THE COMPANY does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and services.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call: 1-800-382-8751.

ATTENTION: Si habla español, hable con servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al: 1-800-382-8751.

MEDICAL PRIVACY NOTICE

We are required by law to protect the privacy of your health information. We are also required to provide you this notice, which explains how we may use and disclose your health information, and how we protect your health information. If you have questions about this notice, please call: 1-800-382-8751.

We maintain your health information in a paper health record or in an electronic record. We may use or disclose health information for purposes such as providing limited information to locate a missing person or report a crime.

• TO BUSINESS ASSOCIATES that perform on our behalf or provide us with services if the information is necessary to carry out such services and the business associate is 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 federal 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. Such laws may provide the following types of information:
  1. Alcohol and Substance Abuse
  2. Biometric Information
  3. Child or Adult Abuse or Neglect, Including Sexual Abuse
  4. Communicable Diseases;
  5. Genetic Information
  6. HIV/AIDS
  7. Mental Health
  8. WINOS
  9. Prescription
  10. Reproductive Health
  11. Sexually Transmitted Diseases

If you or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, you will be entitled to exercise any of the rights that are otherwise protected by federal law.

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 regulations, any written request to us for additional information. 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 disclosures to health plans as further described in this notice.

We reserve the right to amend this notice at any time, in writing, and to make the new notice available upon request.

WHAT ARE YOUR RIGHTS?

The law gives you rights with respect to your health information:

• YOU HAVE THE RIGHT to ask us to restrict uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask us to restrict disclosures to family members or others who are involved in your care or treatment or for your health care provider. Leave 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 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 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.

• YOU HAVE THE RIGHT to inspect or copy health information related to you that we maintain in a health plan in order to obtain payment for the medical services we provide to you. We may ask you for advance payment.

• YOU HAVE THE RIGHT to receive a copy of your health information, or an electronic format to you, if you ask for it, as described in this notice. 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 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 ask for a summary of your health information. However, we may also require you to confirm your request in writing.

• YOU HAVE THE RIGHT to request that we not use or disclose health information in places or ways not described in this notice. However, we may use or disclose health information for internal operations, as provided by law. For example, we may use or disclose health information:
  1. To report vital statistics to the national, state, or local hospital or health department.
  2. To report the results of certain tests or examinations.
  3. To report certain types of cancer cases to the Centers for Disease Control and Prevention.

• YOU HAVE THE RIGHT to request restrictions and limitations on your health information, other than the exceptions noted above, that may be necessary to carry out your treatment.

• YOU HAVE THE RIGHT to request that we not use or disclose your information 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.

• YOU HAVE THE RIGHT to inspect or copy your health information that you or a person on your behalf has paid 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 request that we not use health information in places or ways not described in this notice. However, we may use or disclose health information for internal operations, as provided by law. For example, we may use or disclose health information:
  1. To report vital statistics to the national, state, or local hospital or health department.
  2. To report the results of certain tests or examinations.
  3. To report certain types of cancer cases to the Centers for Disease Control and Prevention.

• YOU HAVE THE RIGHT to request that we not use health information in places or ways not described in this notice. However, we may use or disclose health information for internal operations, as provided by law. For example, we may use or disclose health information:
  1. To report vital statistics to the national, state, or local hospital or health department.
  2. To report the results of certain tests or examinations.
  3. To report certain types of cancer cases to the Centers for Disease Control and Prevention.

WHAT TO DO IF YOU HAVE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with us at the address listed above.

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.