



Notice of Privacy Practices

Effective May 1, 2012
(Revised February 7, 2017)



This notice explains how medical information about you may be used and shared, and how you can get access to this information. Please read it carefully.

Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information (PHI).
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We will not use or share your information other than as described here unless you tell us we can 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.
- We must follow the privacy practices of the notice that is currently in effect and give you a copy of it. We have the right to change our privacy practices. If there is a material revision to our privacy practices, you will receive a notice within 60 days of the change. The new notice will also be available on our website at www.prestigehealthchoice.com.
- We also have the right to apply the changes to PHI we already have, as well as PHI we create or receive in the future.

How we use or share PHI

When you are enroll in Prestige Health Choice (Prestige), we maintain a record of that enrollment. We send you a welcome kit and an identification card and notify you of the primary care provider (PCP) you are assigned to for routine care. We maintain information sent by the medical practitioners who provide services to you as a Prestige member. We keep records necessary to comply with federal and state regulations. We keep records to help make sure you receive appropriate care and to make determinations about your coverage and treatment under Prestige. We keep track of some of your calls to Prestige and correspondence between you and Prestige. Under federal law we may use and/or disclose this information for treatment, payment, or operations, including to:

- Plan your care and treatment.
- Assess recognized standards of care that may apply to you and notify your PCP and other providers in our network of those recommendations.
- Communicate with other health professionals involved in your care.
- Document the care you receive.
- Coordinate coverage you may have with other insurance companies or payers, such as Medicare.
- Clarify your enrollment status with Florida Medicaid and Florida Healthy Kids.
- Provide information to public health officials.
- Evaluate and improve the care we provide.
- Notify medical providers in our network of your enrollment and coverage with Prestige.
- Manage payments to providers for the care they provide.
- Monitor possible fraud and abuse, and to comply with federal and state fraud and abuse initiatives.

However, under Florida law “medical records may not be furnished to, and the medical condition of a patient may not be discussed with, any person other than the patient or the patient’s legal representative or other health care practitioners and providers involved in the care or treatment of the patient, except upon written authorization of the patient.” (Fla. Stat. 456.057(7)(a)). Since Florida law is more restrictive, we must follow it with regard to the disclosure of medical records.

We must use and share your PHI if asked by:

- You or your legal representative.
- The secretary of the Department of Health and Human Services to make sure your privacy is protected.

We have the right to use and share PHI for treatment, payment, and health care operations.

For example, we may use and share PHI:

- **To pay premiums, determine coverage** and process claims. For example, we may tell a doctor you have coverage or how much of the bill will be covered.
- **For treatment or care management.** For example, we may share your PHI with providers to help them give you care.
- **For health care operations.** We may use and share your PHI in the process of running our health care operations. For example, we may suggest a disease management program.
- **To tell you about health programs or products.** This may be other treatments, services, or products.
- **For reminders on benefits or care.** For example, we may send you appointment reminders.
- **To resolve grievances and appeals.** For example, we may use and share your PHI during the investigation of a grievance or an appeal.

We may use or share your PHI:

- **As required by law.** We will use and share your PHI when required by federal, state, or local law.
- **With persons involved with your care.** This may happen if you are unable to agree or object, such as in an emergency or when you fail to object when asked.
- **For health oversight activities.** We may share PHI with an agency allowed by the law to get PHI. This may be for licensure, audits, and fraud and abuse investigations.
- **For judicial or administrative proceedings,** such as to answer a court order or subpoena.
- **For law enforcement.** We may share PHI if requested by a law enforcement official to respond to a court order, warrant, subpoena, summons, investigative demand, or similar process.
- **For serious threats to health or safety.** This may be to public health agencies or law enforcement, such as in an emergency or disaster, to help prevent or lessen the threat.
- **For medical issues,** such as to respond to organ and tissue donation requests and work with a medical examiner or funeral director.

Use and sharing of highly confidential PHI may be limited by federal or state laws. If stricter laws apply, we try to meet those laws.

We do not use or share your PHI without written consent, except as stated in this document. If you allow us to share your PHI, we do not promise that the person who gets it will not share it. You may take back your consent at any time, unless we have acted on it. To find out how to take back your consent, please call Prestige Member Services at **1-855-355-9800**.

Website use: When you visit the Prestige Health Choice website, you may have the opportunity to link to other websites. Please be aware that we do not have access, control, input, or authorization over any materials or content at these websites. In addition, we are not responsible for, and do not endorse, the privacy practices, content, or policies of any of these other websites.

Member rights

You have the following rights:

- To request restriction on certain uses and sharing of your PHI. We are not required to agree to a requested restriction.
- To receive confidential communications of PHI.
- To inspect and copy your PHI. Note that Prestige is not the author of your clinical records, which are maintained by your PCP and the various medical providers in our network who provide treatment.
- To correct your health and claims records if you think they are incorrect or incomplete. We may say “no” to your request, but we will tell you why in writing within 60 days.
- To receive a list of those with whom your PHI has been used or shared other than for treatment, payment, or operations. We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- To ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
- To choose someone to act for you such as a legal guardian or through a medical power of attorney. We will make sure such person has this authority and can act for you before we take any action.
- To obtain a paper copy of this notice on request.

To exercise any of these rights, you must submit your request in writing to: Privacy Official, Prestige Health Choice LLC, 5100 W. Kennedy Boulevard, Suite 250, Tampa, FL 33609. We may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

You may complain to Prestige if you believe your privacy rights have been violated. To file a complaint, please contact Prestige Member Services toll-free at **1-855-355-9800** or **TTY 1-855-358-5856** for the hearing impaired. You may file a complaint with the secretary of the Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington, DC 20201, calling **1-877-696-6775**, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. You will not be penalized for filing a complaint.

For further information about this notice, please contact the Prestige compliance officer:

Compliance Officer (Privacy Official)

Prestige Health Choice

5100 W. Kennedy Boulevard, Suite 250, Tampa, FL 33609

1-800-575-0417

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www.prestigehealthchoice.com

This information is available for free in other languages. Please contact our customer service number at **1-855-355-9800** or **TTY/TDD 1-855-358-5856**, 24 hours a day, 7 days a week.

Esta información está disponible en otros idiomas de forma gratuita. Comuníquese con nuestro número de servicio al cliente al **1-855-355-9800** o **TTY/TDD 1-855-358-5856**, las 24 horas del día, los 7 días de la semana.

Enfòmasyon sa a disponib gratis nan lòt lang. Tanpri rele sèvis kliyan nou annan nimewo **1-855-355-9800** oswa **1-855-358-5856** pou moun ki pa tande byen, 24 sou 24, 7 sou 7.



HEALTH CHOICE®

Leading the Way to Quality Care

Discrimination is against the law

Prestige Health Choice complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Prestige does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Prestige:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

If you need these services, contact Prestige at **1-855-355-9800** (TTY **1-855-358-5856**). We are available 24-hours, 7 days a week.

If you believe that Prestige has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

- Grievance and Appeals, PO Box 7368, London, KY 40742. **1-855-371-8078** (TTY **1-855-371-8079**), Fax: **1-855-358-5847**.
- You can file a grievance by mail, fax, or phone. If you need help filing a grievance, Prestige Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at: **<http://www.hhs.gov/ocr/office/file/index.html>**.

