

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION



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.**

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you exercise those rights. You have the right to:

Request a copy of health and claim records

- You may request a copy of your health records, claim records, or other health information we have about you.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request.

Request a correction to your health and claim records

- You may request a correction to your health and claims records if you think they are incorrect or incomplete.
- We may deny your request, but we will provide an explanation in writing within 60 days.

Request confidential communications

- You may request that we contact you in a specific way (i.e. home or office phone) or to send mail to a different address.
- We will consider all reasonable requests.

Request to limit what we use or share

- You may request that we do not use or share certain health information for treatment, payment, or our operations.
- We may deny your request if it would affect your care.

Request a list of those with whom we have shared information

- You may request a list of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all of the disclosures except for those about treatment, payment, health care operations, and certain other disclosures (such as any you asked us to make).

Request a copy of this privacy notice

- You may request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will confirm that the person has the appropriate authority and can act for you before we take any action.

File a complaint if you feel that your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the contact information on the back of your member ID card, or use the information located at the end of this notice to.

- You can file a complaint by sending a letter to the U.S. Department of Health and Human Services Office for Civil Rights, or by calling 1-877-696-6775, or by visiting: www.hhs.gov/ocr/privacy/hipaa/complaints
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please communicate that preference to us.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to your health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

We typically use or share your health information in the following ways:

To help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

To run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.

Example: We use health information about you to develop better services for you.

To pay for your health services

- We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your doctor to coordinate payment for your medical claims.

To administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, please see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Conduct research

- We can use or share your information for health research purposes.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services (HHS).

Example: Sharing information with HHS to ensure we are complying with federal privacy law or during a federal audit.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information about you with a coroner, medical examiner, or funeral director if you pass away.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy.
- We will not use or share your information other than as described here unless you tell us in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information, please see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Contacting you

We, including our affiliates and/or vendors, may contact you using various methods, including automated reminder calls, etc. The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be contacted by phone, please let the caller know, and we will not reach out to you thereafter. Or, you can call the customer service number on the back of your member ID card and we will ensure all affiliates and vendors know not to call you regarding reminders.

Changes to the Terms of this Notice

We can change the terms of this notice at our discretion and the change will apply to all information we have about you. The new notice will be available on our website www.pchp.net under “Privacy” and by mail upon request.

Effective Date: April 14, 2003; rev. Nov. 17, 2017; rev. Jan.1, 2023, rev. June 1, 2024

This Notice of Privacy Practices applies to the following organizations.

Piedmont Community Health Plan and Piedmont are brand names used for products or services provided by one or more of the Piedmont groups of subsidiary companies, including the issuers Piedmont Community HealthCare, Inc. and Piedmont Community Healthcare HMO, Inc, and their affiliates (Piedmont).

It’s important we treat you fairly.

Piedmont Community Health Plan complies with applicable Federal civil rights laws, and does not discriminate on the basis of race, color, national origin, age, disability, or sex in health programs and activities.

We provide free services to help you communicate with us, such as large print, or you can ask for an interpreter. To ask for help, please call our toll-free phone number 1-800-400-7247, Option 2 (TTY: 711).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-400-7247 (TTY: 711).

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-400-7247 (TTY: 711) 번으로 전화해 주십시오.

For more information, contact:

Piedmont Community Health Plan
Attention – Privacy Officer
1920 Atherholt Rd., Lynchburg, VA 24501
1-434-947-4463, Opt. 2 (Phone)
1-800-400-7247, Opt. 2 (Toll Free)
711 (TTY)