

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.
AND PREFERRED ASSURANCE COMPANY, INC.

PRIVACY NOTICE

Effective April 14, 2003

Revised October 12, 2010

**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.**

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., and Preferred Care Assurance Company, Inc., (collectively “MVP”) respect the confidentiality of your health information and will protect your information in a responsible and professional manner. We are required by law to maintain the privacy of your health information, provide you with this notice of our privacy practices and legal duties and to abide by the terms of this notice.

In compliance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and New York State laws and regulations regarding the confidentiality of health information, MVP provides this notice to explain how we may use and disclose your health information to carry out payment and health care operations and for other purposes permitted or required by law. “Health information” is defined as enrollment, eligibility, benefit, claim, and any other information that relates to your past, present or future physical or mental health.

MVP’s DUTIES REGARDING YOUR HEALTH INFORMATION

MVP is required by law to:

- Maintain the privacy of information about your health in all forms including oral, written, and electronic;
- Provide you with this notice of our legal duties and health information privacy rules; and
- Abide by the terms of this notice.

We reserve the right to change the terms of this notice at any time, consistent with applicable law, and to make those changes effective for health information we already have about you. Once revised, we will provide the new notice to you by mail and post it on our Web site (www.mvphealthcare.com).

HOW WE USE OR DISCLOSE YOUR HEALTH INFORMATION

As a member, you agree to let MVP share information about you for treatment, payment, and healthcare operations. The following are ways we may use or disclose your health information:

For Treatment: We may share your health information with a physician or other health care provider in order for them to provide you with treatment.

For Payment: We may use and disclose your health information to collect premium payments, determine benefit coverage, or to provide payment to health care providers who render treatment on your behalf.

For Health Care Operations: We may use or disclose your health information for health care operations that are necessary to enable us to arrange for the provision of health benefits, the payment of health claims, and to ensure that our members receive quality service. For example, we may use and disclose your health information to conduct quality assessment and improvement activities, case management and care coordination, licensing, credentialing, underwriting, premium rating, fraud and abuse detection, medical review and legal services.

Appointment Reminders: We may use or disclose your health information to send you a reminder that you have an appointment with your doctor for treatment or medical care.

Health-Related Benefits and Services: We may use or disclose your health information to tell you about alternative medical treatments and programs or about health related products and services that may be of interest to you.

Disclosures to a Business Associate: We may disclose your health information to other companies that perform certain functions on our behalf. These companies are called “Business Associates”. These Business Associates must agree in writing to protect your privacy and follow the same rules we do.

Disclosures to a Plan Sponsor: We may disclose your health information to the plan sponsor of your group health plan (usually your employer) so that the plan sponsor may obtain premium bids, modify, amend or terminate your group health plan and perform enrollment functions on your behalf.

Disclosures to a Third Party Representative: We may disclose to a Third Party Representative (family member, relative, friend, etc.) health information that is directly relevant to that person’s involvement with your care or payment for care if we can reasonably infer that the person is involved in your care or payment for care and that you would not object.

Disclosures Authorized by You: We can accept an Authorization to Disclose Information Form if you would like us to share your health information with someone for a reason we have not stated above. Using this form, you can designate who you would like us to share information with, what information you would like us to share, and how long you want us to be able to share your information with that individual. A copy of this form is available by calling our Member Services Department or logging on to the MVP web site at www.mvphealthcare.com. You must complete this form and send it to the address or fax it to the fax number on the form. You can cancel this Authorization at any time in writing and per the requirements on the form.

SPECIAL USE AND DISCLOSURE SITUATIONS

Under certain circumstances, as required by law, MVP would be required to share your information without your permission. Some circumstances include:

Uses and Disclosures required by law: We may use and disclose health information about you when we are required to do so by federal, state or local law.

Public Health: We may disclose your health information for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births or deaths; or reporting reactions to medications or problems with medical products or to notify people of recalls of products they have been using.

Health Oversight: We may disclose your health information to a health oversight agency that monitors the health care system and government programs for designated oversight activities.

Legal Proceedings: We may disclose your health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) and, in certain situations, in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may disclose your health information, so long as applicable legal requirements are met, for law enforcement purposes.

Abuse or Neglect: We may disclose your health information to a public health authority, or other government authority authorized by law to receive reports of child abuse, neglect or domestic violence consistent with the requirements of applicable federal and state laws.

Coroners, Funeral Directors and Organ Donation: We may disclose your health information to a coroner or medical examiner to identify a deceased person, determine a cause of death or as authorized by law. We may also disclose your health information to funeral directors as necessary to carry out their duties. If you are an organ donor, we may release your health information for procurement, banking or transplantation.

Research Purposes: In certain circumstances, we may use and disclose your health information for research purposes.

Criminal Activity: We may disclose your health information when necessary to prevent or lessen serious and imminent threat to the health and safety of a person or the public.

Military Activity: We may disclose your health information to authorized federal officials if you are a member of the military (or a veteran of the military).

National Security: We may disclose your health information to authorized federal officials for national security, intelligence activities and to enable them to provide protective services for the President and others.

Workers' Compensation: We may disclose your health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

WHAT ARE YOUR RIGHTS

The following are your rights with respect to your health information. Requests for restrictions, confidential communications, accounting of disclosures, amendments to your health information, to inspect or copy your health information, or questions about this notice can be made by using the Contact Information at the end of this notice.

Right to Request Restrictions: You have the right to request a restriction or limitation on your health information we disclose for 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, relative, or friend. While we will try to honor your request, we are not legally required to agree to restrictions or limitations. If we agree, we will comply with your request or limitations except in emergency situations.

Right to Request Confidential Communications. You have the right to request that we communicate with you about your health information in a certain way or at a certain location if the disclosure of information could endanger you. We will require the reason for the request and will accommodate all reasonable requests.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures of your health information made by us other than those necessary to carry out treatment, payment, and health care operations, disclosures made to you or authorized by you, or in certain other situations.

Right to Inspect and Obtain Copies of Your Health Information: You have the right to inspect and obtain a copy of certain health information that we maintain. In limited circumstances, we may deny your request to inspect or obtain a copy of your health information. If we deny your request, we will notify you in writing of the reason for the denial and if applicable the right to have the denial reviewed.

Right to Amend: If you feel that the health information we maintain about you is incomplete or inaccurate, you may ask us to amend the information. In certain circumstances we may deny your request. If we deny the request, we will explain your right to file a written statement of disagreement. If we approve your request, we will include the change in your health information and tell others that need to know about your changes.

Right to a Copy of the Notice of Privacy Practices: You have the right to obtain a copy of this notice at any time.

EXERCISING YOUR RIGHTS

Unless you provide us with a written authorization, we will not use or disclose your health information in any manner not covered by this notice. If you authorize us in writing to use or disclose your health information in a manner other than described in this notice, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your authorization; however, we will not reverse any uses or disclosures already made in reliance on your authorization before it was revoked.

You have a right to receive a paper copy of this notice at any time. You can also view this notice on our Web site at www.mvphealthcare.com.

If you believe that your privacy rights have been violated, you may file a written complaint by contacting the Quality Coordinator at the address or number indicated on the Contact Information at the end of this notice.

You may also 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 TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.

We will not retaliate in any way if you choose to file a complaint in good faith with us or with the U.S. Department of Health and Human Services. We support your right to the privacy of your medical information.

Contact Information

<u>Medicare Members</u>	<u>Region</u>	<u>Member Service Phone #</u>	<u>Address</u>
Preferred Gold And GoldAnywhere	Rochester region	(585) 327-2470 or toll-free (800) 665-7924 TTY users call : Toll-free (800) 662-1220	220 Alexander St Rochester, NY 14607
	All other regions	(800)-209-3945 TTY users call: Toll-free (800) 662-1220	
USA Care	All regions	(888) 597-4419 TTY users call: Toll-free (800) 662-1220	

<u>All Other Members</u>	<u>Region</u>	<u>Member Service Phone #</u>	<u>Address</u>
All other products	Rochester and Buffalo region	(585) 325-3113 or toll-free (800) 950-3224 TTY users call: Toll-free (800) 662-1220	220 Alexander St Rochester, NY 14607
	All other regions	(888) 687-6277 TTY users call: Toll-free (800)-662-1220	P.O. Box 2207 625 State Street Schenectady, NY 12301