

## **Elderplan, Inc. Notice of Privacy Practices**

EFFECTIVE DATE: 9/1/2020

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This notice summarizes the privacy practices of Elderplan Inc. (the “Plan”), its workforce, medical staff, and other health professionals. We may share protected health information (“PHI” or “Health Information”) about you with each other for purposes described in this notice, including for the Plan’s administrative activities.

The Plan is committed to safeguarding the privacy of our members’ PHI. PHI is information which: (1) identifies you (or can reasonably be used to identify you); and (2) relates to your physical or mental health or condition, the provision of health care to you or the payment for that care.

### **OUR OBLIGATIONS**

- We are required by law to maintain the privacy and security of your PHI.
- 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.

## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION**

**The following categories describe different ways that we may use and disclose Health Information. Not every use or disclosure permitted in a category is listed below, but the categories provide examples of the uses and disclosures permitted by law.**

***Payment.*** We may use and disclose Health Information process and pay claims submitted to us by your or by physicians, hospitals and other health care providers for services provided to you. For example, other payment purposes may include the use of Health Information to determine eligibility for benefits, coordination of benefits, collection of premiums, and medical necessity. We may also share your information with another health plan that provides or has provided coverage to you for payment purposes or for detecting or preventing health care fraud and abuse.

***Health Care Operations.*** We may use and disclose Health Information for health care operations, which are administrative activities involved in operating the Plan. For example, we may use Health Information to operate and manage our business activities related to providing and managing your health care coverage or resolving grievances.

***Treatment.*** We may disclose your Health Information with your health care provider (pharmacies, physicians, hospitals, etc.) to help them provide care to you. For example, if you are in the hospital, we may disclose information sent to us by your physician.

***Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services.*** We may use and disclose Health Information to contact you as a reminder that you have an appointment/visit with us or your health care provider. We also may use and disclose Health Information to tell you about treatment options, alternatives, health-related benefits, or services that may be of interest to you.

By providing us with certain information, you expressly agree that the Plan and its business associates can use certain information (such as your home/work/cellular telephone number and your email), to contact you about various matters, such as follow up appointments, collection of amounts owed and other operational matters. You agree you may be contacted through the information you have provided and by use of pre-recorded/artificial voice messages and use of an automatic/predictive dialing system.

***Individuals Involved in Your Care or Payment for Your Care.*** We may disclose Health Information to a person, such as a family member or friend, who is involved in your medical care or helps pay for your care. We also may notify such individuals about your location or general condition, or disclose such information to an

entity assisting in a disaster relief effort. In these cases, we will only share the Health Information that is directly relevant to the person's involvement in your health care or payment related to your health care.

***Personal Representatives.*** We may disclose your Health Information to your personal representative, if any. A personal representative has legal authority to act on your behalf in making decisions related to your health care or care payment. For example, we may disclose your Health Information to a durable power of attorney or legal guardian.

***Research.*** Under certain circumstances, as an organization that performs research, we may use and disclose Health Information for research purposes. For example, a research project may involve comparing the health and recovery of all members who received one medication or treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. This process evaluates a proposed research project and its use of Health Information to balance the benefits of research with the need for privacy of Health Information. We also may permit researchers to look at records to help them identify members who may be included in their research project or for other similar purposes.

***Fundraising Activities.*** We may use or disclose your demographic information (e.g., name, address, telephone numbers and other contact information), the dates of health

care provided to you, your health care status, the department and physician(s) who provided you services, and your treatment outcome information in contacting you in an effort to raise funds in support of the Plan and other non-profit entities with whom we are conducting a joint fundraising project. We may also disclose your Health Information to a related foundation or to our business associates so that they may contact you to raise funds for us. If we do use or disclose your Health Information for fundraising purposes, you will be informed of your rights to opt-out of receiving further fundraising communications.

### **SPECIAL CIRCUMSTANCES**

**In addition to the above, we may use and disclose Health Information in the following special circumstances.** We have to 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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

***As Required by Law.*** We will disclose Health Information when required to do so by international, federal, state or local law.

***To Avert a Serious Threat to Health or Safety.*** We may use and disclose Health Information when necessary to prevent or lessen a serious threat to your health or safety, or the health or safety of the public or another person. Any disclosure, however, will be to someone who we believe may be able to help prevent the threat.

***Business Associates.*** We may disclose Health Information to the business associates that we engage to provide services on our behalf if the information is needed for such services. For example, we may use another company to perform billing services on our behalf. Our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract with them.

***Organ and Tissue Donation.*** If you are an organ donor, we may release Health Information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

***Military and Veterans.*** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

***Workers' Compensation.*** We may disclose Health Information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

***Public Health Risks.*** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report

reactions to medications or problems with products; notify people of recalls of products they may be using; track certain products and monitor their use and effectiveness; if authorized by law, notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and conduct medical surveillance of our facilities in certain limited circumstances concerning workplace illness or injury. We also may release Health Information to an appropriate government authority if we believe a member has been the victim of abuse, neglect or domestic violence; however, we will only release this information if the member agrees or when we are required or authorized by law.

***Health Oversight Activities.*** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure of our facilities and providers. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

***Lawsuits and Legal Actions.*** We may disclose Health Information in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process by someone else involved in a legal action, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

***Law Enforcement.*** We may release Health Information if asked by a law enforcement official as follows: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about evidence of criminal conduct on our premises; and (6) in emergency circumstances to report a crime, the location of the crime or victims or the identity, description or location of the person who committed the crime.

***Coroners, Medical Examiners and Funeral Directors.*** We may release Health Information to a coroner or medical examiner. In some circumstances this may be necessary, for example, to determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

***National Security and Intelligence Activities.*** We may release Health Information to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law.

***Protective Services for the President and Others.*** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

***Inmates or Individuals in Custody.*** In the case of inmates of a correctional institution or that are under the custody of a law enforcement official, we may release Health Information to the appropriate correctional institution or law enforcement official. This release would be made only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

***Additional Restrictions on Use and Disclosure:*** Some kinds of Health Information including, but not limited to, information related to alcohol and drug abuse, mental health treatment, genetic, and confidential HIV related information require written authorization prior to disclosure and are subject to separate special privacy protections under the laws of the State of New York or other federal laws, so that portions of this notice may not apply.

In the case of genetic information, we will not use or share your genetic information for underwriting purposes.

If a use or sharing of Health Information described above in this Notice is prohibited or otherwise limited by other laws that apply to us, our policy is to meet the requirements of the more stringent law.

### **USES AND DISCLOSURE REQUIRING WRITTEN AUTHORIZATION**

In situations other than those described above, we will ask for your written authorization before using or disclosing personal

information about you. For example, we will get your authorization:

- 1) for marketing purposes that are unrelated to your benefit plan,
- 2) before disclosing any psychotherapy notes,
- 3) related to the sale of your Health Information, and
- 4) for other reasons as required by law. For example, state law further requires us to ask for your written authorization before using or disclosing information relating to HIV/AIDS, substance abuse, or mental health information.

You have the right to revoke any such authorizations, except in limited circumstance such as if we have taken action in reliance on your authorization.

## **YOUR RIGHTS**

**You have the following rights, subject to certain limitations, regarding Health Information that we maintain about you – all requests must be made *IN WRITING*:**

***Right to Request Restrictions.*** You have the right to request a restriction or limitation on the Health Information that we use or disclose for treatment, payment, or health care operations. You have the right to request a limit on the Health Information that we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. *We are not required to agree to your request, and we may say “no” if it would affect your care.* If we agree to your request, we will

comply with your request unless we need to use the information in certain emergency treatment situations.

***Right to Request Confidential Communications.*** If you clearly state that the disclosure of all or part of your Health Information could endanger you, you have the right to request that we communicate with you in a certain manner or at a certain location other than through our usual means of communication. For example, you can ask that we contact you only by sending mail to a P.O. Box rather than your home address or you may wish to receive calls at an alternate phone number. Your request must be in writing and specify how or where you wish to be contacted.

***Right to Inspect and Copy.*** You have the right to inspect and receive a copy of your Health Information that we have in our records that is used to make decisions about your enrollment, care or payment for your care, including information kept in an electronic health record. If you want to review or receive a copy of these records, you must make the request in writing. We may charge you a reasonable fee for the cost of copying and mailing the records. We may deny your access to certain information. If we do so, we will give you the reason in writing. We will also explain how you may appeal the decision.

***Please note that there may be a charge for paper or electronic copies of your records.***

***Right to Amend.*** If you feel that Health Information that we have is incorrect or incomplete, you may ask us to amend the

information. You have the right to request an amendment for as long as the information is maintained by or for us. You must tell us the reason for your request.

We may deny your request for an amendment to your record. We may do this if your request is not in writing or does not include a reason to support the request. We also may deny your request if you ask us to amend information that:

- we did not create;
- is not part of the records used to make decisions about you;
- is not part of the information which you are permitted to inspect and to receive a copy; or
- is accurate and complete.

***Right to an Accounting of Disclosures.*** You have the right to request an accounting of certain disclosures of Health Information that we made for a six-year period. The accounting will only include disclosures that were not made for treatment, payment, health care operations, to you, pursuant to authorization, or for “special circumstances” as outlined in this notice. You are entitled to one Accounting of Disclosures at no charge. Subsequent requests within a twelve-month period may be subject to a fee.

***Right to a Paper Copy of This Notice.*** You have the 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 are still entitled to a paper copy of this

notice. You may obtain a copy of this notice at any time from the Plan's website: <https://elderplan.org/>

### **HOW TO EXERCISE YOUR RIGHTS**

To exercise any of your rights described in this notice, other than to obtain a paper copy of this notice, you must contact the Plan.

Elderplan  
Attention: Regulatory Compliance  
6323 Seventh Avenue  
Brooklyn, NY 11220

1-800-353-3765

TTY: 711

### **BREACH NOTIFICATION**

We will keep your Health Information private and secure as required by law. If there is a breach (as defined by law) of any of your Health Information, then we will notify you within 60 days following the discovery of the breach, unless a delay in notification is requested by law enforcement.

### **ELECTRONIC HEALTH INFORMATION EXCHANGE**

The Plan may participate in various systems of electronic exchange of Health Information with other healthcare providers, health information exchange networks and health plans. Your Health Information maintained by the Plan may be accessed by other providers, health information exchange networks and health plans for the purposes of treatment, payment, or health

care operations. In addition, the Plan may access your Health Information maintained by other providers, health information exchange networks and health plans for treatment, payment or health care operation purposes but only with your consent.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice and to make the revised or changed notice effective for Health Information that we already have as well as any information we receive in the future. The new notice will be available upon request, on our website, and we will mail a copy to you. The notice will contain the effective date on the first page, in the top left-hand corner.

### **COMPLAINTS AND QUESTIONS**

If you believe your privacy rights have been violated, you may file a complaint with us. To file a complaint with us, contact our Privacy Office at the address listed below. All complaints must be made in writing.

Elderplan  
Attention: Regulatory Compliance  
6323 Seventh Avenue  
Brooklyn, NY 11220

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201,

calling 1-877-696-6775, or visiting  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

We will not retaliate against you if you exercise your right to file a complaint.

If you have any questions about this notice, please contact 1-855-395-9169 (TTY: 711)