TUFTS Health Plan

a Point32Health company

Tufts Health Plan[1] 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.

Tufts Health Plan values your privacy rights and is committed to safeguarding your demographic, medical and financial information we may receive or collect when providing services to you. The information we collect includes protected health information ("PHI") and personal information ("PI"). PHI is information that relates to your physical or behavioral health condition, your health care, or the payment for your health care. PHI includes information and records like diagnoses, dates and types of services, medical records, and authorizations. PI includes information like your name and Social Security Number. PHI and PI are referred to as "information" elsewhere in this notice.

We may obtain your information from a number of sources, such as through your enrollment in a plan or from doctors and hospitals who submit claim forms containing your information so that we may pay them for services they provided to you.

How we protect your information

We are required by law to maintain the privacy of all forms of your information including electronic, written, and verbal information. To support this, Tufts Health Plan has documented privacy and security policies and procedures which include physical and technical safeguards for protecting, using and disclosing information in compliance with applicable state and federal laws. Tufts Health Plan protects electronic information through private networks, passwords, authentication requirements and ongoing monitoring of security threats. Access to your information is limited to employees who require it to do their job. In addition, all employees must complete annual privacy and security training. Tufts Health Plan also requires its business partners who assist with administering your health care coverage to protect your information in accordance with applicable laws.

Tufts Health Plan is required by the Health Insurance Portability and Accountability Act (known as the "HIPAA" statute) to provide you with notice of our legal duties and privacy practices with respect to your information, and to follow the duties and practices described in the notice currently in effect. We may change the terms of this notice at any time and apply the new notice to any information we already maintain. If we make an important change to our notice, we will publish the updated notice on our website at **TuftsHealthPlan.com**.

How we use and disclose your information

In order to administer your health care coverage, including paying for your health care services, we need to use and disclose your information in a number of ways. Tufts Health Plan's policies require that we only use or disclose the minimum amount of information necessary for the intended purpose. In certain circumstances, Tufts Health Plan is permitted or required by law (including the HIPAA statute) to use or disclose your information without your written authorization. The following are examples of the types of uses and disclosures we are permitted or required by federal law to make without your written authorization). Where state or other federal laws, including 42 C.F.R. Part 2 ("Part 2"), offer you greater privacy protections, we will follow the more stringent requirements.

For Payment. Tufts Health Plan may use or disclose your information for payment purposes to administer your health benefits, which may involve obtaining premiums, determination of eligibility, claims payment, and coordination of benefits. Examples include:

- Paying claims that were submitted to us by physicians and hospitals.
- Providing information to a third party to administer an employee- or employer-funded account, such as a Flexible Spending Account ("FSA") or Health Reimbursement Account ("HRA"), or another benefit plan, such as a dental benefits plan.

[1] Tufts Health Plan includes Tufts Associated Health Maintenance Organization, Inc., Tufts Health Public Plans, Inc., Total Health Plan, Inc., Tufts Benefit Administrators, Inc., Tufts Insurance Company, TAHP Brokerage Corporation, Point32Health Services, Inc. Group Health Plan, and self-funded plans administered by these entities.

- Performing medical necessity reviews.
- Sharing information with third parties for Insurance Liability Recovery ("ILR") or subrogation purposes.

For health care operations

Tufts Health Plan may use or disclose your information for operational purposes, such as care management, customer service, coordination of care, or quality improvement. Examples include:

- Assessing and improving the quality of service, care and outcomes for our members.
- Learning how to improve our services through internal and external surveys.
- Reviewing the qualifications and performance of physicians.
- Evaluating the performance of our staff, such as reviewing our customer service representatives' phone conversations with you.
- Seeking accreditation by independent organizations, such as the National Committee for Quality Assurance.
- Engaging in wellness programs, preventive health, early detection, disease management, health risk assessment participation initiatives, case management, and coordination of care programs, including sending preventive health service reminders.
- Providing you with information about a health-related product or service included in your plan of benefits.
- Using information for underwriting, establishing premium rates and determining cost sharing amounts, as well as administration of reinsurance policies. (Tufts Health Plan will not use or disclose any genetic information it might otherwise receive for underwriting purposes.)
- Facilitating transition of care from and to other insurers, health plans or third-party administrators.
- Communicating with you about your eligibility for public programs, such as Medicare.
- Other general administrative activities, including data and information systems management, risk management, auditing, business planning, and detection of fraud and other unlawful conduct.

For treatment

Tufts Health Plan may use and disclose your information for health care providers (doctors, dentists, pharmacies, hospitals, and other caregivers) to treat you. Examples include:

- Our care managers providing your information to a home health care agency to make sure you get the services you need after discharge from a hospital.
- Quality improvement programs, safety initiatives, and clinical reminders sent to your primary care provider.
- Disclosing a list of medications you've received using your Tufts Health Plan coverage to alert your treating providers about any medications prescribed to you by other providers and to help minimize potential adverse drug interactions.
- Receiving your test results from labs you use, from your providers, or directly from you, using the results to develop tools to improve your overall health, and sharing the results with providers involved in your care.

For other permitted or required purposes

The following are examples of the additional types of uses and disclosures Tufts Health Plan is permitted or required by law to make without your written authorization:

- To **you, your family, and others involved in your care** when you are unavailable to communicate (such as during an emergency), when you are present prior to the disclosure and agree to it, or when the information is clearly relevant to their involvement in your health care or payment for health care.

- Sharing eligibility information and copayment, coinsurance, and deductible information for dependents with the **subscriber of the health plan** in order to facilitate management of health costs and Internal Revenue Service verification.
- To your **personal representative** (including parents or guardians of a minor, so long as that information is not further restricted by applicable state or federal laws) or to an individual you have previously indicated is your designated representative or is authorized to receive your information. Information related to any care a minor may receive without parental consent remains confidential unless the minor authorizes disclosure.
- To our **business partners and affiliates**. Tufts Health Plan may contract with other organizations to provide services on our behalf. In these cases, Tufts Health Plan will enter into an agreement with the organization explicitly outlining the requirements associated with the protection, use and disclosure of your information. The following corporate affiliates of Tufts Health Plan designate themselves as a single affiliated covered entity and may share your information among them: Harvard Pilgrim Health Care, Inc., Harvard Pilgrim Health Care of New England, Inc., HPHC Insurance Company, Inc., Tufts Associated Health Maintenance Organization, Inc., Tufts Health Public Plans, Inc., Tufts Insurance Company, CarePartners of Connecticut, Inc., and Point32Health Services, Inc. Group Health Plan.
- To your **plan sponsor**, when sharing information used for enrollment, plan renewal, or plan administration purposes. This is your employer or the employer of your subscriber if you are enrolled through an employer. When sharing detailed information, your plan sponsor must certify that they will protect the privacy and security of your information and that the information will not be used for employment decisions.
- To **government entities**, such as the Centers for Medicare & Medicaid Services, the Health Connector, HealthSourceRI, or MassHealth, if you are enrolled in a government-funded plan.
- To provide information for **health research** to improve the health of our members and the community in certain circumstances, such as when an Institutional Review Board or Privacy Board approves a research proposal with protocols to protect your privacy, or for purposes preparatory to research.
- To **comply with laws** and regulations, such as those related to **workers' compensation** programs.
- For **public health activities**, such as assisting public health authorities with disease prevention or control, and pandemic response efforts.
- To report suspected cases of **abuse, neglect or domestic violence**.
- For **health oversight activities**, such as audits, inspections, and licensure or disciplinary actions. For example, Tufts Health Plan may submit information to government agencies such as the U.S. Department of Health and Human Services or a state insurance department to demonstrate its compliance with state and federal laws.
- For **judicial and administrative proceedings**, such as responses to court orders, subpoenas, or discovery requests.
- For **law enforcement purposes**, such as to help identify or locate a victim, suspect, or missing person.
- Disclosures to **coroners, medical examiners and funeral directors** about decedents. Tufts Health Plan may also disclose information about a **decedent** to a person who was involved in their care or payment for care, or to the person with legal authority to act on behalf of the decedent's estate.

- To **organ procurement** organizations for cadaveric organ, eye or tissue donation purposes, only after your prior authorization.
- To **prevent a serious threat** to your health or safety, or that of another person.
- For **specialized government functions**, such as national security and intelligence activities.
- Disclosures by employees for **whistleblower** purposes.

Other than the permitted or required uses and disclosures described above, Tufts Health Plan will only use and disclose your information, including medical records, with your written authorization. For example, we require your authorization if we intend to sell your information, use or disclose your information for marketing or fundraising purposes, or, in most cases, use or disclose your psychotherapy notes. We will also require your authorization or a court order before disclosing your substance use disorder ("SUD") data from a SUD treatment program that meets the definition of a Part 2 facility under federal regulations in a civil, criminal, administrative, or legislative proceeding against you.

You may give us written authorization to use or disclose your information to any individual or organization for any purpose by submitting a completed authorization form. The form can be found at TuftsHealthPlan.com, or you may obtain a copy by calling Member Services at the phone number listed on your Tufts Health Plan ID card.

You may revoke such an authorization at any time in writing, except to the extent we have already made a use or disclosure based on a previously executed authorization. You may elect not to receive any fundraising communications before Tufts Health Plan uses your information related to a SUD for fundraising purposes for their own benefit.

Please be aware that when your information is disclosed in accordance with the HIPAA statute, it may be subject to redisclosure by the recipient and no longer protected by the HIPAA statute.

Reproductive health care information

Tufts Health Plan is prohibited from using or disclosing your reproductive health care information for any of the following purposes:

- To assist in a criminal, civil, or administrative investigation into or proceeding against you for seeking or obtaining lawful reproductive health care services. For example, if law enforcement officials from a state that criminalizes reproductive health services request information related to reproductive health services you obtained in a state where such services are legal, Tufts Health Plan will not provide that information.
- To assist in an investigation into or proceeding against your health care provider for providing or facilitating lawful reproductive health care services. For example, Tufts Health Plan will not provide law enforcement and/or other law officials with information pertaining to provider that provides reproductive health services in a state where such services are legal.

If Tufts Health Plan receives a request for your reproductive health care information, the requestor will be required to sign an attestation in certain scenarios to confirm they will not use your information for a non-permitted purpose. For example, we will require the requestor to sign an attestation if the request is related to health oversight activities or law enforcement purposes.

Your rights with respect to your information

The following are examples of your rights under federal law with respect to your information. You may also be entitled to additional rights under state law.

Request a restriction

You have the right to request we restrict the way we use and disclose your information for treatment, payment, or health care operations, to individuals involved in your care, or for notification purposes, including asking that we not share your information for health research purposes. We are not, however, required by law to agree to your request.

Request confidential communications

You have the right to request we send communications to you at an address of your choice or that we communicate with you by alternative means. For example, you may ask us to mail your information to an address that is different than your subscriber's address. We will accommodate reasonable requests.

Access your information and receive a copy

You have the right to access, inspect, and obtain a copy of your information, including any medical records maintained by Tufts Health Plan (with certain exceptions). We have the right to charge a reasonable fee for the cost of producing and mailing copies of your information.

Amend your information

You have the right to request we amend your information if you believe it is incorrect or incomplete. We may deny your request in certain circumstances, such as when we did not create the information. For example, if a provider submits medical information to Tufts Health Plan that you believe is incorrect, the provider will need to amend that information.

Receive an accounting of disclosures

You have the right to request an accounting of those instances in which we disclosed your information, except for disclosures made for treatment, payment, or health care operations, or for other permitted or required purposes. Your request must be limited to disclosures in the six years prior to the request. If you request an accounting more than once in a 12-month period, we may charge you a reasonable fee.

Receive a copy of this notice of privacy practices

You have the right to receive a paper copy of this notice from us at any time upon request.

Be notified of a breach

You have the right to be notified if there is a breach of your unsecured information by us or our business partners. We will provide you written notice via mail unless we do not have up-to-date contact information for you. In these cases we will notify you by a substitute method, such as posting the notice on our public website.

You may exercise any of your privacy rights described above by contacting Member Services at the phone number listed on your Tufts Health Plan ID card. In some cases, we may require you to submit a written request. Tufts Health Plan will not require you to waive your rights as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

Whom to contact with questions or complaints

If you believe your privacy rights have been violated or you would like more information, you may send a question or complaint to:

Privacy Officer
Point32Health
1 Wellness Way
Canton, MA 02021

Or, you may call our Compliance Hotline at 1-877-824-7123 or Member Services at the phone number listed on your Tufts Health Plan ID card.

You also have the right to submit a complaint to the Secretary of the Department of Health and Human Services. You can find more information at hhs.gov/ocr.

Tufts Health Plan will not take retaliatory action against you for filing a complaint.