

# YOUR RIGHT TO PRIVACY: NEIGHBORHOOD'S NOTICE OF PRIVACY PRACTICES

**Please review the information below very carefully.** This information describes how health information about you may be used and shared and how you can get this information.

## **When does Neighborhood share my health information with others?**

We share your health information with others, without your approval to:

- Assist in your treatment, by talking with the doctors involved in your plan of care to decide what's best for you.
- Determine whether we will pay for the services provided to you, such as deciding if a health care service is medically necessary.
- Conduct our health care operations, which include things like quality improvement programs.

## **When may Neighborhood share my health information with others?**

**We may also use or disclose your information in the following situations without your consent:**

- To public health authorities for the purpose of controlling disease.
- To authorities allowed by law to receive reports of child abuse or neglect. In addition, we may disclose to these authorities if we believe you have been a victim of abuse, neglect or domestic violence.
- To appropriate organizations to assist in disaster relief efforts.
- To health oversight agencies that license health care professionals, and that conduct investigations and inspections of health care professionals.
- To a person who may have been exposed by you to a communicable disease.

- To report adverse reactions to medications, product defects, and other information, if required by the Food and Drug Administration.
- In the course of any legal action, in response to a court order or, sometimes in response to a subpoena, as long as you have been duly notified or attempts to notify you have been made according to law and the subpoena has not been withdrawn.
- To law enforcement authorities, as long as all applicable legal requirements are met.
- To a medical examiner, such as for identification purposes or determining the cause of death.
- To prevent or lessen a serious and imminent threat to the health or safety of a person or the public if we believe that the disclosure is necessary.
- To comply with workers' compensation laws and other similar programs.
- To you and the Secretary of the United States Department of Health and Human Services ("Secretary") to investigate or determine our compliance with the federal privacy regulations.

In an emergency, we may also share your health information without your approval when we are required by law or public health authorities to do so.

## **Does Neighborhood need my approval before it shares my health information with others?**

Except for the purposes listed above and those permitted or required by the government, Neighborhood will not share your information without your written approval. Even when you have given your approval, you can change your mind as long as you do so in writing before we have shared your information.

## What are my health information rights?

### You have the right to:

- Get a paper copy of this notice if you ask for it.
- Ask us to limit the way we share your information, although we are not required to agree to what you ask.
- Look at and get a copy of the health information we have about you, as provided by law.
- Ask us to change information we have about you in our member file. You must ask us in writing and tell us why you are asking for the change, although we are not required to agree to the change.
- Ask us to contact you in an alternative way. For example, you may ask us to contact you at work only.
- Take back your approval that we share your information. However, you can only do that if the information hasn't already been shared.
- Receive an accounting of when we shared your information, except if it was for payment, treatment or operations, or with your approval.

## What are Neighborhood's duties?

Neighborhood uses many methods to protect your oral, written and electronic health information from illegal use or disclosure. We are required by law to:

- Keep your health information private.
- Provide you with this notice and follow the rules listed here.
- Let you know if we cannot agree to limit how we share your information.
- Agree to reasonable requests to contact you by alternative means or at alternative locations.
- Get your written approval to share your health information for reasons other than those listed above and permitted by law.

Not only do all the physicians and providers in our network know that your information is private and confidential, but Neighborhood's employees know

that too. We use training programs for our employees and policies and procedures supported by management oversight to ensure that our employees know the procedures they need to follow to make sure that your information - whether in oral, written or electronic format - is secure and safeguarded. Additionally, we have other vendors sign Business Associate Agreements that clearly outline their requirement to protect your information and our expectations concerning protecting your oral, written or electronic health information.

Neighborhood reserves the right to change its privacy practices. If our practices change, we will revise this notice and send it to all Neighborhood members. The new practices would apply to all of the health information we have, including the health information we already have about you.

## What if I have questions or need help with this?

**If you need help understanding this notice or you want to exercise any of your rights stated within this notice, please contact Neighborhood Customer Service at 1-800-459-6019.**

## What if I think Neighborhood shared my information incorrectly?

You may complain to the Neighborhood Privacy Officer by calling 1-800-963-1001 and asking for the Director of Organizational Development and Human Resources, or by writing to: Chief Privacy Officer, Attn: Director of Organizational Development and Human Resources, Neighborhood Health Plan of Rhode Island, 299 Promenade Street, Providence, Rhode Island 02908.

You also have the right to complain, in writing, to the Secretary of the United States Department of Health and Human Services. Please ask us if you need help doing that. Your benefits will not be affected if you make a complaint. Here is the address and phone number: Office for Civil Rights, U.S. Department of Health and Human Services, JFK Federal Building, Room 1875, Boston, MA 02203, 1-866-627-7748.