



a **Point32Health** company

Tufts Health RI Together 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.

By law, we must protect the privacy of your health and personal information. Health information is information about your health or the medical services you receive. Personal information is information like your address or social security number. Health and personal information may be oral, written or electronic. (We refer to your health and personal information below as “your information”). We must send you this notice.

This Notice tells you:

- How we protect your information.
- How we may use your information.
- When we can share your information with others.
- What rights you have for your information.

By law, we must follow the terms described in this notice. We have the right to make changes to this notice. If we make important changes, we will notify you by mail or e-mail. We will also post the new notice on our website. Any changes to the notice will apply to all information we have.

How We Protect Your Information

Tufts Health RITogether takes many steps to protect your information. We limit employee and business partner access to your information. We have privacy and security policies and procedures that include physical safeguards for protecting information, like secure facilities, shredding, and locked file drawers. We use technical safeguards for electronic information, such as 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 RITogether also requires its business partners who assist with administering your health care coverage to protect your information in accordance with applicable laws.

How We Collect, Use, and Share Your Information

We collect, use and share your information with:

- You or your legal or designated representative.
- Certain government agencies to make sure we are following the law
- Our affiliates and business partners or other organizations that provide services on our behalf.

We have the right to collect, use and share your information for certain purposes. This may be for your treatment or to pay for your care. In certain instances, Tufts Health RITogether is allowed by law to use or share your health information without your permission. We may use and share your information as follows:

- **For Payment.** To process payments and pay claims. For example, we may tell a doctor whether we will pay for certain medical procedures and what percentage of the bill may be covered.
- **For Treatment or Managing Care.** To help with your care. For example, we may share your information with a hospital you are in, to help them provide medical care to you.
- **For Health Care Operations.** For example, we may talk to your doctor about a special disease management or wellness program available to you. We may also study data to improve our services.
- **To Tell You about Health Programs or Products.** We may tell you about other treatments, products, and services. These activities may be limited by law.
- **For Plan Sponsors.** If you receive health insurance through your employer or the government, we may give enrollment, disenrollment, and summary information to your employer or the government. We may give them other information if they properly limit its use.

- **For Underwriting Purposes.** To make health insurance underwriting decisions. We will not use your genetic information for underwriting purposes.
- **For Communications to You.** We may contact you about your health insurance benefits, healthcare or payments.

We may also collect, use, and share your information:

- **As Required by Law.** To follow the laws that apply to us.
- **To the Subscriber on the Health Plan.** Sharing eligibility information and copayment, coinsurance, and deductible information for dependents with the subscriber of the health plan to facilitate management of health costs and Internal Revenue Service verification.
- **To Persons Involved with Your Care.** A family member or other person that helps with your medical care or pays for your care. This also may be to a family member in an emergency. This may happen if you are unable to tell us if we can share your information or not. If you are unable to tell us what you want, we will use our best judgment. If allowed, after you pass away, we may share information with family members or friends who helped with your care or paid for your care.
- **For Public Health Activities.** For example, to prevent diseases from spreading or to report problems with products or medicines.
- **For Reporting Abuse, Neglect or Domestic Violence.** We may only share information with certain entities allowed by law, like a social or protective service agency.
- **For Health Oversight Activities.** To an agency allowed by the law to get the information. This may be for licensure, audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings.** For example, to answer a court order or subpoena.
- **For Law Enforcement.** For example, to find a missing person or report a crime.
- **For Threats to Health or Safety.** To public health agencies or law enforcement, for example, in an emergency or disaster.
- **For Government Functions.** For military and veteran use, national security, or certain protection services.
- **For Workers' Compensation.** If you were hurt at work or to comply with employment laws.
- **For Research.** For example, to study a disease or medical condition. We also may use information to help prepare a research study.
- **To Give Information on Decedents.** For example, to a coroner or medical examiner who may help identify the person who died, why they died, or to meet certain laws. We also may give information to funeral directors.
- **For Organ Transplant.** For example, to help get, store or transplant organs, eyes or tissues.
- **To Correctional Institutions or Law Enforcement.** For persons in custody, for example: (1) to give health care; (2) to protect your health and the health of others; and (3) for the security of the institution.
- **To Our Business Partners and Corporate Affiliates of Tufts Health Plan.** These are companies that provide services to us. They agree to protect your information.
- **For disclosures by employees for whistleblower purposes.**

Restrictions On the Use of Your Information.

We will follow federal and state laws that may further limit our use of information related to:

- Alcohol and Substance Use Disorder. We will require your permission or a court order before disclosing information from certain Substance Use Disorder treatment programs in a proceeding against you.
- Biometric Data
- Child or Adult Abuse or Neglect, including Sexual Assault
- Communicable Diseases
- Genetic Information
- HIV/AIDS
- Behavioral Health
- Minors' Information
- Prescriptions
- Sexually Transmitted Diseases
- Reproductive Health. We are prohibited from using or sharing your reproductive health care information to assist in an investigation or legal proceeding against you or a provider for receiving or providing lawful care. We will require entities that request your information to attest that they will not use your information for a prohibited purpose.

We will only use or share your information, including medical records, as described in this notice or with your written permission. For example, we require your permission if we intend to sell your information, use or share your information for marketing or fundraising purposes, or to share psychotherapy notes about you, except in certain cases allowed by law. You may give us permission to use or share your information by submitting an authorization form. The form can be found at www.tuftshealthplan.com, or you may obtain a copy by calling Member Services at the phone number listed on your Tufts Health RITogether ID card.

If you give us your permission, you may take it back at any time, by notifying us in writing.

Please be aware that when your information is shared for a permitted purpose, it may be further shared by the recipient and no longer protected as described in this notice.

Your Rights

You have the following rights for your medical information.

- **To ask us to limit our use or sharing** for treatment, payment, or health care operations. You can ask to limit sharing with family members or others that help with your care or pay for your care. **We may allow your dependents to ask for limits. We will try to honor your request, but we do not have to do so.** Your request to limit our use or sharing must be made in writing.
- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request as allowed by state and federal law. We take verbal requests but may ask you to confirm your request in writing. You can change your request. This must be in writing.
- **To see or get a copy of certain information.** You may ask for copies of your information (with certain exceptions) verbally or in writing. If we keep these records in electronic form, you can request an electronic copy. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.
- **To ask to amend.** If you think your information is wrong or incomplete you can ask to change it. You may ask verbally or in writing. You must give the reasons for the change. We will respond to your request in the time we must do so under the law. If we deny your request, you may add your disagreement to your information.

- **To get an accounting** of when we shared your information in the six years prior to your request. If you request an accounting more than once in a 12-month period, we may charge you a reasonable fee. This will not include when we shared information for the following reasons. (i) For treatment, payment, and health care operations; (ii) With you or with your permission; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does not require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy on our website.
- **Breach notification.** Tufts Health RITogether must inform you when there is a breach of your information. We will notify you in writing of a breach of your information at the address you provided to us. If your contact information has not been updated with us, we will inform you of a breach by other methods that are permitted by law.

Using Your Rights

You may exercise any of your privacy rights described above by contacting Member Services at the phone number listed on your Tufts Health RITogether ID card. In some cases, we may require you to submit a written request. Tufts Health RITogether 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.

File a Complaint or Grievance. If you think your privacy rights have been violated, you may send a complaint or grievance to:

**Privacy Officer
Point32Health
1 Wellness Way
Canton, MA 02021**

Or, you may call our Compliance Hotline at **877-824-7123** or Member Services at the phone number listed on your Tufts Health RITogether 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 www.hhs.gov/ocr.

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

**THIS NOTICE IS EFFECTIVE JUNE 30, 2025,
AND REPLACES THE VERSION DATED
SEPTEMBER 1, 2022.**