

Your information.
Your rights.
Our responsibilities.



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.

Our privacy commitment

At Blue Shield of California Promise Health Plan, we understand the importance of keeping your personal information private, and we take our obligation to do so very seriously.

In the normal course of doing business, we create records about you, your medical treatment, and the services we provide to you. The information in those records is called protected health information ("PHI"), which includes your Medical Information, as defined by California law, and Personally Identifiable Information ("PII"), such as your name, address, telephone number, and Social Security number, as well as your health information, such as healthcare diagnosis or claim information.

We are required by federal and state law to provide you with this notice of our legal duties and privacy practices as they relate to your PHI. We are required to maintain the privacy of your PHI and to notify you in the event that you are affected by a breach of unsecured PHI. When we use or give out ("disclose") your PHI, we are bound by the terms of this notice, which applies to all records that we create, obtain, and/or maintain that contain your PHI.

Your rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. For certain types of requests, you must complete a form that is available either by calling the Customer Service number on the back of your ID card or by visiting our website at <https://www.blueshieldca.com/en/bsp/medi-cal-members/plan-documents>.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
 - We will provide a copy of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee for preparing, copying, and/or mailing it to you. In certain limited circumstances permitted by law, we may deny you access to a portion of your records.
 - We likely do not have complete copies of your medical records. If you want to look at, or get a copy of, records we do not maintain, please contact your doctor or clinic.
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Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
 - We may say “no” to your request in certain limited circumstances permitted by law, but we’ll tell you why in writing within 60 days.
 - We likely do not have complete copies of your medical records. If you want to change records we do not maintain, please contact your doctor or clinic.
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Request confidential communications

- You can ask us to contact you regarding your confidential health information in a specific way (for example, home or office phone) or to send mail to a different address.
 - Your request must be in writing, and we will accommodate all requests for confidential communication in the form and format requested by you, if it is readily producible in the requested form and format, or at alternative locations. If your request involves a minor child, we may ask you to provide legal documentation to support your request.
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Your rights (continued)

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information to carry out treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (“accounting”) of the times we’ve shared your health information for six years prior to the date you ask, and we will tell you what we shared, the date we shared it, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- You may name another person to act as your personal representative. Your representative will be allowed access to your PHI, to communicate with the healthcare professionals and facilities providing your care, and to exercise all other HIPAA rights on your behalf. Depending on the authority you grant your representative, he or she may also have authority to make healthcare decisions for you.
 - We will make sure the person has this authority and can act for you before we take any action.
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Your rights (continued)

File a complaint if you feel your rights are violated

- If you have questions about your privacy rights or feel we have violated your privacy rights, you may contact us at:
Blue Shield of California Promise Health Plan Privacy Office
P.O. Box 272540
Chico, CA 95927-2540
Phone: (888) 266-8080
Hotline: (855) 296-9086
Fax: (800) 201-9020
E-mail: Privacy@blueshieldca.com
- You can file a complaint with the Secretary for the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, calling (877) 696-6775, emailing OCRComplaint@hhs.gov, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- For Medi-Cal beneficiaries only, you can also file a written complaint with the California Department of Health Care Services (DHCS) and L.A. Care Health Plan:

DHCS

DHCS Privacy Officer
1501 Capitol Avenue
MS0010
Sacramento, CA 95877-74113
Phone: (866) 866-0602
TTY/TDD: (877) 735-2929
Fax: (916) 327-4556
Website: [www.dhcs.ca.gov/
formsandpubs/laws/priv](http://www.dhcs.ca.gov/formsandpubs/laws/priv)

L.A. Care Health Plan Privacy Office

1055 West 7th Street, 10th Floor
Los Angeles, CA 90017
Phone: (888) 839-9909

- **We will not retaliate against you for filing a complaint.**
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Your choices

For certain health information, you can tell us your choices about what we share and whether we share it. If you have a clear preference for how we share your information in the situations described below, tell us what you want us to do, and we will follow your instructions.

For these purposes, you have both the right and choice to tell us not to share your information:

- With your family, close friends, or others involved in your care or payment for your care
- In connection with fundraising efforts
- With a Health Information Exchange ("HIE"), such as Manifest Medex. HIEs help your health care providers and health plans securely review, analyze, and share medical information about you with the goals of improving the quality of your care, reducing medical errors, and preventing unnecessary and duplicative treatment. You may also opt out of this sharing of information by going to manifestmedex.org/opt-out/ or by calling **(800) 490-7617**.
- As otherwise set forth in this Notice

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

For these cases, we *never* share your information unless you give us written permission:

- Marketing purposes
 - Sale of your information
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Our uses and disclosures

How do we typically use or share your health information? We typically use or share your health information without your written authorization in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary, including for underwriting purposes.
- Please note, however, that we will not use or disclose your PHI that is genetic information for underwriting purposes – doing so is prohibited by federal law.

Example: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Our uses and disclosures (continued)

How else can we use or share your health information? We are allowed and required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research, without your written authorization. We must meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We may share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Assisting with disaster relief efforts
 - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We may use or share your health information for health research, but only according to, and as allowed by, law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We may share health information about you with organ procurement organizations.
- We may share health information with a coroner, medical examiner, or funeral director when an individual dies, but only according to, and as allowed by, law.

Address workers' compensation, law enforcement, and other government requests

- We may use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official, but only according to, and as allowed by, law
 - With health oversight agencies for activities authorized by law, but only according to, and as allowed by, law
 - For special government functions such as military, national security, and presidential protective services, but only according to, and as allowed by, law

Comply with the law

- We may share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to lawsuits and legal actions

- We may share health information about you in response to a court or administrative order, or in response to a subpoena, but only according to, and as allowed by, law.

Other than for the purposes described above, we must obtain your written authorization to use or disclose your PHI. For example, we will not use your PHI for marketing purposes, sell your PHI, nor use or disclose substance use disorder records or psychotherapy notes without your written authorization, except as expressly allowed by law.

You may cancel a written authorization that you previously gave us. When submitted to us in writing, the cancellation will apply to future uses and disclosures of your PHI. It will not affect uses or disclosures made previously, while your authorization was in effect.

Our uses and disclosures (continued)

Are there instances when we will not share your health information? We are not allowed to use or share the following types of health information without your written authorization unless otherwise allowed by law:

Reproductive health care

- Your health information cannot be used or disclosed to conduct any criminal, civil, or administrative investigation or impose any liability on you or anyone else, or identify you or anyone else in connection with seeking, obtaining, providing, or facilitating reproductive health care, provided that the reproductive health care is lawful under Federal law and the law of the state in which the reproductive health care is provided. Reproductive health care includes, but is not limited to, abortion-related services.
- Any of your health information relating to lawful abortion-related services will not be released in response to a subpoena, request, or court order, nor in cooperation with an inquiry or investigation by an individual or government entity in another state or a federal law enforcement agency, without your written authorization, except as expressly permitted or required by law.
- Any of your health information relating to you seeking, obtaining, providing, supporting, or aiding in the performance of a lawful abortion will not be disclosed, shared, or made available in an electronic health records system or through an HIE to any individual in another state, without your written authorization, except as expressly permitted or required by law.

Example: If you live in one state and travel to California to receive lawful reproductive health care, such as an abortion, we are not allowed to and will not share that information if someone tries to investigate you for obtaining that care. However, if we receive a lawful attestation from the person requesting it, we may disclose your PHI potentially related to reproductive health care (such as an abortion) for the following purposes:

- Health oversight activities
- Judicial or administrative proceedings
- Law enforcement
- Coroner or medical examinations

Our uses and disclosures (continued)

Substance use disorder treatment

- Any substance use disorder treatment records will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you give written authorization, or unless a court orders the disclosure after giving you notice and an opportunity to object and the order is accompanied by a subpoena or other legal requirement compelling disclosure.

Example: If you are involved in a lawsuit and someone asks us for your substance use disorder treatment records, we will not provide them unless you tell us to in writing or a court orders it and issues a legal document requiring it.

Our responsibilities

- We are required by law to maintain physical, technical, and administrative safeguards to ensure the privacy of your PHI. To protect your privacy, only Blue Shield Promise workforce members who are authorized and trained are given access to our paper and electronic records and to non-public areas where this information is stored. Workforce members are trained on topics including:
 - Privacy and data protection policies and procedures, including how paper and electronic records are labeled, stored, filed, and accessed
 - Physical, technical, and administrative safeguards in place to maintain the privacy and security of your PHI
- Our corporate Privacy Office monitors how we follow our privacy policies and procedures and educates our organization on this important topic.
- We will obey any and all laws that require us to give you privacy protections, including HIPAA and any other federal or California privacy law. For example, there are special laws that protect some types of health information, such as, but not limited to, psychotherapy notes, reproductive and sexual health information, gender affirming care, mental health services, treatment for substance use disorders (SUD), genetic information, and HIV/AIDS testing and treatment. We will follow those laws. To the extent federal and California privacy laws set forth different standards for certain health information, we will apply the standard that affords your health information the greater degree of protection and security, unless otherwise required by law. Any disclosure of PHI beyond the provisions of the law is prohibited.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- Please note that it is possible that information that we have properly disclosed pursuant to this Notice will be redisclosed by the recipient and, if so, it is no longer protected by the policies in this Notice.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective Date of this Notice:

Blue Shield of California Promise Health Plan
Privacy Office
P.O. Box 272540
Chico, CA 95927-2540
Phone: (888) 266-8080
Hotline: (855) 296-9086
Fax: (800) 201-9020
E-mail: Privacy@blueshieldca.com
