance directives can be filled out and given to your doctor at any time. You may choose a health care proxy who can make decisions for you if you cannot make the decisions yourself. These decisions may include termination or withholding of life support systems, artificial nutrition, and hydration. The proxy document may include special instructions, limits of authority, and an expiration date. It may provide for the appointment of an alternative representative. Advanced directives and health care proxy may be revoked at any time by having your health care provider remove them from your file and destroying them.

MVP Health Care will support the health care proxy's decisions by:

- Facilitating your wish to change providers if philosophical disagreements take place between you and your doctor.
- Arranging your transfer to another facility if philosophical disagreements take place between you and the facility.

To get information about MVP Health Care and its services, including your rights and responsibilities as a member and to make recommendations regarding rights and responsibilities policies.

It is important for you to know as much as possible about your health benefits. You need to know how to get care and how to use health care services wisely. MVP Health Care sends a copy of your contract and Member Handbook to you after you enroll. This is to make sure you have the information you need to make your health care choices.

MVP Health Care *Living Well* is our member newsletter. *Living Well* is mailed to you twice a year. It includes information on living well and health care benefits. MVP Health Care also sends mailings throughout the year to update you on recent changes to your health plan or to remind you of your rights and responsibilities as a MVP Health Care member. You may ask for copies of these documents or more information about MVP Health Care by calling Member Services. You also may find them on our Web site.

To receive information about our Quality Plan and programs.

MVP Health Care wants to make sure you get the care you need and are satisfied with MVP Health Care and our network. It is part of our quality plan. Call Member Services to ask for more information about the MVP Health Care Quality Improvement Initiatives, programs, or a report on the progress of meeting our goals.

Your responsibilities as a MVP Health Care member to learn about MVP Health Care, the benefits provided, and how to get health care services.

It is important for you to know and refer to your MVP Health Care plan materials. You received a copy of your contract/certificate when you became a member. This *Member Handbook* has information about your health plan benefits. It also tells you how to get services as a MVP Health Care member. You are responsible for reading the contract/certificate, *Member Handbook*, and other information you get from MVP Health Care. Call Member Services if you have any questions.

To be on time for and keep all scheduled appointments or to notify your health care provider when you are unable to keep an appointment.

Keep your scheduled appointments with your health care provider. Call the provider's office if you think you are going to be late. Give the provider's office at least 24 hours notice if you cannot make your appointment. Remember you may be billed for missed appointments.

To provide, to the extent possible, information that MVP Health Care, its health care providers, and professional staff need in order to care for you.

It is important for you to give your health care provider an honest description of your current symptoms, effects of medication, or results of treatment. Always give your medical history. This may include any relevant medical records, including x-rays or other diagnostic tests.

To understand your health problems and to participate in developing mutually agreed upon treatment goals with your provider. To follow the treatment plans and instructions that you have agreed on with our provider.

Your health care provider will recommend a course of treatment to improve your health. Follow your provider's advice. You are encouraged to maintain a healthy lifestyle. We support programs and courses on preventive care through our MVP Health Care Wellness Center and HealthDollars℠ program. Our member newsletter is also filled with easy-to-understand information on how to get – and stay – healthy.

To treat all personnel with courtesy and dignity.

When you are treated with respect, you are more likely to return that respect. It is your right to expect courtesy. It is your responsibility to act with courtesy toward your PCP, the PCP's staff and MVP Health Care staff, including Member Services.

To pay all required copays and deductibles at time of service or as determined by the plan.

You need to pay your health care provider any copay(s) due when you get medical care. MVP Health Care is billed directly for the rest of the charges. You may be asked to pay the entire bill at time of service if you get care from an out-of-network provider. Simply send an original itemized bill with proof of payment to MVP Health Care for processing.

If you have questions about your rights and responsibilities as a MVP Health Care member, please call Member Services from 7 a.m. to 8 p.m. Monday through Friday, Eastern Time at **(585) 325-3113** or **(800) 950-3224**. TTY users may call **(585) 325-2629** or **(800) 252-2452**.

MVP Health Care's Member Privacy Policy

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.

As a MVP Health Care member, you agree to let MVP Health Care share information about you for medical treatment, payment or health care operations. Protecting the privacy of information about your medical conditions and health is a responsibility we take very seriously. We understand that medical information about you and your health is personal, and it is important to you that we keep it confidential. MVP Health Care is committed to the rules and standards we developed to protect the confidential nature of information about your health.

By law, MVP Health Care needs to tell you about our rules and how we collect, use, share and protect your personal information. This notice is part of a comprehensive privacy program that MVP Health Care has put into place in order to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the requirements of New York law regarding health information confidentiality and with other applicable New York State regulations.

What information is protected by the law? The rules define **Protected Health Information**, as:

- health information that may identify you, and
- health information that is created or kept by a health care provider or health plan.

Health Information:

Includes information that relates to all of your health services, arranging for your health care or payments for your health services.

MVP Health Care needs to know these things about you:

- name;
- address and phone number;
- date of birth;
- your MVP Health Care ID number;
- where you work or used to work; and
- your Social Security number.

MVP Health Care also collects other information about you, such as:

- why the doctor sees you;
- what the doctor does for you; and
- MVP Health Care services you use.

MVP Health Care finds this out from:

- bills that MVP Health Care gets from your doctor;
- letters or calls from your doctor Your medical records;
- other insurers that may pay for some of your care;
- surveys that have your name or ID number on them; and
- the local, state or federal government if they pay for any part of your coverage.

Here are the ways that MVP Health Care is allowed by law to use your information.

- MVP Health Care uses this information:
- to help you get medical care from your doctor, your hospital or others;
- to pay claims for your health care services;
- to find and mail helpful tips to people who have a health problem, like asthma;
- to mail reminders about visits to your doctors;
- to mail information on care choices you have and health services that you might want to get; and
- to conduct its own healthcare operations, such as customer service, resolving grievances, underwriting insurance and conducting business planning.

The following categories, defined by law as "Routine", describe in more detail the different ways that MVP Health Care may use or share information about your health without your written permission.

Treatment:

MVP Health Care does not provide treatment and does not use your health information for this purpose. Your health information may be used or shared with a physician or other health care provider in order for them to provide you with treatment.

Payment:

This describes the activities done by MVP Health Care to collect premium payments, to determine benefit coverage, or to process payments to your Health Care Provider for the health care services he/she provided to you. These activities include:

- billing, claims management and collections activities to pay claims from physicians, hospitals and other providers for services delivered to you that are covered by your health plan;
- determining your eligibility for benefits;

- coordinating payment for services with other insurance coverage;
- determining medical need for services;
- reviewing health services;
- obtaining premiums; and
- issuing explanations of benefits (EOB).

Health Care Operations:

These are the activities performed as a part of running the business functions of a Health Plan. This includes activities such as:

- customer service and resolving grievances;
- arranging for and measuring the quality of care you are given;
- coordinating for your care and management of your health situation or disease;
- evaluating our health care providers for proper certifications and evaluating their performance;
- business planning for MVP Health Care;
- work MVP Health Care must do to comply with applicable laws and regulations;
- MVP Health Care's financial reporting requirements, such as working with auditors;
- underwriting insurance; and
- conducting medical review, legal services, auditing and fraud and abuse detection and compliance programs.

Sometimes MVP Health Care needs to work with other companies to help you and perform some functions on our behalf. These kinds of companies are called "Business Associates" of MVP Health Care and must agree in writing to protect your privacy and follow the same rules we do. Examples of these companies are:

- people who print and mail your newsletter;
- auditors;
- some New York State and Federal agencies;
- other insurance companies that may pay for part of your care;
- brokers that assist in sale of benefit plans;
- doctor groups; and
- companies that may help coordinate your care and manage your health situation or disease.

There are other reasons MVP Health Care would be allowed to share your information without your permission. These reasons, defined by law as "Non-Routine", may involve a legal process. For example, a court order or legal demand may require that MVP Health Care share your information. Reasons contained in the law, include:

- **Public Health Activities,** where a health authority is trying to control or prevent disease, injury or disability.
- **Victims of Abuse,** if MVP Health Care is required by law to report such abuse to a government agency.
- **Health Oversight,** where MVP Health Care must disclose your information to a health oversight agency.
- **Law Enforcement,** such as to the police or other law enforcement agency.
- **Coroner or medical examiner** for the purpose of identifying someone whom has died.
- **Organ donations,** if you are an organ donor.
- **Research purposes,** if MVP Health Care participates in research activities.
- **Serious threat to health or safety,** where MVP Health Care is acting to help stop or avoid a threat to public safety.
- **Specialized government functions,** such as to Veterans Affairs, other military or other agencies.
- **Workers Compensation**

If You Receive Health Coverage through Your Employer:

Information about your enrollment in MVP Health Care and/or health information from which key data that identifies you has been removed may be shared with your employer/group health plan in order to permit them to perform plan administration functions. Your employer's group health plan also may, in certain cases, be allowed access to your health information - please see your employer's plan documents for an explanation of these limited uses and disclosures.

Telling You About Health-Related Services:

Your health information may be used to send you appointment reminders or to communicate with you to encourage you to purchase or use a health-related product or service (or payment for such product or service), that is provided by, or included in, a MVP Health Care health plan.

This includes letting you know about:

- people who care for you (doctors, nurses and others) who work with MVP Health Care;
- changes to your health plan, including replacing or enhancing your coverage; and
- health-related products or services available only to health plan members. These products or services must be related to: providing your care, arranging for and measuring the quality of care you are given, coordinating for your care and management of your health situation or disease, or treatment choices.

The following categories describe the different ways that MVP Health Care may use or share information about your health only **with your permission.**

Authorization:

MVP Health Care can accept an *Authorization to Disclose Information* from you, if you would like us to share your health information with someone other than you for a reason we have not stated above. The law has mandated that an *Authorization to Disclose Information* (ADI) form must include 9 standard elements. You can designate on the form how long you want MVP Health Care to be able to share your information with that individual, for up to a 2 year period. A copy of this form, which is on page 67, can be filled out by you and sent to MVP Health Care's Member Services Department.

This form is also available by calling our Member Services Department. You must complete this form and send it to MVP Health Care's Member Services department. You can cancel this Authorization at any time as described on the form.

To Your Family and Friends:

Your medical information may be disclosed to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care. Your name, location and general condition or death may be used or disclosed to notify or assist in the notification of (including identifying or locating) a person involved in your care.

MVP Health Care will provide you with an opportunity to object to such uses or disclosures, unless, based on professional judgment, it may reasonably infer from the circumstances that you do not object to such uses and disclosures.

If you are not present, or in the event of your incapacity or an emergency, MVP Health Care will use our professional judgment in deciding whether disclosing your medical information would be in your best interest.

Your rights regarding information about your health

You have the following rights regarding the health information we maintain about you:

Right to Inspect and Copy Your PHI:

You have a right to inspect and obtain a copy of information about your health that we maintain. Usually this includes medical and billing records. Under Federal law, this right does not include:

- psychotherapy notes;
- information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
- information obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information; and
- requests not made by you or your authorized representative.

We may deny your request to inspect and copy your health information in certain limited circumstances, such as where disclosure could reasonably endanger the life or physical safety of you or another person. If you are denied access to information about your health, you may request that the denial be reviewed.

Right to Request Restrictions:

You have a right to request a restriction on the information about your health that we use or share for treatment, payment or health care operations. You also have the right to request a limit on the information we disclose about your health to someone who is involved in your care or the payment for your care, like a family member.

You can make this request by telling us in writing, using the Request for Restriction on the Use or Disclosure of Information form. You can get a copy of this form by calling MVP Health Care's Member Services department or via our web site **www.mvphealthcare.com**. MVP Health Care is not required to agree to your request for a restriction.

Right to Amend Your PHI:

If you believe the information we have about your health is incorrect or incomplete, you may ask us to amend the information. You must provide a reason that supports your request. You have the right to request an amendment for as long as the information is kept by or for us.

MVP Health Care may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Also, we may deny your request if you ask us to amend information that:

- was not created by MVP Health Care, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the health information kept by or for us;
- is not part of the information about your health that you would be permitted to inspect and copy; and
- is accurate and complete.

Right to Request an Accounting:

You have the right to receive an accounting of certain disclosures of information about your health information that MVP Health Care made, if any. This right applies to disclosures for purposes other than treatment, payment, health care operations, for those disclosures authorized by you, or as otherwise permitted or required by law. You have a right to receive specific information about these disclosures that occurred for a six year period before the date you make the request, but only back to April 14, 2003.

The accounting MVP Health Care sends you will identify to whom the disclosure was made, the date of disclosure, and provide a brief description of information disclosed and the purpose of the disclosure. If you request an accounting more than once in a 12-month period, MVP Health Care may charge you a reasonable administration fee for the additional requests. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Right to Request Confidential Communications:

If you could be endangered by the normal ways we share information with you, you have the right to request that we communicate with you about your health information by a different means or at a different location. MVP Health Care will ask you the reason for your request, and it will accommodate all reasonable requests.

Right to a Copy of MVP Health Care's Notice of Privacy Practices:

You have the right to obtain a copy of this notice at any time.

Your Written Authorization Is Required:

Other uses and disclosures of your health information that are not described above will only be made with your written authorization. You may give MVP Health Care written authorization to use or to disclose your health information to anyone for any purpose.

You may revoke this authorization at any time. Preferred Gold/GoldAnywhere members, please call Gold Member Services at **(585) 327-2480** or **(800) 665-7924**. Other plan members, please call **(585) 325-3113** or **(800) 950-3224**. TTY users call **(585) 325-2629**, or **(800) 252-2452**. You also may cancel this authorization by writing to Member Services, MVP Health Care, 220 Alexander Street, Rochester, NY 14607. Please note that a cancellation by telephone must be confirmed in writing. However, your revocation will not affect any use or disclosure that you permitted, and that was made, prior to your revocation.

Your Privacy Rights:

You may exercise your privacy rights at any time by submitting your request in writing to: ATTN: Privacy Officer,
MVP Health Care
220 Alexander Street, Rochester, NY 14607

MVP Health Care's Duties Regarding Information About Your Health:

We are required by law to:

- maintain the privacy of information about your health;
- provide you with this notice of our legal duties and health information privacy rules; and
- abide by the terms of this notice.

Changes to This Notice:

We reserve the right to change the terms of this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. If we make a material change to the terms of this notice, we will mail a revised notice to you.

For More Information and to File A Complaint:

If you think your privacy rights have been violated, you can complain to MVP Health Care. Complaints should be sent to: ATTN: Privacy Officer, MVP Health Care, 220 Alexander Street, Rochester, NY 14607. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem. We will provide you with this address upon request. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services. We support your right to the privacy of your medical information.

- If you view this notice on the MVP Health Care Web site or receive it by e-mail, you are also entitled to receive it in written form.
- You may request more detailed information about your rights and privacy protections or learn how to exercise those individual rights as described in this notice.
- If you want a full copy of our privacy rules, please call Member Services at **(585) 325-3113** or **(800) 950-3224**.
- TTY users may call **(585) 325-2629** or **(800) 252-2452**.
- You can write to our Privacy Officer at MVP Health Care, or come to our offices at 220 Alexander Street, Rochester, NY 14607.

Care Management Programs

MVP Health Care is here to help you take on life and live well, no matter what your health status. That's why we have a team of nurses, respiratory therapists, social workers and other health care professionals to help you. If you are living with a serious physical health concern, one of our care management programs may be right for you.

Working together, we can:

- find and help you get the medical services you may need;
- teach you how to take the best care of yourself;
- refer you to classes and services through the MVP Health Care Wellness Center;
- locate other useful community resources; and
- work as a partner with you and your doctor.

We'll also supply you with personalized mailings and newsletters with the latest health information!

Our programs are available to you at no cost as a MVP Health Care plan member.

For more information visit **www.mvphealthcare.com** or call MVP Health Care at the number listed below for the program in which you are interested.

Representatives are available to assist you Monday – Friday from 8:30 a.m. to 5:00 p.m. (Eastern time). TTY users may call **(585) 325-2629** or **(800) 252-2452** for information about any program.

ACUTE CARE
(585) 327-2543 or (800) 933-3920, ext. 2543

BACK CARE
(888) 357-4687, ext. 2310

CANCER CARE
(585) 327-2543 or (800) 933-3920, ext. 2543

CORONARY ARTERY DISEASE CARE
(585) 325-3113 or (800) 950-3224

DIABETES CARE
(585) 258-8078 or (800) 933-3920, ext. 8078

DIALYSIS SUPPORT CARE
(585) 327-2543 or (800) 933-3920, ext. 2543

END STAGE RENAL DISEASE CARE
(585) 327-5744 or (800) 933-3920 ext. 5744

HEART FAILURE CARE
(585) 327-2493 or (800) 933-3920, ext. 2493

METABOLIC SYNDROME CARE
(585) 327-2465 or (800) 933-3920, ext. 2465

RESPIRATORY CARE
(585) 327-2401 or (800) 933-3920, ext. 2401

Now available!

The MVP Health Insurance Company *Participating Provider Directory*

☐ Send me the most recent *NY Participating Provider Directory*

To receive your Directory, fill out this and mail to:

MVP Health Insurance Company
Attn: Corporate Communications Dept./Art. 42 Directory
P.O. Box 1076, Schenectady, N.Y. 12301-1076

A Directory will be mailed to the address on this card. Please allow 4 to 8 weeks for delivery. Your Directory will arrive via return mail.

Name _____

Address _____

_____

City_____State _____Zip_____

Member ID# _____