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## NOTICE OF PRIVACY PRACTICES

**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.**

Leon Medical Centers Health Plans creates records about you and the treatment and services we provide to you. The information we collect is called Protected Health Information (“PHI”). We take our obligation to keep your PHI secure and confidential very seriously. We are required by federal and state law to protect the privacy of your PHI, to provide you with this Notice about how we safeguard and use it, and to notify you following a breach of your unsecured PHI. When we use or disclose your PHI, we are bound by the terms of this Notice. This Notice applies to all electronic or paper records we create, obtain, and/or maintain that contain your PHI.

### OUR RESPONSIBILITIES

This notice takes effect September 23, 2013, and will remain in effect until we replace it. We must follow the privacy practices described in this notice while it is in effect. We may change the terms of this Notice at any time, and we may, at our discretion, make the new terms effective for all PHI in our possession, including any PHI we created or received before we issued the new Notice. If we change this Notice, we will update the Notice on our website and, if you are enrolled in one of our plans at that time, we will send you the new Notice, as required. In addition, you can request a copy of the Notice by calling Customer Service at the toll-free telephone number printed on your ID card. If you are a patient at one of our clinics, we will give you the new Notice when you receive treatment at one of our facilities, as required, and we will post any new Notice in a prominent location at each facility.

### HOW WE USE AND DISCLOSE YOUR PHI

We may use and disclose your PHI without your written authorization for the following purposes:

#### For treatment

- To share with nurses, doctors, pharmacists, and other health care professionals so they can determine your plan of care.
- To help you obtain services and treatment you may need - for example, ordering lab tests and using the results.

To coordinate your health care and related services - for example, to remind you of an appointment or to encourage you to receive preventive screenings or immunizations.

## **For payment**

- To obtain payment of premiums, if applicable and to administer claims.
- To make coverage determinations - for example, to speak to a health care professional about payment for services provided to you.
- To coordinate benefits with other coverage you may have - for example, to speak to another health plan or insurer with which you have coverage, to determine coverage.
- To obtain payment from a third party that may be responsible for payment - for example, state pharmaceutical assistance programs.

## **For health care operations**

- To provide customer service and other business activities, including fraud and abuse detection and compliance programs.
- To support and/or improve the programs or services we offer you.
- To assist you in managing your health - for example, to provide you with information about treatment alternatives to which you may be entitled.
- To support another health plan, insurer, or health care professional who has a relationship with you, so that it can improve the programs it offers you - for example, for case management.

## **Disclosures to others involved in your health care.**

- If you are present or otherwise available to direct us to do so, we may disclose your PHI to others, for example, a family member, a close friend, or your caregiver.
- If you are in an emergency situation, not present, or are incapacitated, we will use our professional judgment to decide whether disclosing your PHI to others is in your best interests. If we do disclose your PHI in a situation where you are unavailable, we would disclose only information that is directly relevant to the person's involvement with your treatment or for payment related to your treatment. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, your general medical condition or your death.

## **Disclosures to vendors and accreditation organizations.**

We may disclose your PHI to:

- Companies that perform certain services we've requested. For example, we may engage vendors to help us to provide information and guidance to members with chronic conditions like diabetes and asthma.
- Accreditation organizations such as the National Committee for Quality Assurance (NCQA) for quality measurement purposes.

Please note that before we share your PHI, we obtain the vendor's or accreditation organization's written agreement to protect the privacy of your PHI.

- **Health or safety.** We may disclose your PHI to prevent or lessen a serious and imminent threat to your health or safety, or the health or safety of the general public.
- **Public health and health oversight activities.** We may disclose your PHI to report to public health authorities, to report abuse, neglect, or domestic violence and to government agencies responsible for oversight of the health care system.

- **Research.** We may disclose your PHI for research purposes, but only as allowed by law.
- **Where required by law.** We may disclose your PHI:
  - To state or federal agencies to ensure we are in compliance with the law.
  - In response to a court order or a subpoena, provided that certain requirements are met.
  - To law enforcement agencies or officials, when required by a court order.
  - For judicial and administrative proceedings when asked to do so by a court order, subpoena or other request.
  - For certain government functions such as disclosures to the US military,
  - When necessary to comply with Workers' Compensation laws related to a work-related illness or injury.

## **USES AND DISCLOSURES OF PHI THAT REQUIRE YOUR AUTHORIZATION**

We will obtain your written permission or authorization before we use or disclose your PHI for any other purpose not stated in this Notice. For example, your permission is required to:

- Use and disclose PHI for marketing communications when we receive direct or indirect payment for making the communications from a third party whose product or service is being marketed;
- Disclose PHI for purposes that constitute a sale of PHI; or
- Use and disclose genetic information of you or your dependents for underwriting purposes.

For certain kinds of PHI, federal and state law may require enhanced privacy protection and we can only disclose such information with your written permission except when specifically permitted or required by law. This includes PHI that is:

- Maintained in psychotherapy notes.
- About alcohol and drug abuse prevention, treatment and referral.
- About HIV/AIDS testing, diagnosis or treatment.
- About venereal and/or communicable disease(s).
- About genetic testing.

You may revoke this permission in writing at any time. We will then stop using your PHI for that purpose, but we cannot undo any actions taken prior to your revoking your permission.

## **YOUR INDIVIDUAL RIGHTS**

To exercise the rights below, you may be asked to complete and submit the applicable form, which is available by calling the Customer Service number on your member ID card.

You have the right to:

- **Request restrictions** in how your PHI may be used or shared for treatment, payment, and health care operations. We are not legally required to agree to your request but if we do, that agreement will be binding. However, if you are a patient at one of our clinics, they will honor your request, to the extent permitted by law, not to disclose information to us or any other insurer about a medical visit, service or prescription for which you pay the full amount out of your pocket at the time of service.
- **Inspect and obtain a copy** of your PHI that is included in certain paper or electronic records we maintain. Copies will be provided in a form and format that is "readily producible," which means we are reasonably able to produce the records in a readable form.

- **Request confidential communications** whereby communications with PHI will be sent to an alternate location or by alternative means. We will accommodate reasonable requests whenever feasible.
- **Request an amendment** of your PHI created and maintained by us if you believe it is incorrect. If we do not agree to your request, we will keep your request and our reason for the denial in your record.
- **Request an accounting of the disclosures** we have made of your PHI for the past six years from the date of your request.
- **Request a paper copy** of this Notice by contacting us at the address below.

If you have questions about your privacy rights, believe that we may have violated your privacy rights, or disagree with a decision that we made about your PHI, you may contact us at the following address or telephone number:

**Privacy Office**  
**Leon Medical Centers Health Plans**  
**Member Service Department**  
**8600 NW 41st Street, Suite 201**  
**Doral, FL 33166**  
**1-866-393-5366**

You may also contact the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. Your complaint can be sent by email, fax, or mail to the Office of Civil Rights. For more information, see their website at: <http://www.hhs.gov/ocr/privacy/hipaa/complaints>. No action will be taken against you for filing a complaint.

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