

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.

**Neighborhood Health Providers d/b/a
SUFFOLK HEALTH PLAN
NOTICE OF PRIVACY PRACTICES**

In order to provide you with the benefits to which you are entitled, Suffolk Health Plan (SHP) must collect, create and maintain health information about you. We respect the confidentiality of your health information and we will protect your information in a responsible and professional manner. SHP is required by law to maintain the privacy of this information. This Notice of Privacy Practices describes how we may use and disclose your health information. It also informs you of your rights regarding this information and how you can exercise those rights. SHP is required by law to provide you with this Notice and we will comply with its terms during the period when it is effective.

How we may use and disclose health information about you

The following is a list of the ways in which SHP may use and disclose your health information. We will use and disclose your health information only for one of the purposes on this list. In certain cases we provide examples of the types of uses or disclosures that fall within a particular category. These examples are intended to help you understand what these categories mean; they do not cover every type of use or disclosure within each category. Please note that, when making these disclosures, SHP must follow federal, state, and local laws that provide special protections for health information relating to certain alcohol and drug abuse treatment.

1. Uses and Disclosures for Payment and Health Care Operations. After SHP, or one of the government programs in which we participate, has obtained your general consent to use and disclose your health information to administer your benefits and for other purposes permitted by state or federal law, we may use and disclose your health information for the following purposes:

a. *Treatment.* We may use and disclose health information about you to facilitate treatment by health care providers. For example, if one of our participating health care providers is treating you, we may disclose to this provider health information relating to other health care services you have received that may be relevant to the provider's treatment.

b. *Payment.* We may use and disclose health information about you for our payment activities. Our payment activities include collecting premiums, determining your eligibility for benefits, reimbursing health care providers that treat you and obtaining payment from other insurers that may be responsible for providing coverage to you. For example, if a health care provider submits a bill to us for services you received, we may use health information about you to determine whether these services are covered under your benefit plan and the appropriate amount of payment to which the provider may be entitled.

c. *Health Care Operations.* We may use and disclose health information about you to carry out health care operations, which includes quality improvement activities, evaluating our own performance and resolving any complaints or grievances you may have. For example, we may collect and review records maintained by doctors and hospitals that have treated you to see whether they have provided you with preventive treatment and other important health services that are recommended by medical authorities.

d. *Appointment Reminders.* We may use and disclose your health information to remind you about appointments you have made to receive health care services or to encourage you to make such appointments.

e. *Treatment Alternatives.* We may use and disclose your health information to tell you about treatment alternatives or other health-related benefits and services that may be of interest to you.

2. Uses and Disclosures Without Your Consent or Authorization. SHP may use and disclose your health information without your specific written authorization for the following purposes:

a. *As required by law.* We may use and disclose your health information as required by state, federal or local law.

b. *For public health activities.* We may disclose your health information to public health authorities or other agencies and organizations conducting public health activities, such as preventing or controlling disease, injury or disability and reporting births, deaths, child abuse or neglect, domestic violence, potential problems with products regulated by the Food and Drug Administration or communicable diseases.

c. *For judicial and administrative proceedings.* We may disclose your health information in the course of any judicial or administrative proceeding in response to an appropriate order of a court or administrative body.

d. *For law enforcement purposes.* We may disclose your health information to a law enforcement official for a legitimate law enforcement purpose such as: identifying or locating a suspect, fugitive or missing person.

e. *For health oversight activities.* We may disclose your health information to health oversight agencies for the following oversight activities authorized by law: (1) audits, investigations, inspections; (2) licensing or disciplining actions; (3) civil, administrative or criminal proceedings, or other activities necessary for appropriate oversight of the health care system; (4) government benefit programs; and (5) compliance with government regulatory programs and civil rights laws.

f. *To avert a serious threat to health or safety.* We may use or disclose your health information to prevent or lessen a serious and immediate threat to your health or safety or to the health or safety of another person or the general public. We will disclose your health information for this purpose only to someone who may be able to prevent or lessen this type of threat.

g. *For specialized government functions.* If you are a member of the armed forces, we may disclose your health information as required by military authorities. We also may disclose your health information to authorized federal officials for national security activities. In addition, we may disclose inmates' health information to correctional institutions in limited circumstances.

h. *For workers' compensation.* We may use or disclose your health information to comply with workers' compensation laws.

i. *To individuals involved in your care.* We may disclose your health information to person who represents you if you tell us to do so.

3. **Your authorization is required for other uses and disclosures.** SHP will not use or disclose your health information for any purpose **not specified** in this Notice of Privacy Practices **unless we obtain your express written authorization.** If you give us your authorization, **you may revoke it at any time**, in which case we will no longer use or disclose your health information for the purpose you authorized, except to the extent we have relied on your authorization in providing benefits. While you are required to sign a consent form in order to receive benefits from SHP, we may not refuse to enroll or continue to provide benefits to you if you decide not to sign an authorization form.

Your Rights Regarding Your Health Information

You have the following rights regarding your health information:

1. **Right to See and Copy.** You have the right to see or get a copy of health information about you that we maintain and that we may use in making decisions about your benefits. In certain situations, we may deny your request. We may charge you a reasonable fee for copies to cover our costs. You may ask to inspect or obtain copies of your information by writing to Member Services, P.O. Box 19769 Charlotte, NC, 28219-9769.

2. **Right to Request Amendments.** You have the right to request changes to any health information we maintain about you if you state a reason why this information is incorrect or incomplete. If we do not believe the changes you requested are appropriate, we will notify you in writing how you can have your objection to our decision included in our records. You may request changes to your health information by writing to Member Services, P.O. Box 19769 Charlotte, NC, 28219-9769. Please include the date of the request, your signature or the signature of your representative and the reason for the request.

3. **Right to an Accounting of Disclosures.** You have the right to receive a list of disclosures of your health information that have been made by SHP. The list will not include disclosures made for certain types of purposes, such as disclosures for treatment, payment or health care operations or disclosures you authorized in writing. Your request should specify the time period for which you want this list, which can be no longer than six years and may not include dates prior to April 14, 2003. The first time you ask for a list of disclosures in any 12-month period, we will provide it for free. If you request additional lists during a 12-month period, we may charge you a fee to cover our costs in providing the additional lists. You may request a list of disclosures by writing to Member Services, P.O. Box 19769 Charlotte, NC, 28219-9769. Please include the date of the request, your signature or the signature of your representative and the reason for the request.

4. **Right to Request Restrictions.** You have the right to request restrictions on the ways in which we use and disclose your health information for treatment, payment and health care operations, or individuals who are involved in your care. While we may honor your request, we are not required to agree to these restrictions. You may request a restriction on the use or disclosure of your health information by writing to Member Services, P.O. Box 19769 Charlotte, NC, 28219-9769. Please include the date of the request, your signature or the signature of your representative and the reason for the request.

5. **Right to Request Confidential Communications.** You have the right to ask us to send health information to you in a different way or at a different location if you believe that you may be endangered by our ordinary form of communication. For example, if you are afraid that someone living with you may open mail we send you and harm you as a result, you can ask us to send your mail to a relative's or employer's address. We will require that you make your request in writing. We will accommodate all reasonable requests. You may ask us to send health information to you in a different way or at a different location by writing to Member Services, P.O. Box 19769 Charlotte, NC, 28219-9769. Please include the date of the request, your signature or the signature of your representative and the reason for the request.

6. **Right to Paper Copy of Notice.** You have the right to receive a paper copy of this Notice of Privacy Practices at any time by writing to Member Services, P.O. Box 19769 Charlotte, NC, 28219-9769. Please include the date of the request, your signature or the signature of your representative and the reason for the request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with SHP by writing to Member Services, P.O. Box 19769 Charlotte, NC, 28219-9769. SHP will not take any action against you for filing a complaint. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

Changes to this Notice

SHP may change the terms of this Notice of Privacy Practices at any time. If we change the terms of this Notice, the new terms will apply to all of your health information, whether created or received by us before or after the date on which the Notice is changed. We will notify you of changes to this Notice by mailing you a copy of the new Notice within 60 days of the date on which it becomes effective.

Additional Information

If you have any questions or would like additional information about this Notice or SHP's privacy practices, please contact Member Services, P.O. Box 19769 Charlotte, NC, 28219-9769.

Effective Date

This Notice of Privacy Practices is effective as of August 15, 2009.