

Nebraska Total Care Notice of Privacy Practices

PRIVACY NOTICE

There are times we need to use your medical information to help you get care. This notice tells you how medical information about you may be used. It tells you when we will share your medical information with other people. It also tells you how you can see this information. *Please read it carefully.*

For help translating or understanding this please call Member Services. The phone number is 1-844-385-2192, TTY: 1-844-307-0342, Relay 711. Interpreter services are free for you.



Si necesita ayuda para traducir o entender este texto, por favor llame al telefono. 1-844-385-2192, TTY: 1-844-307-0342, Rele' 711.

Covered Entity Duties

Nebraska Total Care is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This means that Nebraska Total Care has to follow the law about your privacy. Information we have about you is called Protected Health Information (PHI). We have to keep your PHI private.

We are required by law to give you this Notice. We must follow everything in this notice. We have to tell you if we share your information in a way that is not in this notice. This is called a “breach.”

This Notice tells you how we may use and share your PHI. It describes your rights to see and change your PHI. It tells you how to use those rights. If we need to use your information in any other ways we need your written permission.

Nebraska Total Care can change this Notice. Changes will cover your PHI we already have and PHI we receive in the future. Nebraska Total Care will change and share Notice when there is a big change to:

- The Uses or Disclosures
- Your rights
- Our legal duties

- Other privacy practices stated in the notice.

Changes will be in the Member Handbook and on our website at NebraskaTotalCare.com.

Allowed Uses and Disclosures of Your PHI

This is a list of how we may use or share your PHI without getting your permission first:

- **Treatment** - We may use or talk about your PHI with your doctor or other health care provider you are working with. This will help us coordinate your treatment with providers. It will help us decide about prior authorization related to your benefits.
- **Payment** - We may use and share your PHI to pay your providers for the services they gave you. We may share your PHI to another health plan or to a health care provider. These are also covered entities and have to follow the same federal Privacy Rules for their payment. Payment activities may include:
 - Processing claims
 - Determining eligibility or coverage for claims
 - Issuing premium billings
 - Reviewing services for medical necessity
 - Performing utilization review of claims
- **HealthCare Operations** - We may use and share your PHI to perform our healthcare operations. This means to do all the tasks that make sure you get the care you need. These activities may include:
 - giving customer services when you ask for our help
 - responding to complaints and appeals
 - giving you case management and care coordination
 - doing medical review of claims
 - quality assessment and improvement activities

In our healthcare operations, we may share PHI with business associates. We may share your PHI with entities that also have to follow privacy rules. We will have written agreements with them to protect your PHI. There must be a reason for the entity to have your information for their healthcare operations. This may include:

- quality assessment and improvement activities
- reviewing the competence or qualifications of providers
- case management and care coordination
- finding or preventing healthcare fraud and abuse.

- **Group Health Plan/Plan Sponsor Disclosures** – We may share your protected health information to a sponsor of the group health plan. This could be an employer or other entity that is providing a health care program to you. The sponsor has to agree to certain restrictions about how it will use or share the PHI. For example, agreeing not to use the PHI for employment actions or decisions.

Other permitted or Required Disclosures of Your PHI

- **Fundraising Activities** – We may use or share your PHI for fundraising. This could be to raise money for a charitable organization. You do not have to participate in fundraising activities. If we contact you, you can choose not to participate or stop getting communications.
- **Underwriting Purposes** – We may use or disclosure your PHI for underwriting purposes. This mean to help decide how much coverage costs. We are not allowed to use PHI that is genetic information for this purpose.
- **Appointment Reminders/Treatment Alternatives** - We may use and share your PHI to remind you of an appointment. We may use and share your information to tell you about treatment options. We may need to tell you about health benefits and services. This might be information about things like how to stop smoking or lose weight.
- **As Required by Law** – There are laws that say we have to share your PHI. These can be Federal, state, and/or local. We will follow the law. We will only share what the law requires, not anything extra. If two or more laws about the same information conflict, we will follow the more restrictive laws.
- **Public Health Activities** - We may share your PHI to a public health authority. This would be to prevent or control disease, injury, or disability. We may share your PHI to the Food and Drug Administration (FDA). This would be make sure the products they are in charge of are good quality, safe or effective.
- **Victims of Abuse and Neglect** - We may share your PHI if we have a reasonable belief of abuse, neglect or domestic violence. We would talk to a local, state, or federal government authority. This might be social services or a protective services agency. They are allowed by law receive these reports.

- **Law Enforcement** - We may be required to share your relevant PHI to law enforcement. We would respond to a:
 - court order
 - court-ordered warrant
 - subpoena
 - summons issued by a judicial officer
 - grand jury subpoena

We may also share your PHI to identify or find someone. This could be a suspect, fugitive, material witness, or missing person.

- **Coroners, Medical Examiners and Funeral Directors** - We may share your PHI with a coroner or medical examiner. They may need it to figure out a cause of death. We may also share your PHI to funeral directors if they need it to do their job.
- **Organ, Eye and Tissue Donation** – We may share your PHI if your organs are donated. The organization that handles the donation may need your PHI. We may share your PHI with the providers who work in the donation and transplant process of:
 - cadaveric organs
 - eyes
 - tissues
- **Threats to Health and Safety** - We may use or share your PHI if it is necessary to protect people from a serious threat. This could be a health or safety issue. It could be for one person or for the general public.
- **Specialized Government Functions** – We may have to share your PHI if you are a member of U.S. Armed Forces. It may be required by military command authorities. We may also share your PHI:
 - to authorized federal officials for national security
 - to intelligence activities
 - the Department of State for medical suitability determinations
 - for protective services of the President or other authorized persons
- **Workers' Compensation** – There are laws about worker's compensation and other similar programs. We may share your PHI to follow these laws. It won't matter who is at fault.

- **Emergency Situations** – We may share your PHI in an emergency situation if you are not able to respond or not present. We may share with a family member, close personal friend, or someone else you chose. We may share with a professional authorized to help in a disaster. We will use professional judgment to decide if sharing your PHI is best to keep you safe. We will only share the PHI that person helping you needs.
- **Inmates** – We may share your PHI if you are an inmate of a correctional facility. Or, if you are under the custody of a law enforcement official. We may share if your PHI is needed to get you health care, protect you, protect other people, or the facility.
- **Research** – In some situations we may share your PHI to researchers. Their research study has to have been approved. There have to be plans to make sure that your privacy is protected.

Uses and Disclosures of Your PHI that Require Your Written Permission

We have to get your permission to share your PHI for some things. There are not many exceptions to this rule. We would need your permission in writing for:

- **Sale of PHI** – We will not sell your PHI without your permission.
- **Marketing** – We will not use your PHI for marketing without your permission. An exception is that we may talk to you if we see you face-to-face. We can also give you promotional gifts that don't cost much.
- **Psychotherapy Notes** – We will ask for your permission to use or share therapy notes that we have. The exception would be for some treatment, payment or healthcare operation tasks.

Individuals Rights

These are your rights concerning your PHI. To use your rights contact us. Contact information is at the end of this Notice.

- **Right to Revoke an Authorization** - You may take away your permission to share your PHI any time. You have to tell us in writing. When we have your notice we will stop sharing right away. Some of your PHI may have been shared before we got your direction to stop.

- ***Right to Request Restrictions*** - You have the right to ask us not to share your PHI. This might be that you do not want information shared for in specific situation. It might be that you do not want to share with specific people. If you ask for restrictions we need you to tell us the reason. We do not have to agree with your request. If we agree we will do what you asked. We will still share your information to get you help in an emergency. We will not share your PHI to a health plan if you paid for services yourself.
- ***Right to Request Confidential Communications*** - You have the right us to change the way we contact you. This could be that you ask us to mail things to a different address. Or, that we call you at a different number. This would only apply if contacting you normally would put you in danger. You do not have to tell us why you are asking for the change. You do have to tell us that you will be in danger if we do not change our communication. We must accommodate your request if it is reasonable and we know how you want us to communicate with you.
- ***Right to Access and Received Copy of your PHI*** - You have the right, to look at or get copies of your PHI that we create. There are some exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must ask us in writing. If we say no, we will tell you the reason in writing. We will tell you if our reason can be reviewed and how to ask for a review.
- ***Right to Amend your PHI*** - You have the right to ask us to change your PHI if you think the information we have is wrong. Your must ask in writing and explain why you want it changed. There are reasons we may have to say no. If we did not create the information we cannot change it. You would have to ask the person who created it to make the change. If we say no we will tell you the reason in writing. You can give us a statement telling us why you disagree. We will attach your statement to the information you wanted to change. If we can change your information we will do our best to tell others, including people you name, of the change. And to include the changes if we share information in the future.
- ***Right to Receive an Accounting of Disclosures*** - You have the right to ask who we have shared your PHI with for the last 6 years. You can also ask who our business associated shared your PHI with. This does not apply to sharing information for treatment, payment, or health care operations. It does not apply to disclosures you gave permission for and certain other activities. If you ask for this list more than once in a 12-month period, we may charge you. This would be a

reasonable fee for to cover the cost of the extra requests. We will give you with more information on our fees if you make a request.

- ***Right to File a Complaint*** - If you feel your privacy rights have been violated you can file a complaint. If you believe that we did not follow our privacy practices you can file a complaint. You can make your complaint to us in writing or by phone. The contact information is at the end of this Notice.

You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights. Send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201. Call 1-800-368-1019, (TTY: 1-866-788-4989). Or visit www.hhs.gov/hipaa/filing-a-complaint/index.html.

WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.

Internal Protections of Oral, Written and Electronic PHI

Nebraska Total Care protects your PHI. We have privacy and security processes to help. These are some of the ways we protect your PHI:

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for a business reason with people who need to know.
- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

Contact Information

You can call us if you have any questions. You can ask us about this Notice, our privacy practices or how to use your rights. You can contact us in writing or by phone.

Nebraska Total Care

Attn: Privacy Officer

2525 N. 117th Ave., Suite 100

Omaha, Nebraska 68164

Phone: 1-844-385-2192, TTY 1-844-307-0342, Relay 711