

Notice of Privacy Practices (Aviso de prácticas de privacidad*)

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.

You may ask for an additional paper copy of this privacy notice at any time. *Para recibir esta noticia en español llame al 800-346-4643. If you are Deaf, hard of hearing or have a speech disability, dial 711 for Relay Colorado or use our Live Chat on rmhp.org.

In this notice, the words “us” “our” and “we” mean Rocky Mountain Health Plans or RMHP. These plans are underwritten by Rocky Mountain Health Maintenance Organization (RMHMO).

Q. Why is this notice provided?

- A. Rocky Mountain Health Plans respects the privacy of your personal health information, also called PHI. By law, we have to make sure that your PHI is kept private. We must also give you this notice of our legal duties, your rights, and our privacy practices about your PHI. We must tell you about how and when we may use, share, or discuss your PHI with others.

Q. What is PHI?

- A. PHI includes information that we have about your past, present, or future health or medical condition that could be used to identify you. This includes such things as health care treatment, or payment for health care you have received.

Q. How and when can you use, give out, or tell others about my PHI?

- A. RMHP can use or give out your PHI:
- To help make sure your medical bills sent to us for payment are handled the right way.
 - To help your doctors or other health care providers manage your health care, such as if you're in a wellness program or if you are a home health patient.
 - To send you a reminder if you have a doctor's visit.
 - To give you information about other health care treatments, services, and programs you may be interested in, such as a weight-loss program.
 - To tell an employer that helps pay for your health benefits of your enrollment with RMHP. Any PHI we might give to your employer group plan sponsor cannot be used for employment or benefit decisions.
 - With other people who are with you at the time we

discuss your PHI. For example, when you allow others to be in the room when a home health nurse visits your home or if your spouse is with you on the phone when you call us. In these cases, we may talk about your PHI with both of you.

- If you are injured or unconscious we may share PHI with your family or friends to help make sure you get the care you need and talk about how the care will be paid for.

Please Note: We will not use your PHI that is genetic information for any underwriting purpose.

Q. Are there state or federal laws that may call for RMHP to share your PHI?

- A. Yes, there are also state and federal laws that may call for us to give your PHI to others. For example, we may give out your PHI:
- To state and federal agencies that regulate us, such as the U.S. Department of Health and Human Services and the Colorado Division of Insurance.
 - For public health activities. This may include reporting disease outbreaks.
 - To public health agencies if we think there is a serious health or safety threat.
 - For government health oversight activities, such as fraud investigations.
 - To a court or administrative agency, such as to obey a court order.
 - For law enforcement purposes, such as to find a suspect.
 - To a government authority when there is abuse, neglect, or violence in the home.
 - To a coroner, medical examiner, or funeral director to

aid in deciding cause of death.

- For getting, saving, or transplanting organs, eyes, or tissue, and also in limited ways for research activities.
- For special government functions, such as for national safety.
- For job-related injuries because of state worker compensation laws.

If none of the above reasons apply, we must ask you to tell us in writing that we may use or give out your PHI before we do it.

Q. Are there other reasons you can use, share, or tell others about my PHI?

- A. No, except for the situations listed above, we will not use or disclose your PHI for any other reason unless we have your written permission. If you tell us in writing that we may use or give out your PHI and change your mind, you may take back your written permission at any time. But you cannot take back your written permission if we already acted when we had your permission. Most uses and disclosures of psychotherapy notes, and uses and disclosures of PHI for marketing reasons or that are tied to a “sale” of PHI can only happen with your written permission.

Q. What are my rights with respect to my PHI?

- A. **You have the right** to ask that we limit how we use and give out your PHI. You also have the right to ask us to limit how much PHI we give to someone who is involved in your care or helping pay for your care. Please note that we do not have to agree to the request.

You have the right to ask that we talk with or write to you in a different way or at a different place to protect you from danger. For example, you may ask us to send your PHI to your work address instead of your home address.

You have the right to see and ask for a copy of your PHI. You can ask to have your PHI given to you in a particular way or form, such as paper or electronic format. We will try to meet your request if it is not too difficult to provide it in that format. You may also ask that we tell you in writing about the PHI we have about you. We will respond to you within 30 days after we get your written request. If we deny your request, we will write back to you with the reasons. We will also explain your right to have our denial reviewed. We may charge you a reasonable fee based on the copy costs for labor and supplies to meet your request or for writing a description of PHI if that is what you asked for.

You have the right to get a list of times we have given

out your PHI during the six years before your request. Please note we are not required to give you a list of every time we gave out your PHI.

We do not have to tell you the times we gave out your PHI:

- Before April 14, 2003.
- For treatment, payment, and health care operation purposes.
- To you or others, if we have your written permission.
- To persons involved in your care or payment for care.
- For national safety reasons, or in special situations required by law enforcement or health oversight agencies.

We will act on your request within 60 days. Your first list will be free. We will give you one free list every 12 months if you ask for it. If you ask for another list within 12 months of getting your free list, we may charge you a fee.

You have the right to ask us to change your PHI or add missing information if you think there is a mistake in your PHI. We will respond within 60 days of getting your written request. If we deny your request, we will tell you the reasons in writing. Our written denial will also explain your right to file a written statement of disagreement. You can ask us to attach your request, our denial, and your statement of disagreement to your PHI anytime we give it out in the future.

Q. If I want to use these rights, do I have to make a written request?

- A. Yes. All requests must be made in writing. You do not have to use any special form, but you can get a request form by calling our Customer Service at 970-243-7050 or 800-346-4643. Send in your request to: Rocky Mountain Health Plans, PO Box 10600, Grand Junction, CO 81502-5600.

Q. How may I complain about RMHP’s privacy practices?

- A. Send your written complaint to RMHP Customer Service, Attn: Privacy, PO Box 10600, Grand Junction, CO 81502-5600. You also may complain to the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint about our privacy practices or for using any of the rights described in this notice.

Q. What other steps do we take to protect your PHI?

- A. We limit access to your PHI to those who need it in order to help us provide products or services to you.

Other policies, such as limiting access to facilities, only discussing PHI in secure areas, keeping fax machines in secure areas, requiring passwords for computer access, and checking your identity before we discuss your PHI also help to protect your information. If there is a breach of your unsecured PHI, you have the right to be notified of the breach and we will provide notice to you in writing.

Q. How will I know if my rights described in this notice change?

A We follow the terms of the notice that is now in effect. This notice is effective as of September 23, 2013. We reserve the right to change the terms of this notice and our privacy policies at any time. Then the new notice will apply to all your PHI. If we change this notice, we will put

the new notice on our website and mail a copy of the new notice to our subscribers with the next regular annual mailing after the new notice takes effect.

Q. Who should I contact to get more information or to get a copy of this notice?

A. You can do this in one of three ways:

- Visit our website: www.rmhp.org.
- Write to us: Rocky Mountain Health Plans, PO Box 10600, Grand Junction, CO 81502-5600.
- Call Rocky Mountain Customer Service: 970-243-7050 or 800-346-4643.

RMHP is a Medicare-approved Cost plan. Enrollment in RMHP depends on contract renewal. Please call our Customer Service at 888-282-1420 (TTY dial 711). Hours are 8 a.m. to 8 p.m., 7 days/week, October 1-March 31, and 8 a.m. to 8 p.m., Monday through Friday, April 1-September 30.