

# Phoenix WellCare

## Notice of Health Information Privacy Practices

### What Is This Notice and Why It is Important?

This notice is required by law and describes policies which conform to federal and state law designed to safeguard and protect your privacy. The following describes how medical information about you may be used and disclosed, and how you can obtain access to this information. Please read it carefully.

### Your Rights

You have certain rights regarding your health and billing records which include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to add information or revoke authorizations at any time or stop future disclosures.
- The right to receive accounting of how and to whom your protected health information has been disclosed.
- The right to receive a copy of this notice.

### Our Responsibilities

**We are required by law to maintain the privacy of your protected health information, and provide you with this notice of privacy practices.**

**We are also required to establish policies and procedures that govern our workforce and business associates, and abide by the terms of this notice.**

PWC Privacy Practice Revised August, 2007

### Uses and Disclosures of Protected Health Information

**Treatment.** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of

laboratory tests and procedures will be available in your medical record from health professionals who may provide treatment or who may be consulted by staff members.

**Payment.** Your health information may be used to seek payment from your health plan, such as, from credit card companies that you may use to pay for services, and from other sources of coverage. For example, your health plan may request and receive information on dates of service, the services provided, and the health condition being treated.

**Health care operations.** Your health information may be used as necessary, to support the day-to-day activities and management of PWC. For example, information on the services you received may be used to provide budgeting and financial reporting, and activities to evaluate and promote quality.

**Law enforcement.** We may disclose your health information for required law enforcement purposes or in response to a valid subpoena, issued by a judge only, court or administrative order, or other mandated reporting requirements.

**Regulatory oversight.** Your health information may be disclosed as required by law to public health agencies or legal authorities charged with preventing or controlling disease, injury or disability.

**Averting serious threats to health and safety.** We are mandated to report health information when necessary to prevent a serious threat to you or the public or another person. Disclosures would be made to the County Department of Health, or for immediate threats, the police.

#### **Additional Uses of Information**

**Appointment reminders.** Your health information will be used by our staff to send or call you appointment reminders. Please indicate private number where you would like us to call you and leave messages on the attached contact section.

**Workers' Compensation.** We may disclose your health information to workers' compensation or other similar programs established by law.

**Marketing.** We may use your health information to inform you about our health care services, treatment alternatives or other health-related benefits that may be of interest to you.

**Information about treatments.** Your health information may be used to send information that you may find pertinent to the treatment and management of your health. You may be informed about products or services that may relate to your health conditions.

**Business Associates.** There are some services provided through contracts with business associates. Examples include medical record transcriptionists, a copy service, surveying patient satisfaction or consultants. All business associates sign a confidentiality agreement verifying that they will safeguard your information.

**Research.** Occasionally PWC participates in research studies. You may be contacted about the nature of the research and request your participation. If your treatment is part of the study, the researcher will explain the benefits and risks, how your health information will be used during the course of study, and whether any of your rights will be affected.

### **Requests to Inspect Protected Health Information**

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our office. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

### **Right to Revise Privacy Practices**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes may be required by federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

### **For More Information or to Report a Problem:**

If you have questions, would like additional information, or if you believe we have not properly protected your privacy, have violated your privacy rights, or disagree with a decision we have made about your rights, you should call the matter to our attention. Please write a letter describing the cause of your concern to The Phoenix WellCare privacy officer at:

3417 Valle Verde  
Napa, CA 94558

(707) 255-4172