

NOTICE OF PRIVACY PRACTICES

This notice will be effective on October 1, 2018

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.

Constellation Health, LLC. is committed to safeguard your Protected Health Information (PHI). This notice provides you with a description of our privacy practices and your rights regarding the use and disclosure with respect to your personal health information.

The PHI is information that can identify you, including your clinical and demographic information, obtained from you through a request or other document in order to obtain a service, created and received by a health care provider, a medical plan, intermediaries who submit claims for medical services and business associates.

The following categories describe the ways in which Constellation Health may use and disclose your health information.

Treatment: We may share information with physicians or others healthcare providers to provide you medical services. For example, we may share information related to your eligibility and coverage.

Payment: We may share information with providers and other business associate to pay for your treatment or other services received.

Operations: We may share information with other covered entities or business associates to support our business functions. For example, for legal and audit processes, fraud and abuse detection, compliance, business planning and development, administrative activities, and businesses management. Also, we may disclose your health information to a plan sponsor in connection with any other benefit or benefit plan of the plan sponsor.

Required by Law: We may use and/or disclose your PHI when a Federal, State or Local law requires it. For example, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.

Public health activities: We may use or disclose your PHI for public health activities, including the statistical report on illnesses and vital information, among others.

Abuse or neglect: We may use or disclose your PHI to a government official authorized to receive reports of abuse or neglect against minors or adults or domestic violence situations.

Health oversight activities: We may disclose your PHI to those government agencies that regulate health care related activities.

Legal proceedings: We may use or disclose your PHI during the course of any judicial or administrative proceedings: (1) in response to an order from a court or administrative tribunal (provided that the covered entity discloses only the PHI expressly specified by such order); or (2) in response to a subpoena, discovery request, or other lawful process.

Law enforcement officials: We may provide information necessary to law enforcement officials to locate or identify a suspect, a fugitive, material witness or missing person.

Medical examiners, funeral directors, and organ donation cases: We may use or disclose your PHI to a medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties authorized by law. We may also disclose your information to a funeral director, as necessary to carry out its duties with respect to a decedent and to other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue.

Research: We may use or disclose your PHI for research purposes, if an Institutional Review Board or an Ethics Committee: (1) has reviewed the research proposal and has established protocols to protect your information's confidentiality, and (2) has approved the research as part of a limited data set, which does not include individual identifiers.

Public Safety: We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Correctional institutions: We may disclose PHI to a correctional institution or a law enforcement official having lawful custody of an inmate: (1) for the provision of health care to the inmate; (2) in order to protect the health and safety of the inmate or other persons, or (3) in order to protect the health and safety of the entire correctional institution.

Worker's Compensation: We may disclose your protected health information as necessary to comply with worker's compensation or related laws.

Disaster relief: We may disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This way, your family may be provided with information about your health condition and your location in case of a disaster, or any other emergency.

Military activity, national security, protective services: We may disclose your PHI to appropriate military command authorities if you are a member of the Armed Forces, or a veteran. Also, to authorized federal officials for the conduct of national security activities, lawful intelligence, counter-intelligence, or other national security and intelligence activities for the protection of the President, and other authorities, or heads of state.

Other persons participating in your health care: We may disclose limited PHI to a friend or family member who is involved with your care, or who is responsible for payment of medical services. If you are not in person, if you are disabled, or it is an emergency, we will use our professional judgment in the disclosure of information that we understand will be in your better interest.

Disclosures to you: We are required to disclose to you most of your PHI. This includes, but is not limited to, all information related to your claims history.

Disclosures to an authorized representative: We will disclose your PHI to a person designated by you as your authorized representative, and who qualifies for this designation in accordance with applicable laws of the Commonwealth of Puerto Rico. However, before we disclose PHI to your authorized representative, you must provide us with a written document designating this person as such, along with any other support documents (like a power of attorney or an Advanced Statement of Will Regarding Treatment). A paper form is available for this purpose please contact Customer Service to request one by mail or you can access the form through our Internet site.

Other Uses

Genetic Information: Constellation Health cannot use or disclose genetic information for underwriting purposes. However, Constellation Health could use genetic information, for example, to determine medical appropriateness if you seek a benefit under the plan or coverage.

Marketing: Constellation Health may contact you to give you information about health-related benefits and services that may be of interest to you. If we receive compensation from a third party for providing you with information about other products or services (other than drug refill reminders or generic drug availability), we will obtain your authorization to share information with this third party.

Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent Constellation Health has taken action on such uses and disclosures.

You have the following rights regarding your protected health information:

- Request restriction to disclosing your health information, although Constellation Health is not required to agree to such restriction. Constellation Health is not required to accept your request, but if we accept your request, we will proceed according (except for emergency situations).
- Receive confidential communication of protected health information by a specific way or at specific location. For example, you may ask that we send information to a particular postal address or e-mail account.
- Inspect your medical records held at the plan and get a copy of your records. We are allowed to charge you a fee for making copies.
- Ask us to make additions or corrections to your medical records. If we receive your request to amend your information, we will evaluate your request to determine proceeding with the applicable changes, if any.
- Know how many times your health information has been shared with others for any purposes that are not routine.
- Receive a copy in paper, if requested, of the Notice of Privacy Practices, even if you previously agreed to receive it electronically.

Constellation Health is required to abide by the terms of this Notice. If we implement a change in a privacy practices described in this notice prior to issuing a revised notice, we reserve the right to change the terms of this notice and make the new notice provisions effective for all the protected health information that we maintain. Constellation Health will publish any changes to the notice on the website of the company and will provide the notice to you in the next annual mailing. We have also implemented policies and procedures for the handling of PHI, which you may examine, at your request.

Complaints

You have the right to file a complaint with Constellation Health and/or the Secretary of Health and Human Services (HHS), if you believe that your privacy rights have been violated. All complaints must: (1) be filed in writing; (2) include the name of the covered entity that is the subject of the complaint; (3) describe the acts of omissions believed to be in violation of the standards, and (4) be filed within 180 days of when the complainant knew or should have known that the act or omission complained occurred. We will NOT penalize nor retaliate against you for filing a complaint with the Department of Health and Human Services, your local Office for Civil Rights, or with Constellation Health by calling our metro area number at 787-304-4040 or our toll free number at 1-866-714-0724. TTY users (people with hearing disabilities) should call free of charge at 1-866-805-7777. Or your local Office for Civil Rights. Service hours are Monday through Sunday from 8:00 a.m. to 8:00 p.m.

If you believe that your privacy rights have been violated, you should first call Member Services. If you do not wish to call (or you called and were not satisfied), you can put your complaint in writing and send it to us at:

Attention:
Constellation Health – Privacy and Security Officer
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