Optum Palliative and Hospice Care

Provider notice of privacy practices

NOTICE FOR MEDICAL INFORMATION: Pages 1–4.

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.

Effective January 1, 2015

We* are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or "disclose" that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms "information" or "health information" in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will post a copy of the revised notice on our website:

optumhospice.com/phoenix

If we maintain a physical delivery site, we will post a copy of the revised notice at our office as well. The notice will also be available upon request. We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

How we use or disclose information

We must use and disclose your health information to provide that information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to use and disclose health information for your treatment, to bill for your health care and to operate our business. For example, we may use or disclose your health information:

- **For payment.** We may use or disclose health information to obtain payment for health care services. For example, we may disclose your health information to your health plan in order to obtain payment for the medical services we provide to you. We may ask you for advance payment.
- **For treatment.** We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.

*This Medical Information Notice of Privacy Practices applies to the following providers that are affiliated with Optum, Inc.: Optum Palliative and Hospice, Inc.; Optum Palliative and Hospice Care of Texas, Inc. Optum Palliative and Hospice Care of Pennsylvania, Inc.

- **For health care operations.** We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care. For example, we might analyze data to determine how we can improve our services.
- **To provide you information on health-related programs or products** such as alternative medical treatments and programs or about health-related products and services, subject to limits imposed by law.
- **For reminders.** We may use or disclose health information to send you reminders about your care, such as appointment reminders with providers who provide medical care to you or reminders related to medicines prescribed for you.

We may use or disclose your health information for the following purposes under limited circumstances:

- **As required by law.** We may disclose information when required to do so by law.
- **To persons involved with your care.** We may use or disclose your health information to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interests. Special rules apply regarding when we may disclose health information to family members and others involved in a deceased individual's care. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.
- **For public health activities** such as reporting or preventing disease outbreaks to a public health authority. We may also disclose your information to the Food and Drug Administration (FDA) or persons under the jurisdiction of the FDA for purposes related to safety or quality issues, adverse events or to facilitate drug recalls.
- **For reporting victims of abuse, neglect or domestic violence** to government authorities that are authorized by law to receive such information, including a social service or protective service agency.
- **For health oversight activities** to a health oversight agency for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.
- **For judicial or administrative proceedings** such as in response to a court order, search warrant or subpoena.
- **For law enforcement purposes.** We may disclose your health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.
- **To avoid a serious threat to health or safety** to you, another person, or the public, by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.
- **For specialized government functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **For workers' compensation** as authorized by, or to the extent necessary to comply with, state workers' compensation laws that govern job-related injuries or illness.
- **For research purposes** such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets federal privacy law requirements.
- **To provide information regarding decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For organ procurement purposes.** We may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- **To correctional institutions or law enforcement officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but 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.

- **To business associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us and pursuant to federal law, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract and permitted by law.
- **Additional restrictions on use and disclosure.** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under federal laws governing alcohol and drug abuse information as well as state laws that often protect the following types of information:
    1. HIV/AIDS;
    2. Mental health;
    3. Genetic tests;
    4. Alcohol and drug abuse;
    5. Sexually transmitted diseases and reproductive health information; and
    6. Child or adult abuse or neglect, including sexual assault.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law. Attached to this notice is a "Federal and State Amendments" document.

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. This includes, except for limited circumstances allowed by federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others, or using or disclosing your health information for certain promotional communications that are prohibited marketing communications under federal law, without your written authorization. Once you give us authorization to release your health information, we cannot guarantee that the recipient to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization at any time in writing, except if we have already acted based on your authorization. To find out how to revoke an authorization, use the contact information below under the section titled "Exercising Your Rights."

What are your rights

The following are your rights with respect to your health information:

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. **Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction other than with respect to certain disclosures to health plans as further described in this notice.**
- **You have the right to request that we not send health information** to health plans in certain circumstances if the health information concerns a health care item or service for which you or a person on your behalf has paid us in full. We will agree to all requests meeting the above criteria and that are submitted in a timely manner.
- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your home address). We will accommodate reasonable requests. In certain circumstances, we will accept your verbal request to receive confidential communications, however, we may also require you confirm your request in writing. In addition, any request to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.

- **You have the right to see and obtain a copy** of certain health information we maintain about you such as medical records and billing records. If we maintain a copy of your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you identify. In some cases you may receive a summary of this health information. You must make a written request to inspect or obtain a copy your health information or have your information sent to a third party. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.
- **You have the right to ask to amend** certain health information we maintain about you such as medical records and billing records if you believe the information is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information made: (i) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; and (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which federal law does not require us to provide an accounting.
- **You have the right to a paper copy of this notice.** You may ask for 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 also obtain a copy of this notice on our website optumhospice.com/phoenix

Exercising your rights

- **Contacting your provider.** If you have any questions about this notice or want information about exercising any of your rights, please contact the Executive Director of Optum Palliative and Hospice Care at **602-749-5900**
- **Submitting a written request.** Mail to us your written requests to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records, or requesting amendments to your record, at the following address:

  Optum Palliative and Hospice Care
  Attn: Executive Director
  3003 N Central Ave, Suite 800
  Phoenix, AZ 85012

- **Filing a complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at privacy@optum.com or via standard mail using the address listed below:

  Optum
  Privacy Administrator
  MN051-A130
  13625 Technology Drive
  Eden Prairie, MN 55344

You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. We will not take any action against you for filing a complaint.

Optum Palliative and Hospice Care provider notice of privacy practices: Federal and state amendments

Revised: January 1, 2015

The first part of this Notice, which provides our privacy practices for Medical Information (pages 1–4), describes how we may use and disclose your health information under federal privacy rules. There are other laws that may limit our rights to use and disclose your health information beyond what we are allowed to do under the federal privacy rules. The purpose of the charts below is to:

1. Show the categories of health information that are subject to these more restrictive laws; and
2. Give you a general summary of when we can or cannot use and disclose your health information without your consent.

If your written consent is required under the more restrictive laws, the consent must meet the particular rules of the applicable federal or state law.

Summary of federal laws
Alcohol & drug abuse information
We are allowed to use and disclose alcohol and drug abuse information that is protected by federal law only (1) in certain limited circumstances, and/or disclose only (2) to specific recipients.

Summary of state laws	
General health information	
We are allowed to disclose general health information only (1) under certain limited circumstances, and/or (2) to specific recipients.	CA, FL, IN, MN, MT, NE, NJ, PR, RI, TN, TX, WA
You may be able to restrict certain electronic disclosures of health information.	NC, NV
We are not allowed to use or disclose health information for certain purposes.	CA, FL, IA, MT, NH, TN
We will not use and/or disclosure information regarding certain public assistance programs except for certain purposes.	AL, CA, MO, MT, NV, NJ, SD, TX
We are allowed to disclose certain immunization records only (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.	FL, IL NE, NV, SC
We must restrict access to records of minors subject to a court protective order.	IL
We must comply with additional restrictions prior to using or disclosing your health information for certain purposes.	KS, VI
We are allowed to disclose your health information only for limited research purposes.	WA
Prescriptions	
We are allowed to disclose certain prescription-related information only (1) under certain limited circumstances, and/or (2) to specific recipients.	AL, CO, CT, FL, ID, IN, KY, MI, NE, NV, NH, NY, OH, RI, SC, TN, UT, VA, WV, WY
We must limit the amount of certain of your health information that we can include on a prescription or other medical certification document.	ME
Communicable diseases	
We are allowed to disclose communicable disease information only (1) under certain limited circumstances, and/or (2) to specific recipients.	AZ, IA, IN, KS, MI, MT, NE, NV, OK

Sexually transmitted diseases and reproductive health	
We are allowed to disclose sexually transmitted disease and/or reproductive health information only (1) under certain limited circumstances and/or (2) to specific recipients.	AZ, CA, FL,IL, IN, IA, KS, MA, MI, MT, NV, NJ, NM, OK, WA, WV, WY
We are not allowed to identify certain abortion patients in legal proceedings.	OK
Alcohol and drug abuse	
We are not allowed to disclose alcohol and drug abuse information without your written consent.	WV
We are allowed to use and disclose alcohol and drug abuse information (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.	AR, CA, CT, FL, GA, IL, IN, IA, LA, MD, MA, MI, MN, MS, NV, NC, OH, OK, PA, TN, VA, WA, WI
Genetic information	
We are not allowed to disclose genetic information without your written consent.	IL, KS, NH, NY
We are allowed to disclose genetic information only (1) under certain limited circumstances and/or (2) to specific recipients.	AK, AZ, FL, LA, MA, MO, NH, NV, NJ, NM, OR, RI, TX, VT, WA, WY
Restrictions apply to (1) the use, and/or (2) the retention of genetic information.	AK, DE, NM, WY
HIV/AIDS	
We are allowed to disclose HIV/AIDS-related information only (1) under certain limited circumstances and/or (2) to specific recipients.	AZ, CA, CO, CT, DE, FL,GA, IA, IL, IN, KS, KY, ME, MD, MA, MI, MO, MT, NE, NV, NH, NM, NY, NC, OH, OK, OR, PA, PR, RI, TX, WA, WV, WI, WY
Certain restrictions apply to oral disclosures of HIV/AIDS-related information.	CT, FL
Mental health	
We are not allowed to disclose mental health information without your written consent.	PR, UT
We are allowed to disclose mental health information only (1) under certain limited circumstances and/or (2) to specific recipients.	AK, AZ, CA, CT, DC,IA, IL, IN, ME, MD, MI, MS, NV, NH, NJ, NM, NC, OK, PA, SC, SD, TN, TX, UT, WA, WI
Certain restrictions apply to oral disclosures of mental health information.	CT
Child or adult abuse	
We are allowed to use and disclose child and/or adult abuse information only (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.	AR, IL, MD

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