



Santa Clara
Family Health Plan

The Spirit of Care



Notice of Privacy Practices

Effective: January 1, 2011

A Message for Santa Clara Family Health Plan Members

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.

In this notice we use the terms “we”, “us” and “our” to describe Santa Clara Family Health Plan.

Santa Clara Family Health Plan (SCFHP) is required by state and federal law to protect your health information. We must give you this Notice that tells how we may use and share your information. It also tells you what your rights are.

Your Information is Personal and Private

We get information about you from Federal, State, and local agencies after you are eligible to enroll in our health plan. We also get medical information from your doctors, clinics, labs, and hospitals so we can approve and pay for your health care.

What is “Protected Health Information?”

Your Protected Health Information (“PHI”) is health information that contains identifiers, such as your name, Social Security number, or other information that reveals who you are. For example, your medical record is PHI because it includes your name and other identifiers.

Our staff follows policies and procedures that protect your health information given to us in oral, written or electronic ways. Our staff goes through training which covers the internal ways members’ oral, written and electronic PHI may be used or disclosed across the organization. All our staff with access to your health information is trained on privacy and information security laws. Staff has access only to the amount of information they need to do their job.

Our employees also follow internal practices, policies and procedure to protect any conversations about your health information. For example, employees are not allowed to speak about your information in the elevator or hallways. Employees must also protect any written or electronic documents containing your health information across the organization.

Our computer systems protect your electronic PHI at all times by using various levels of password protection and software technology. Fax machines, printers, copiers, computer screens, work stations, portable media disks containing your information are carefully guarded from others who should not have access. Employees must ensure member PHI is picked up from fax machines, printers and copiers and only is received by those who have access. Portable media devices with PHI are encrypted and must have password protections applied. Computer screen must be locked when employees are away from their desks and offices. Workstation drawers and cabinets that contain PHI have secure locks placed on them.

Changes to Notice of Privacy Practices

We must obey the Notice that we are using now. We have the right to change these privacy practices. Any changes in our practices will apply to all of your medical information. If we do make changes required by law, we will notify you.

How We May Use and Share Information About You

Your information may be used or shared by us only for treatment, payment and health care operations. Some of the information we use and share is:

- Your name,
- Address,
- Personal facts,
- Medical care given to you,
- The cost of your medical care, and
- Your medical history.

Some actions we take when we act as your health plan include:

- Checking whether you are covered,
- Approving, giving, and paying for services,
- Investigating or prosecuting cases (like fraud)
- Checking the quality of care you receive,
- Making sure you get all the care you need.

Some examples of why we would share your information with others involved in your health care are:

- **For treatment:** You may need medical treatment that needs to be approved ahead of time. We will share information with doctors, hospitals, and others in order to get you the care you need.
- **For payment:** We use your PHI to pay for health care claims sent to us for your medical care. When we do this, we share information with the doctors, clinics, and others who bill us for your care. And we may forward bills to other health plans or organizations for payment.
- **For health care operations:** We may use information in your health record to check the quality of the health care you receive. We may also use this information in audits, programs to stop fraud and abuse, planning and general administration.

Other Uses for your Health Information

The following is a description of other possible ways in which we might (and are permitted to) use and/or disclose your protected health information:

- We may give out medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections and licensure or disciplinary actions. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil right laws.
- You or your doctor, hospital, and other health care providers may not agree if we decide not to pay for your care. We may use your health information to review these decisions.
- We may share your health information with groups that check how our health plan is providing services.
- We may share information with persons involved in your health care, or with your personal representative.
- We must share your health information with the federal government when it is checking on how we are meeting privacy rules.
- We may give out your information for public health activities. These activities may include, but are not limited to the following:
 - To prevent or control disease, injury, or disability;
 - To report births and deaths;
 - To report child abuse or neglect;
 - To report problems with medications and other medical products;
 - To notify people of recalls of products they may be using; and
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

When Written Permission is Needed

If we want to use your information for any purposes not listed above, we must get your written permission. If you give us your permission, you may take it back in writing at any time.

What Are Your Privacy Rights?

You have the right to ask us not to use or share your protected health care information. We will send you a form to fill out to tell us what you want. Or, we can fill out the form for you. We may not be able to agree to your request.

You have the right to ask us to contact you only in writing or at a different address, post office box, or by telephone. We will accept reasonable requests when necessary to protect your safety.

You and your personal representative have the right to get a copy of your health information. You will be sent a form to fill out to tell us what you want copied. You may have to pay for costs of copying and mailing records. (We may keep you from seeing certain parts of your records for reasons allowed by law.)

You have the right to ask that information in your records be changed if it is not correct or complete. You will be sent a form to fill out to tell us what changes you want. We may refuse your request if:

- The information is not created or kept by SCFHP, or

- The information is not part of a standard set of information kept by use, or
- The information has been gathered for a court case or other legal actions, or
- We believe it is correct and complete.

We will let you know if we agree to make the changes you want. If we don't agree to make the changes you want, we will send you a letter telling you why. You may ask that we review our decision if you disagree with it. You may also send a statement saying why you disagree with our records. We will keep your statement with your records.

Important

Santa Clara Family Health Plan does not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.

When we share your health information you have the right to request a list of:

- Whom we shared the information with,
- When we shared it,
- For what reasons, and
- What information was shared.

This list will not include when we share information with you, with your permission, or for treatment, payment, or health plan operations.

You have a right to request a printed paper copy of this Notice of Privacy Practices.

You can also find this Notice on our website at: www.scfhp.com

How Do You Contact Us to Use Your Rights?

If you want to use any of the privacy rights explained in this Notice, please call or write us at:

SCFHP Privacy Officer
Santa Clara Family Health Plan
210 E. Hacienda Avenue
Campbell, CA 95008
Toll-free: 1-800-260-2055
TTY: 1-800-735-2929

Complaints

If you believe that we have not protected your privacy and wish to complain, you may file a complaint (or grievance) by calling or writing us or you may contact one of the other agencies below:

SCFHP

Compliance and Privacy Officer
210 East Hacienda Avenue
Campbell, CA 95008
Toll-free: 1-800-260-2055
TTY: 1-800-735-2929

OR you may contact the agencies below:

Privacy Officer**California Department of Health Care Services**

1501 Capitol Avenue, MS0010
Sacramento, CA 95899
1-916-440-7750 or 1-877-735-2928 (TTY)
Email: Privacyofficer@dhcs.ca.gov

Or

Secretary of the U.S. Department of Health and Human Services

Office for Civil Rights
Attention: Regional Manager
90 Seventh Street, Suite 4-100
San Francisco, CA 94103
1-415-437-8310 or 1-415-437-8311 (TTY)
For additional information, call 1-800-368-1019
or
U.S. Office for Civil Rights at 1-866-OCR-PRIV (1-866-627-7748) or 1-866-788-4989 (TTY)

Use Your Rights Without Fear

We cannot take away your health care benefits or do anything to hurt you in any way if you file a complaint or use any of the privacy rights in this Notice.

Questions

If you have any questions about this Notice and want further information, please contact the SCFHP Privacy Officer at the address and phone number above.

To get a copy of this Notice in other languages, Braille, large print, on audiocassette or CD-ROM, please call or write the SCFHP Privacy Office at the number or address listed above.