

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.

This Notice is Effective August 1, 2015

YOUR INFORMATION. YOUR RIGHTS. OUR DUTIES.

Affinity Health Plan is required by law to protect the privacy of your health information, and to provide you with this Notice that outlines your rights and our duties with respect to your information.

- This notice describes the privacy practices of Affinity Health Plan with respect to your medical information. It explains how we use your medical information and when we can share that information with others.
- This notice informs you of your rights with respect to your medical information, and how you can exercise these rights.
- This notice also describes the duties of Affinity Health Plan with respect to your information. We are required to maintain the privacy of your medical information, to provide you with notice of our privacy practices, and to notify you in the event that your medical information is breached.

YOUR HEALTH INFORMATION.

Why We Collect Your Information

Protected Health Information (PHI) is information in any form (including oral, written, or electronic) that relates to payment for providing health care to you and that can be used to identify you. Affinity collects, creates and maintains your protected health information in order to provide you with health coverage and related services.

Affinity may collect other types of personal information about you, your spouse and dependents that we obtain from your application or through administering your coverage, claims, or account. This information includes: Name, address, telephone number and email address; Social security number, birth date, age, gender and marital status; Income and asset information used to make eligibility and enrollment determinations. To the extent this personal information is or may become part of your medical records, claims history or other health information, it will be treated like the protected health information described in this notice.

How We May Use or Share Your Information without Authorization

Affinity is generally prohibited from using or sharing (disclosing) your health information without your written authorization. In order to provide you with access to quality care, important public benefits, and to comply with government programs and priorities, Affinity may use or share your health information without obtaining your authorization, for purposes of treatment, payment or healthcare operations, with our business associates, and in other limited circumstances as listed in the sections below.

Treatment, Payment, and Healthcare Operations:

- **Treatment:** We may share your medical information with your doctors, hospitals, other providers or insurers to help to provide, coordinate or manage health care and related services for you. For example, if you request a referral to a specialist, we may share your medical information with that specialist.
- **Payment:** We may use and share your information to process and pay claims in connection with medical services provided to you, to obtain premium payments, and to determine your eligibility for a plan or program.
- **Health Care Operations:** We may use and share your information in connection with certain administrative, financial, legal, and quality improvement activities that are necessary to support treatment and payment activities. These activities include, but are not limited to: Conducting medical review, utilization review, case management and care coordination activities; Providing customer service and resolving internal grievances; Performing quality assessment and improvement activities; Fraud and abuse detection and compliance programs; and Business planning and development activities.

Business Associates: We may share your information with persons or entities that perform certain functions or activities for us such as claims and data processing, administration and analysis; utilization review; quality assurance; billing; and benefit management, as well as legal, actuarial, accounting; consulting, data aggregation management, administrative, accreditation, and financial services. We may permit a business associate to create, receive, maintain, or transmit health information on our behalf if we obtain written assurances that the business associate will appropriately protect the confidentiality of this information.

De-Identified Information: We may use your protected health information to create information that is not individually identifiable health information. We may also disclose protected health information to a business associate for the purpose of de-identifying it, whether or not the information is to be used by Affinity.

Limited Data Sets: We may use or disclose a “limited data set” of protected health information from which certain specified identifiers have been removed, for purposes of research, health

care operations and public health purposes, provided that the recipient signs a data use agreement promising to safeguard the protected health information within the limited data set.

Other Ways We May Use or Share Your Information

Affinity may use or disclose your protected health information without first receiving your authorization in certain public policy circumstances outlined below. Affinity must comply with federal and state laws that provide special protections to sensitive and highly confidential information concerning HIV or AIDS, mental health, alcohol and substance use, pregnancy, sexually transmitted infections, and genetics when making these disclosures:

- **As Required by Law.** We may share your information when required by a court order, a warrant, subpoena or summons issued by a court, grand jury, government investigative agency, or an administrative body authorized to require the production of information. We may also share your information pursuant to statutes or regulations that require the information when payment is made under a program that provides public benefits such as Medicaid or Medicare.
- **For law enforcement purposes.** We may share your health information with a law enforcement official for legitimate law enforcement purposes such as: Identifying or locating a suspect, fugitive, witness or missing person; If you are believed to be the victim of a crime or to alert law enforcement in the event of your death as a result of criminal conduct; If your information is evidence of a crime that occurred on Affinity's premises.
- **Victims of abuse, neglect or domestic violence.** We may disclose your health information to an appropriate government authority if we believe that you, your spouse or dependent are a victim of abuse, neglect or domestic violence. We will obtain your agreement to make the disclosure unless the law requires the disclosure. We will notify you of the disclosure unless we believe that doing so would place you at risk of serious harm, or that the person who usually receives information from us on your behalf is responsible for the abuse, neglect or domestic violence.
- **For judicial and administrative proceedings.** We may share your health information in response to an appropriate order of a court or administrative body, including a subpoena, summons or order issued in the course of any judicial or administrative proceeding.
- **For public health activities.** We may share your health information with a public health authority or other agency or organization that makes a written request for information related to preventing or controlling disease, injury or disability; reporting vital events statistics such as births or deaths; reporting child abuse or neglect; or reviewing the quality, safety or effectiveness of an FDA-regulated product or activity.

- **For health oversight activities.** We may share your health information with a state or federal health oversight agency that requests the information for the purpose of performing activities authorized by law such as audits, investigations, inspections and licensing surveys, for which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant.
- **To avert a serious threat to health or safety.** We may share your health information to prevent or lessen a serious and immediate threat to the health or safety of you, another person or the general public. We will disclose your health information for this purpose only to persons who may be reasonably able to prevent or lessen the threat, consistent with applicable law and standards of ethical conduct.
- **For specialized government functions.** We may share your health information to assist with certain government functions, such as assuring the proper execution of a military mission, conducting special intelligence and counter-intelligence investigations, providing protective services to the President and foreign heads of state, and the administration and maintenance of correctional institutions. We will not release health information of Members who are no longer inmates when released on parole, probation, supervised release, or otherwise no longer in lawful custody.
- **To coroners or funeral directors, or for organ, eye or tissue donation.** We may disclose your health information to a coroner or medical examiner for purposes such as identifying a deceased person or determining a cause of death; to a funeral director in reasonable anticipation of your death or as necessary to assist in carrying out duties with respect to a decedent; to organ procurement organizations and similar entities for the purpose of assisting in organ, eye or tissue donation or transplantation activities.
- **For school administration.** We may share your information with schools at which you are a student or prospective student if the information is limited to proof of immunization and the school is required by law to have such proof of immunization prior to admitting you. We may also share your information with applicable city and state immunization registries as required by law.
- **For workers' compensation.** We may use or disclose your health information as authorized by and to the extent necessary to comply with laws governing the workers' compensation program or other similar programs that provide benefits for work-related injuries or illnesses without regard to fault.

When We are Required to Obtain Your Authorization.

We will not use or disclose your health information for any purpose not specified in this Notice unless we first obtain your express written authorization. If you give us your authorization, you may revoke (cancel) it at any time, in which case we will no longer disclose your health

information to the party or for the purpose that you authorized, but we cannot make any changes with respect to information we disclosed prior to your revocation.

Fundraising: We may use or disclose to a business associate or to an institutionally-related foundation certain information for the purposes of our own fundraising, so long as you are provided with a clear and conspicuous mechanism to opt-out of further communications.

Marketing: Your authorization is required before we use or disclose your information to communicate with you about a product or service where the communication encourages you to purchase or use the product or service.

Psychotherapy notes. We will not disclose psychotherapy notes without your authorization unless we created the notes and are going to use them for treatment; or the psychotherapy notes will be used for our own training, to defend ourselves in legal proceedings brought by you, to investigate or determine our compliance with the Privacy Rules, to avert a serious and imminent threat to public health or safety, for lawful oversight of the originator of the psychotherapy notes, for the lawful activities of a coroner or medical examiner, or as otherwise required by law.

Research. We will not use or disclose your health information for research purposes, such as studies comparing the benefits of alternative treatments received by our members, without your authorization.

Sale of Health Information: We will not make a disclosure of your health information in exchange for direct or indirect payment, made to us or to our Business Associates, by the entity that would receive the information.

Sensitive and Highly Confidential Information: State and federal law give special privacy protections to certain types of health information that are deemed highly confidential. Sensitive and Highly Confidential Information Includes information about: HIV or AIDS testing and diagnosis, mental health treatment, alcohol and substance use, pregnancy, sexually transmitted infections, and genetics. We will only disclose highly confidential information with your prior express written authorization or when specifically permitted or required by law.

How We May Use or Share Information with Your Friends and Family

We may disclose your health information to a family member, other relative, or close personal friend who assists you in receiving or obtaining payment for health care services. We will disclose your health information to these individuals only if the disclosure is consistent with any prior preference that you have expressed to us (including a personal representative designation or health care proxy), or if the information is relevant to the individual's involvement in your care. We may also disclose your health information to disaster relief organizations such as the

Red Cross to assist your family members or friends in locating you or learning about your general condition in the event of a disaster.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Inspect or Obtain a Copy of Your Information

You have the right to inspect and to obtain a copy of your health information that we maintain. Your request should describe the information you want to review and the format in which you want to review it. For example, if you want to inspect your records at our offices, receive paper copies, or have them copied onto a flash drive. We will honor your request if the information can be readily produced in that format, but may charge a fee for the costs of production. If we deny your request to inspect or obtain your information, you may appeal the denial. You can make a request to inspect or obtain copies of your information by writing to our Director of Customer Service.

Right to Request an Amendment of Your Information

You have the right to request an amendment (change) to any health information we maintain in your designated record set if you state a reason why this information is incorrect or incomplete. We do not have to agree to make the changes you request. If we determine the requested changes are not appropriate, we will advise you in writing. You can choose to have your objection to our decision included in your health records. You may request an amendment by writing to our Director of Customer Service.

Right to Obtain a List of Disclosures of Your Information

You have the right to obtain a list of certain disclosures of your health information that we have made for purposes other than treatment, payment or health care operations during the six (6) years prior to your request. You can request one free list every twelve (12) months, but we will charge a fee for additional requests you make during a 12-month period to cover our costs in providing the additional lists. You may request a list of disclosures by writing to our Director of Customer Service.

Right to Request Limits on the Use and Sharing of Your Information

You have the right to request limits (restrictions) on how we use and disclose your health information for treatment, payment and health care operations. You also have the right to ask us to limit the information we share with your family members or others who are involved in your health care or payment for your health care. While we will try to honor your request, we are not required to agree to the limits. You may request a restriction by contacting our Director of Customer Service.

Right to Request Confidential Communications

You have the right to request that we use a different method to contact you if you believe that us contacting you using your current information would endanger you (for example, if you are hiding from an abusive spouse). If you are a minor who has received reproductive or other health care services based on your own consent, you may also have the right to request confidential communications. You can request that we send information to an alternative address, different phone number, or by alternative means, such as by fax. Your request should be in writing and specify the alternative method or location and state that you are endangered (you need not explain why). We will accommodate reasonable requests.

Right to Obtain a Copy of this Notice

You have the right to receive a paper copy of this Notice at any time. You may receive a paper copy even if you have previously requested to receive this Notice electronically. You may also obtain a copy of this Notice by going to our website at <http://www.affinityplan.org>. You may obtain a paper copy of this Notice, by writing to our Director of Customer Service.

Right to File a Complaint

You have the right to file a complaint about the privacy policies, procedures and practices of Affinity Health Plan. You can:

- Call our Customer Service Department at (866) 247-5678/TDD: (888) 447-4833 during normal business hours.
- Make an anonymous complaint by calling our Ethics Line at (866) 528-1505.
- Make a written complaint by email or postal mail at the addresses listed below.

You also have the right complain to the US Department of Health and Human Services, Office for Civil Rights at OCRComplaint@hhs.gov or call (800) 368-1019/ TDD (800) 537-7697

Right to Ask Questions

You can contact us at any time if you have questions with respect to this Privacy Notice or our privacy policies. You can call our Customer Service Department at (866) 247-5678/TDD: (888) 447-4833 during normal business hours. You can send us written questions as follows:

- *E-mail* Affinity Customer Service at Member@affinityplan.org or complete an inquiry form on our website at https://www.affinityplan.org/Contact_Us.aspx
- *E-mail* Affinity's Chief Privacy Officer at Privacy@affinityplan.org
- *Mail* a letter to the attention of our **Customer Service Director** or **Chief Privacy Officer** at: Affinity Health Plan, Metro Center Atrium, 1776 Eastchester Road Bronx, New York 10461

OUR DUTIES WITH RESPECT TO YOUR INFORMATION

To Maintain the Privacy of Your Health Information

We are required to maintain the privacy and security of your health information, whether in paper, electronic or other form. We train our employees about our privacy policies and practices, and we limit access to your information to only those employees who need it in order to perform their business responsibilities. We enter into agreements with business associates, contractors and vendors to ensure that they protect your health information. We do not sell information about our customers or former customers.

To Limit the Amount of Information Disclosed

When we use or disclose your health information, or we request your information from another covered entity or business associate, we will make reasonable efforts to limit the health information shared to the minimum amount necessary to accomplish the intended purpose of the use, disclosure or request.

To Notify You if Your Information is Breached

We are required to notify you in the event that your information is improperly accessed, used, acquired or disclosed in violation federal or state privacy laws, and that results in potential harm. If we determine that Affinity or one of our business associates has experienced a breach of your information, we will take action in accordance with applicable laws and regulations to notify you, certain government agencies, and in some cases the media, about the breach.

To Provide You With Copies of this Notice

We are required by law to provide you with a copy of this Privacy Notice, including any paper copies you request, and to comply with the terms of this Notice when we use or disclose your health information. If we make any material changes to this Notice, we must provide you with a copy of the updated notice. A copy of this Privacy Notice can be found on our website at <http://www.affinityplan.org>.

To Notify You of Changes to this Notice

We are required to abide by the terms of this Notice of Privacy Practices as currently in effect. We reserve the right to change the terms of the notice and to make the new notice effective for all the protected health information that we maintain. In addition, for the convenience of our members, the revised Privacy Notice will also be posted on our web site: <http://www.affinityplan.org>.