

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Pledge Regarding Your Health Information

We understand that information about you and your health is confidential. We are committed to protecting the privacy of this information. Each time you contact Scripps Health Plan (“the Plan”) or use your benefits, we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care that we keep on your behalf. This notice tells you about the ways in which we may use and disclose health information about you, as well as certain obligations we have regarding the use and disclosure of health information. It also describes your rights regarding your health information.

Our Responsibilities

Our primary responsibility is to safeguard your personal health information. We must give you this notice of our privacy practices, and follow the terms of the notice currently in effect. We will notify you in the event we become aware of an unauthorized access, use or disclosure of your unsecured protected health information.

Changes to this notice: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. A copy of this current notice is publicly available on our web site at www.ScrippsHealthPlan.com or may be requested by calling our toll-free Customer Service number, **(844) 337-3700** or for the hearing and speech impaired **TTY: (888) 515-4065**.

How We May Use and Disclose Health Information about You

The following categories describe different ways that we use your health information within Scripps Health Plan and disclose your health information to persons and entities outside of Scripps Health Plan. We have not listed every use or disclosure within the categories below, but all permitted uses and disclosures will fall within one of the following categories. In addition, there are some uses and disclosures that require your specific authorization.

Treatment: We use and disclose your protected health information to provide, coordinate or manage your health care and any related services. We may disclose health information about you to doctors, nurses, technicians, medical students, interns or other allied health personnel who are involved in taking care of your medical or pastoral needs during your visit with us. We may communicate information to another non-Scripps Health Plan care provider for the purposes of coordinating your continuing care, and may make that information available electronically. If you telephone our Customer Service line to seek information for health care, we may use and disclose the information you provide to us to a care team member to assist in providing quality health care.

Payment: We review, approve and pay for health care claims sent to us for your medical care. When we do this we share information with practitioners, clinics, hospitals, and others who bill us for your care. We may forward bills to other health plans or organizations for payment. We may disclose PHI to the sponsor of your group health plan, which may be your employer, or to a company acting on behalf of the plan sponsor, so that they can monitor, audit, and otherwise administer the health plan you participate in. Your employer is not permitted to use the PHI we disclose for any purpose other than administration of your benefits and payment of premiums.

Health Care Operations: Uses and disclosures of health information are necessary to operate the Plan and to make sure that all of our Members receive quality care. We use and disclose relevant health information about you for health care operations. Examples include quality assurance activities, telephone calls to follow-up on your health status, provider credentialing, complex care management, disease management programs, administrative activities including Scripps Health Plan financial & business planning

and development, customer service activities including member satisfaction surveys, investigation of complaints and certain marketing activities such as health education options for treatment and services.

Business Associates: Scripps Health Plan provides services through contracts with business associates. Examples of business associates include accreditation agencies, management consultants, quality assurance reviewers and billing and claims administrators. We disclose your health information to our business associates so they can perform the job we've asked them to do. To protect your health information, we require our business associates to sign a contract or written agreement that states they will appropriately safeguard your information.

Special Situations that Do Not Require Your Authorization

State or federal law permits the following disclosures of your health information without verbal or written permission from you.

Organ and Tissue Donation: We may release health information to organizations that handle organ, eye or tissue procurement or transplantation.

Research: We may disclose health information about you if you participate in a research project.

Military and Veterans: If you are a member of the armed forces, we may release health information about you as required by military command authorities.

Workers' Compensation: We may release health information about you for workers' compensation or similar programs if you have a work-related injury. These programs provide benefits to you for your work-related injuries.

Averting a Serious Threat to Health or Safety: We may use and disclose health information about you, when necessary, to prevent a serious threat to your health or safety or the health and safety of another person or the public. These disclosures would be made only to someone able to help prevent the threat.

Health Oversight Activities: We disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Public Health Activities: We may disclose health information about you for public health activities:

1. To prevent or control disease, injury or disability.
2. To report births and deaths.
3. To report child and adult abuse or neglect.
4. To report reactions to medications, problems with products or other adverse events.
5. To notify people of recalls of products they may be using.
6. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

Law Enforcement: We may disclose health information if asked to do so by law enforcement officials:

1. In response to a court order, subpoena, warrant, summons or similar process
2. To identify or locate a suspect, fugitive, material witness or missing person.
3. To identify the victim of a crime if, under certain circumstances, we are unable to obtain the person's authorization.
4. To release information about a death we believe may be the result of criminal conduct.
5. Criminal conduct at the Plan.
6. Emergency circumstances, to report a crime, the location of the crime or victims, or the identity,

description or location of the person who committed the crime.

Coroners, Medical Examiners and Mortuaries: We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person.

National Security and Intelligence Activities: We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Inmates: If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with health care, to protect your health and safety and the health and safety of others or for the safety and security of the correctional institution.

Legal Requirements: We disclose health information about you without your permission when required to do so by federal, state or local law.

Situations Requiring Your Express Authorization

If there are reasons we need to use your information that have not been described in the sections above, we will obtain your written permission. This permission is described as an “authorization.” If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons stated in your written authorization. Please understand that we are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care we provide to you. Listed below are some typical disclosures that require your authorization.

Special Categories of Treatment Information: In most cases, federal or state law requires your written authorization or the written authorization of your representative, for disclosure of drug and alcohol abuse treatment, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) test results, testing & treatment for Sexually Transmitted Diseases (STDs), reproductive health services, genetic information, and mental health treatment. We do not use genetic information for underwriting purposes.

Sale of Health Information: It is not Scripps Health Plan’s practice to sell your health information. Sale of your health information would require your written authorization.

Marketing: Under most circumstances, we obtain your authorization for Scripps Health Plan’s marketing activities. This may include sharing information about services available to you under the Plan. Some exceptions are when we have direct face-to-face communication; if we give you a gift of nominal value; or if the activity is to provide you with information about your treatment options or services.

Fundraising: For fundraising purposes, we will obtain your authorization. You may opt out of receiving such communication at any time, and may opt back in at any time. Information on how to do so will be available on fundraising communications and is posted on the Scripps Health website at www.ScrippsHealth.org.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you. To obtain additional information and instructions for exercising the following rights, you may contact a Customer Service representative toll-free at **(844) 337-3700**, or for the hearing and speech impaired **TTY: (888) 515-4065**.

Obtain a copy of our Notice of Privacy Practices: Upon your request, we will provide a paper copy of this Notice, which is also available online at www.ScrippsHealthPlan.com.

Right to name a Personal Representative: You may name another person to act as your personal representative. Your representative will be allowed access to your PHI, to communicate with the healthcare professionals and facilities providing your care, and to exercise all other HIPAA rights on your

behalf. Depending on the authority you grant your representative, he or she may also have authority to make healthcare decisions for you. We will always verify that a person has authority to act on your behalf or receive your information before any action is taken.

Revoke your authorization: You have the right to revoke the designation of a personal representative or your authorization for the disclosure of your health information, except to the extent that action has already been taken.

Request Confidential Communications: You may ask to receive Scripps Health Plan communications containing PHI about “Sensitive Services” by alternative means or at alternative locations. “Sensitive Services” can mean the care or treatment you receive for sexual and reproductive care, behavioral (mental) health care, a sexual assault or domestic violence, or substance abuse disorders (this is not a complete list). As required by law, and whenever feasible, we will accommodate reasonable requests. We may require that you make your request in writing. If your request involves a minor child, we may ask you to provide legal documentation to support your request.

Inspect and Request a copy of your Health Record: You may ask to inspect or to receive a copy of certain PHI that we maintain about you in a “designated record set.” This Includes, for example, records of enrollment, payment, claims adjudication, and case or medical management record systems, and any information we used to make decisions about you. Your request must be in writing. Whenever possible, and as required by law, we will provide you with a copy of your PHI in the form (paper or electronic) and format you request. If you request a copy of your PHI, we may charge you a reasonable, cost-based fee for preparing, copying, and/or mailing it to you. In certain limited circumstances permitted by law, we may deny you access to a portion of your records.

Request to amend your health record: You have the right to ask us to correct or amend the PHI that we maintain about you in a designated record set. Your request must be made in writing and explain why you want your PHI amended. If we determine that the PHI is inaccurate or incomplete, we will correct it if permitted by law. If a doctor or healthcare facility created the PHI that you want to change, you should ask them to amend the information.

Obtain an accounting of disclosures to others of your health information: Upon your written request, we will provide you with a list of the disclosures we have made of your PHI for a specified time period, up to six years prior to the date of your request. However, the list will exclude: disclosures you have authorized; disclosures made earlier than six years before the date of your request; disclosures made for treatment, payment, and healthcare operations purposes, except when required by law; or certain other disclosures that we are allowed by law to exclude from the accounting. If you request an accounting more than once during any 12-month period, we will charge you a reasonable, cost-based fee for each accounting report after the first one.

Complain about any aspect of our health information practices to the Plan or to the United States Department of Health and Human Services: Complaints about this notice or how Scripps Health Plan handles your health information should be directed in writing to: Scripps Health Plan Compliance Officer to the address below. There will be no retaliation against you if you file a complaint with us. You also may submit a formal complaint in writing to the Secretary of the US Department of Health and Human Services, Office for Civil Rights.

If you have questions about this notice, contact the Plan Compliance Officer at (844) 337-3700.

Mailing Address for Plan Members:

Scripps Health Plan
10790 Rancho Bernardo Rd., 4S-300
San Diego, CA 92127