

**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.**

This notice applies to all individuals with coverage or services from Health First Health Plans, Inc., Health First Administrative Plans, Inc., Health First Commercial Plans, Inc., or Health First Insurance, Inc., Florida Hospital Care Advantage and herein referred to as "Health Plan."

**If you have any questions about this notice, please contact Customer Service at 1.800.716.7737 or the Health First Privacy Office at 321.434.7543.**

Health Plan participates in two distinct Organized Health Care Arrangements (OHCA) under the Health Insurance Portability and Accountability Act (HIPAA). An OHCA is an arrangement that allows covered entities, which are a health care provider, health plan or healthcare clearinghouse, to share Protected Health Information (PHI) about their patients, person receiving services, or plan members to provide healthcare services and to perform payment and healthcare operations. Health Plan participates in one OHCA between the following entities Adventist Health Systems/Sunbelt, Inc., Florida Hospital Medical Group, Inc., Adventist Health System Sunbelt Healthcare Corporation on behalf of the Adventist Health System Employee Health Benefit Plan, Florida Hospital Healthcare System, Inc., Health First Health Plans, Inc., Health First Administrative Plans, Inc., Health First Commercial Plans, Inc., and Health First Insurance, Inc. Health Plan also participates in a separate OHCA between Holmes Regional Medical Center, Inc. (including Palm Bay Hospital and Holmes Regional Medical Center), Holmes Regional Enterprises, Inc., Viera Hospital, Inc., Cape Canaveral Hospital, Inc., Health First Medical Group, LLC, Health First Physicians, Inc., Hospice of Health First, Inc., Memory Disorder Clinic, Inc., Health First Health Plans, Inc., Health First Administrative Plans, Inc., Health First Commercial Plans, Inc., and Health First Insurance, Inc.

**OUR PLEDGE REGARDING YOUR MEDICAL  
AND MEMBER INFORMATION**

Health Plan is committed to protecting the privacy of your medical and member information also known

as Protected Health Information (PHI). We collect and maintain this information to administer our business, to provide you with products, services, information of importance, and to comply with certain legal requirements. This notice tells you about the ways in which we may use and disclose your information. It also describes your rights and certain obligations we have regarding the use and disclosure of your information.

We are required by law to protect the privacy of your information, notify affected individuals following a breach of unsecured PHI, provide this notice about our privacy practices, and follow the privacy practices that are described in this notice.

**HOW WE MAY USE AND DISCLOSE YOUR  
MEDICAL AND MEMBER INFORMATION  
WITHOUT YOUR AUTHORIZATION**

We may use and disclose PHI without your authorization for the following reasons. Not every use or disclosure will be listed in the categories below. However, all the ways we're permitted to use and disclose information will fall within one of the categories.

- **To provide treatment:**  
We may disclose your PHI to your health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) who may request it in connection with your treatment.
- We may also disclose your PHI to health care providers (including their employees and business associates) in connection with preventative health, early detection and disease and case management programs.
- **For payment purposes:**
- We may use or disclose your PHI to administer your health care policy or contract which may involve: determining your eligibility for benefits, paying claims for services you receive, making medical necessity determinations, coordinating your care of other services and coordinating your coverage with other plans.
- **For healthcare operations:**
- We may use and disclose your PHI to support daily business activities for healthcare

operations, which may include some of the following activities:

- For Quality Management such as improving our members' health or reducing healthcare costs, developing clinical guidelines and protocols, and activities necessary for accreditation.
- For Case Management and Care coordination such as early detection and disease and case management including contacting you or your doctors to provide appointment reminders or information about treatment alternatives and therapies.
- For Credentialing purposes such as reviewing the competence or qualifications of healthcare professionals by evaluating their performance.
- For Underwriting purposes such as premium rating and other activities relating to administering health insurance contracts, obtaining reinsurance and/or stop-loss insurance. Please note that all health plans are prohibited from using or disclosing genetic information for underwriting purposes.
- For Medical Review, Legal Services, and Auditing Functions including activities related to fraud and abuse detection and compliance programs requirements.
- For Business Planning and Development such as data analysis related to operations, including formulary development and administration, development or improvement of payment and coverage policies.
- For communicating health plan benefits and services such as informing you about your health plan benefits or services that may be of interest to you.
- **Other uses and disclosures:**
  - Disclosures to your employer or sponsor of your health plan: we may disclose your PHI to your employer or to a company acting on your employer's behalf, so that entity can monitor, audit and otherwise administer the employee health plan in which you participate. Your employer is not permitted to use the PHI we disclose for any purpose other than the administration of your benefits.
  - Disclosures as required by Law: we may use or disclose your PHI to the extent we are required to do so by federal, state, or local law. For example, HIPAA law compels us to disclose PHI when required by the Secretary of the Department of Health and Human

Services to investigate our compliance efforts.

- Disclosures for Public Health Activities: we may disclose your PHI to an authorized public health authority for purposes of public health activities. The information may be disclosed for such reasons as controlling disease, injury or disability.
- Disclosures about Abuse or Neglect: we may make disclosures to government authorities if we believe you have been a victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when we are required or authorized by law to do so.
- Disclosures for Legal Proceedings: we may disclose your PHI in the course of any judicial or administrative proceedings, in response to an order of a court or administrative tribunal and, in certain cases, in response to a subpoena, discovery requirement or other lawful process.
- Disclosures to Law Enforcement Officials: we may disclose your PHI under limited circumstances to law enforcement officials. For example, disclosures may be made in response to a warrant or subpoena or for the purpose of identifying or locating a suspect, witness or missing persons or to provide information concerning victims of crimes.
- Disclosures for Worker's Compensation: we may disclose your PHI to the extent required by workers' compensation laws or similar programs that provide benefits for work related injuries or illness.

## **USES AND DISCLOSURES WHEN YOU HAVE AN OPPORTUNITY TO OBJECT**

### **Disclosures to others involved in your care or payment for your care:**

- We may disclose your PHI to a representative acting on your behalf. You must appoint your representative in writing and provide the written appointment to Health Plan at the address included in this notice.
- We may disclose your PHI to a friend or family member who is involved in, or helps pay for your care. In addition, we may disclose your PHI to an entity assisting in disaster relief efforts so that your family can be notified about your condition, status and location.

## USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Other than the uses and disclosures generally described above, we will not disclose your PHI without your written authorization. We require your written authorization for most uses and disclosures of psychotherapy notes (psychotherapy notes are notes made by a mental health professional during a private, group or family therapy session and kept separate from the medical record) and for marketing (other than a face-to-face communication between you and a Health Plan workforce member or a promotional gift of nominal value) in which financial payment is received or before selling your protected health information resulting in financial or non-financial payment. Additionally, other uses and disclosures of medical information not covered by this notice or by the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have rights related to the use and disclosure of your PHI. To exercise these rights, you may contact the locations below:

Health Plan  
6450 US Highway 1  
Rockledge, FL 32955  
PH: 1.800.716.7737

Health First Privacy Office  
6450 US Highway 1  
Rockledge, FL 32955  
PH: 321.434.7543

- **Right to inspect and copy:** In most cases, you have the right to inspect and receive a copy of certain healthcare information including certain medical and billing records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. The information will typically be provided within 30 days. We may deny your request to inspect and copy in certain

very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the organization (not the person who denied your request) will review your request and the denial. We will comply with the outcome of the review.

- **Right to amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for Health Plan. To request an amendment, you may make your written request directly to Health Plan at the address included in this notice. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
  - Is not part of the medical information kept by or for one of our covered entities.
  - Is not part of the information which you would be permitted to inspect and copy.
  - Is accurate and complete.
  - The originator does not agree with the proposed amendment.
- **Right to an accounting of disclosures:** You have the right to request an accounting of disclosures. This is a list of the disclosures we made of medical information about you, which would be outside of the treatment, payment, or healthcare operations definitions explained above. We are required to keep an accounting of those disclosures for a minimum of six years, but not prior to April 14, 2003. To request a list of accounting of disclosures, you may submit your written request to Health Plan at the address included in this notice. Your request must state a specific time period and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred. We will provide you this list within the time frames set out by federal law.
- **Right to request restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare

operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend, related to your identification during a disaster or after death. You may request a restriction on all five (5) of these types of uses and disclosures. We must comply with your request if you or someone on your behalf agrees to pay for your services out-of-pocket in full, unless the disclosure to your health plan is required by law. Otherwise, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or is required by law. To request restrictions, you may submit your written request to Health Plan at the address included in this notice. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure, or both; and 3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to request confidential communications:** You may request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you may submit your written request to Health Plan at the address included in this notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a paper copy of this notice:** You may ask us to give you a copy of this notice at any time even if you have agreed to receive this notice electronically; you're still entitled to a paper copy of this notice. You may obtain a copy of this notice by contacting Health Plan's Customer Service Department at 1-800-716-7737. You may also write to the addresses included in this notice, or obtain one through our website [www.health-first.org](http://www.health-first.org).

## CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will provide the current notice at enrollment and to our members annually thereafter. The notice will contain the effective date and will be available at our website [www.health-first.org](http://www.health-first.org).

## COMPLAINTS

**You won't be penalized or retaliated against for filing a complaint.** If you believe your privacy rights have been violated, you may file a complaint with Health Plan or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Health Plan, you may 1) submit a written request to Health First Chief Privacy Officer, c/o Health First, Inc., 6450 US Highway 1, Rockledge, FL 32955; 2) submit an email to [InformationPrivacy@Health-First.org](mailto:InformationPrivacy@Health-First.org); or 3) call customer service at 1.800.716.7737.

Effective October 12, 2016

Health First Health Plans is an HMO plan with a Medicare contract. Enrollment in Health First Health Plans depends on contract renewal.

Health First Commercial Plans, Inc. and Health First Insurance, Inc. are both doing business under the name of Health First Health Plans. Health First Health Plans does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

Y0089\_MPINFO6225 (10/16)

# Health Plans

## Nondiscrimination Notice

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

Health First Health Plans:

- 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, accessible electronic 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, please contact Sherri Wynn.

If you believe that Health First Health Plans 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: Sherri Wynn, ADA/Section 504 Coordinator, 6450 US Highway 1, Rockledge, FL 32955, 321-434-4521, 1-800-955-8771 (TTY), Fax: 321-434-4362, Sherri.Wynn@health-first.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance Sherri Wynn, ADA/Section 504 Coordinator 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

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

Health First Health Plans is an HMO plan with a Medicare contract. Enrollment in Health First Health Plans depends on contract renewal.

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# Health Plans

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-716-7737 (TTY: 1-800-955-8771).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-716-7737 (TTY: 1-800-955-8771).

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-716-7737 (TTY: 1-800-955-8771).

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-716-7737 (TTY: 1-800-955-8771).

**Portuguese:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-716-7737 (TTY: 1-800-955-8771).

**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 1-800-716-7737 (TTY: 1-800-955-8771)。

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-716-7737 (ATS : 1-800-955-8771).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-716-7737 (TTY: 1-800-955-8771).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-716-7737 (телетайп: 1-800-955-8771).

## Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-716-7737 (رقم هاتف الصم والبكم: 1-800-955-8771).

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-716-7737 (TTY: 1-800-955-8771).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-716-7737 (TTY: 1-800-955-8771).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-716-7737 (TTY: 1-800-955-8771)번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-716-7737 (TTY: 1-800-955-8771).

**Gujarati:** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-716-7737 (TTY: 1-800-955-8771).

**Thai:** เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-716-7737 (TTY: 1-800-955-8771).