



Notice of Privacy Practices

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

If You have questions about this notice, please contact:

Compliance Officer
Prominence Health
1510 Meadow Wood Lane
Reno, Nevada 89502
t: (775)770-9300

WHO PROMINENCE IS

This Notice describes the privacy practices of Prominence and applies to any health services You receive through Prominence.

OUR PRIVACY OBLIGATIONS

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the rules to carry out this law (Privacy Rules), require Prominence to notify participants and beneficiaries about the policies and practices Prominence has adopted to protect the confidentiality of Your health information, including health care payment information.

This Privacy Notice describes the privacy policies of Prominence. These policies protect medical information relating to Your past, present and future medical conditions, health care treatment and payment for that treatment (Protected Health Information or PHI).

This law requires Prominence to maintain the privacy of Your PHI, to provide You with this Notice of its legal duties and privacy practices, and to abide by the terms of this Privacy Notice. In general, Prominence may only use and/ or disclose Your PHI where required or permitted by law or when You authorize the use of disclosure. When Prominence uses or discloses (shares) Your PHI, it is required to follow the terms of this Privacy Notice or other notice in effect at the time it uses or shares the PHI. Finally, the law provides You with certain rights described in this Privacy Notice.

WHEN PROMINENCE MUST DISCLOSE YOUR PHI

Prominence must disclose Your PHI:

1. To You;
2. To the Secretary of the United States Department of Health and Human Services (DHHS) to determine whether Prominence is in compliance with HIPAA; and
3. Where required by law. This means Prominence will make the disclosure only when the law requires it to do so, but not if the law would just allow it to do so.

 1510 Meadow Wood Lane, Reno, NV 89502

 prominence-health.com | prominencehealthplan.com | prominencemedicare.com

HOW PROMINENCE PROTECTS YOUR PHI

Prominence protects personal health information (PHI) in the following ways:

1. Digital security measures, including password protection, restricted user access and file encryption.
2. Physical security measures, including locked filing systems, lock boxes, building access security and building security alarms.
3. Staff is trained not to discuss Member personal information outside of secure work areas.

WHEN PROMINENCE MAY USE OR DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION

Prominence may use and/or disclose Your PHI as follows:

For Treatment. Prominence does not provide medical treatment directly, but it may disclose Your PHI to a health care Provider who is giving treatment. For example, Prominence may disclose the types of prescription drugs You currently take to an Emergency room Provider, if You are unable to provide Your medical history due to an accident. In addition, We may contact You to tell You about other health-related benefits and services that might interest You.

For Payment. Prominence may use and disclose PHI, as needed, to pay for Your medical benefits. For example, Prominence may tell a doctor whether You are eligible for coverage or what percentage of the bill Prominence might pay. Prominence may also use or disclose Your PHI in other ways to administer benefits; for example, to process and review claims, to coordinate benefits with other insurers, including Medicare, or Medicaid, and to do utilization review and preauthorizations.

For Healthcare Operations. Prominence may use and disclose Your PHI to make sure Prominence is well run, administered properly, and does not waste money. For example, Prominence may use information about Your claims to project future benefit costs or audit the accuracy of its claims processing functions.

Prominence may also disclose Your PHI for a claim under a stop-loss or re-insurance policy. Among other things, Prominence may also use Your PHI to undertake underwriting, premium rating and other insurance activities relating to changing health insurance contracts or health benefits. For Special Information. In addition to the Privacy Rule, special protections under state or other Federal laws may apply to the use or disclosure of Your PHI. Prominence will comply with these state or federal laws where they are more protective of Your privacy.

To Your Other Health Care Providers. Prominence may also share PHI with Your doctor and other health care Providers when they need it to provide treatment to You, to obtain Payment for the care they give to You, to perform certain Health Care Operations, such as reviewing the quality and skill of health care professionals, or to review their actions in following the law.

To Business Associates. Prominence may hire third parties that may need Your PHI to perform certain services on behalf of Prominence. These third parties are “Business Associates” of Prominence. Business Associates must protect any PHI they receive from, or create and maintain on behalf of Prominence. For example, Prominence may hire a third-party administrator to process claims, an auditor to review how an insurer or third-party administrator is processing claims, or an insurance agent to assess coverage and help with claim problems.

To Individuals Involved with Your Care or Payment for Your Care. Prominence may disclose Your PHI to adult Members of Your family or another person identified by You who is involved with Your care or payment for Your care if: 1) You authorize Prominence to do so; 2) Prominence informs You that it intends to do so and You do not object; or 3) Prominence infers from the circumstances, based upon professional judgment, that You do not object to the disclosure. Whenever possible, Prominence will try to get Your written objection to these disclosures (if You wish to object), but in certain circumstance it may rely on Your oral agreement or disagreement to disclosures to family Members.

To Personal Representatives. Prominence may disclose Your PHI to someone who is Your personal representative. Before Prominence will give that person access to Your PHI or allow that person to take any action on Your behalf, it will require him/her to give proof that he/she may act on Your behalf; for example, a court order or power of attorney granting that person such power. Generally, the parent of a minor child will be the child’s personal representative. In some cases, however, state law allows minors to obtain treatment (e.g., sometimes for pregnancy or substance abuse) without parental consent, and in those cases, Prominence may not disclose certain information to the parents. Prominence may also deny a personal representative access to PHI to protect people, including minors, who may be subject to abuse or neglect.

For Treatment Alternatives or Health-Related Benefits and Services. Prominence may contact You to provide information about treatment alternative or other health-related benefits or services that may be of interest to You.

For Public Health Purposes. Prominence may:

1. Report specific disease or birth/death information to a public health authority authorized to collect that information;
2. Report health information to public health authorities for the purpose of preventing or controlling disease, Injury, or disability;
3. Report reactions to medication or problems with medical products to the Food and Drug Administration to help ensure the quality, safety, or effectiveness of those medications or medical products; or
4. If authorized by law, disclose PHI to a person who may have been exposed to a communicable disease or who may otherwise be at risk of contracting or spreading a disease or medical condition.

To Report Violence and Abuse. Prominence may report information about victims of abuse, neglect, or domestic violence to the proper authorities.

For Health Oversight Activities. Prominence may disclose PHI for civil, administrative criminal investigations, oversight inspections, licensure, or disciplinary actions (e.g., to investigate complaints against medical Providers), and other activities for the oversight of the health care system or to monitor government benefit programs.

For Lawsuits and Disputes. Prominence may disclose PHI to an order of a court or administrative agency, but only to the extent expressly authorized in the order. Prominence may also disclose PHI in response to a subpoena, a lawsuit discovery request, or other lawful process, but only if Prominence has received adequate assurances that the information to be disclosed will be protected. Prominence may also disclose PHI in a lawsuit if necessary for payment or health care operations purposes.

For Law Enforcement. Prominence may disclose PHI to law enforcement officials for law enforcement purposes and correctional institutions regarding inmates.

To Coroners, Funeral Directors, and Medical Examiners. Prominence may disclose PHI to a coroner or medical examiner; for example, to identify a person or determine the cause of death. Prominence may also release PHI to a funeral director that needs it to perform his or her duties.

For Organ Donations. Prominence may disclose PHI to organ procurement organizations to facilitate organ, eye, or tissue donations.

For Limited Data Sets. Prominence may disclose PHI for use in a limited data set for purposes of research, public health, or health care operations, but only if a data use agreement has been signed.

To Avert Serious and Imminent Threats to Health or Safety. Prominence may disclose PHI to avert a serious and imminent threat to Your health or safety or that of Members of the public.

For Special Governmental Functions. Prominence may disclose PHI to authorized federal officials in certain circumstances. For example, disclosure may be made for national security purposes or for Members of the Armed Forces if required by military command authorities.

For Workers' Compensation. Prominence may disclose PHI for workers' compensation if necessary to comply with these laws.

For Research. Prominence may disclose PHI for research studies, subject to special procedures intended to protect the privacy of Your PHI.

For Emergencies and Disaster Relief. Prominence may disclose PHI to organizations engaged in Emergency and disaster relief efforts.

As Required By Law. Prominence may use and share Your PHI when required to do so by any other law not already referred to above.

WRITTEN AUTHORIZATION

In all other situations Prominence will not use or disclose Your PHI without Your written authorization. The authorization must meet the requirements of the Privacy Rules. If You give Prominence a written authorization, You may cancel Your authorization, except for uses or disclosures that have already been made based on Your authorization. Written “revocation” statements must be submitted to our Compliance Officer at the address listed above.

You may not, however, cancel Your authorization if it was obtained as a condition for obtaining insurance coverage and if the cancellation will interfere with the insurer’s right to contest Your claims for benefits under the insurance policy. Prominence may condition Your enrollment or eligibility for benefits on Your signing an authorization, but only if the authorization is limited to disclosing information necessary for underwriting or risk rating determinations needed for Prominence to obtain insurance coverage.

Highly Confidential Information. Federal and state laws require special privacy protections for certain highly confidential information about You (“Highly Confidential Information”), including any portion of Your PHI that is: (1) kept in psychotherapy notes; (2) about mental health and developmental disabilities services; (3) about alcohol and drug abuse prevention, treatment; (4) about HIV/AIDS testing, diagnosis or Treatment; (5) about sexually transmitted infection(s); (6) about genetic testing; (7) about child abuse and neglect; (8) about domestic abuse of an adult with a disability; (9) about sexual assault; or (10) In Vitro Fertilization (IVF). Before Prominence shares Your Highly Confidential Information for a purpose other than those permitted by law, it must obtain Your written permission.

For Marketing. Prominence must also obtain Your written permission (authorization) prior to using Your PHI to send You any marketing materials. However, Prominence may communicate with You about products or services related to Your treatment, care coordination, or alternative treatments, therapies, health care Providers, or care settings without Your permission. For example, Prominence may not sell Your PHI without Your written authorization.

YOUR INDIVIDUAL RIGHTS

You have certain rights under the Privacy Rules relating to Your PHI maintained by Prominence. All requests to exercise those rights must be made in writing to the Privacy Officer. Providers keep their own records, and You must make Your requests relating to You PHI in those records directly to that Provider. Your rights are:

Right to Amend. You may request that Prominence change Your PHI that is kept in Prominence

records, but Prominence does not have to agree to Your request. Prominence may deny Your request if the information in its records: 1) was not created by Prominence; 2) is not part of Prominence's records; 3) would not be information to which You would have right of access; or 4) is deemed by Prominence to be complete and accurate as it then exists.

Right to Request Restrictions and Confidential Communications. You have the right to request that Prominence communicate with You in a confidential manner, for example, by sending information to an alternative address or by an alternative means. Prominence will accommodate any reasonable request, though it will require that any alternative used must still allow for payment information to be effectively communicated and for payments to be made.

Right to File a Privacy Complaint. If You believe Your rights have been violated, You have a right to file a written complaint with Prominence's Privacy Officer or with the Secretary of the DHHS. Prominence will not retaliate against You for filing a complaint and cannot condition Your enrollment or Your entitlement to benefits on Your waiving these rights. If Your complaint is with a Provider, You may file a complaint with the individual named in their Notice of Privacy Practices to receive complaints. If Your complaint is with Prominence, You may submit Your complaint to the Compliance Officer at the address at the end of this Privacy Notice.

You may also send a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights. Prominence's Compliance Officer can provide You the address. Prominence will not take any action against You for filing a privacy complaint. To file a privacy complaint with the Secretary of the DHHS, You must submit Your privacy complaint in writing, either on paper or electronically, within one hundred and eighty (180) days of the date You knew or should have known that the violation occurred. You must state who You are complaining about and the acts or omissions You believe are violations of the Privacy Rules.

Right to Receive a Paper Copy of This Privacy Notice upon Request. You have a right to obtain a paper copy of this Privacy Notice upon request. To request a paper copy of the Privacy Notice, contact the Prominence Compliance Officer.

HEALTH INFORMATION NOT COVERED BY THIS PRIVACY NOTICE

This Privacy Notice does not cover:

1. Health information that does not identify You and with respect to which there is no reasonable basis to believe that the information could be used to identify You; or
2. Health information that Prominence can have under applicable law, (e.g., the Family and Medical Leave Act, the Americans with Disabilities Act, workers' compensation, federal and state occupational health and safety laws, and other state and federal laws), or that Prominence properly can get for employment related purposes through sources other than Prominence and that is kept as part of Your employment records (e.g., pre-employment physicals, drug testing, fitness for duty examinations, etc.)

CHANGES TO THE PRIVACY NOTICE

Prominence reserves the right to change the terms of this Privacy Notice to make the new revised Privacy Notice provisions effective for all PHI that it maintains, including any PHI created, received, or maintained by Prominence before the date of the revised Privacy Notice. If You agree, Prominence may provide You with a revised Privacy Notice electronically. Otherwise, Prominence will provide You with a paper copy of the revised Privacy Notice. In addition, Prominence will post the revised Privacy Notice on its website used to provide information about Prominence's benefits.

COMPLAINTS

If You believe that Prominence has violated Your privacy rights, are concerned that Prominence has violated Your privacy rights, or disagree with a decision that Prominence made about access to Your PHI, You may file a Privacy Complaint with Prominence or with the Secretary of the Department of Health and Human Services.

To file a Privacy Complaint with Prominence, You must submit Your Privacy Complaint in writing to:

Compliance Officer
Prominence Health Plan
1510 Meadow Wood Lane
Reno, NV 89502
t: (775)770-9300

To file a Privacy Complaint with the Secretary of the Department of Health and Human Services, You must submit Your Complaint in writing within 180 days to:

Michael Leoz, Regional Manager
Office for the Civil Rights (Region IX - Nevada)
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
t: (800)368-1019
f: (415)437-8329

To file a Privacy Complaint with the Secretary of the Consumer Health Assistance You must submit Your Complaint in writing to:

Consumer Health Assistance
555 East Washington Avenue, Suite 4800
Las Vegas, NV 89101
t: (702)486-3587 or (800)333-1597