

METROPOLITAN HEALTH PLAN

NOTICE OF PRIVACY PRACTICES

Privacy Notice

Metropolitan Health Plan (MHP) is committed to protecting the privacy of your health information. **This notice tells how your health data may be used and disclosed. It also tells you how to get data. Please read this notice carefully.** This notice is effective April 14, 2003.

If you have any questions, please contact us at:

Metropolitan Health Plan
Attn: Member Services
Minneapolis Grain Exchange Building
400 South Fourth Street, Suite 201
Minneapolis, MN 55415

1-888-562-8000, 8 a.m. to 8 p.m., 7 days a week
TTY line at 1-800-627-3529 or 711
MHP Fraud Hotline: 1-800-500-8732

MHP[®] NORTH STAR
PLANS

Who We Are

MHP provides services to members of MHP North Star Plans. Our network of providers includes Hennepin County Medical System, Allina Medical Group, Fairview Physician Associates, Aspen Medical Group, Minnesota Healthcare Network and other community clinics. MHP is a health plan with a Medicare contract.

Why We Are Providing This Notice

This notice satisfies privacy requirements under the Gramm-Leach Bliley Act of 1999 (“GLB Act”) and the Health Insurance Portability and Accountability Act (HIPAA). This notice only applies to your relationship with MHP.

Personal Information

Personal information data we get from you on applications and other forms. It includes your name, address, phone number, age, date of birth, Social Security Number, and dependents. It also may include:

- Health data
- Evidence of Insurability
- Claims
- Complaint investigations

Other Data MHP Uses

- Medical claims
- Benefit determinations
- Authorizations and referrals
- Health care appointments
- Services received
- Diagnoses
- Prescriptions
- Credit card and bank information

- Payments made on your behalf
- Statistics and demographics from public records

USES AND DISCLOSURES

Uses and Disclosures for Payment and Operations

Your data may be shared with MHP staff or MHP business associates for payment and operations. MHP will not ask your consent to share health data to do this. You have the right to request a restriction on the use and disclosure of your health data for payment or operations. This notice also extends the Minnesota Government Data Practices Act to MHP contracted vendors when data is being shared for health care operations.

Examples of payment include: claims payment, eligibility, and premiums collected from individuals. Examples of operations include: quality improvement, fraud and abuse issues, medical review, and complaint resolution.

When We Do Not Need Your Consent

Your data may be given to other entities without your written consent for:

- Law requirements
- Public health activities
- Victims of abuse, neglect, or domestic violence
- Health oversight activities (including audits, investigations, and inspections)
- Judicial and administrative proceedings
- Law enforcement
- Deceased persons to coroners, health examiners, and funeral directors
- Organ and tissue donation

- Research (unless it is not related to health care operations)
- Averting a serious threat to health or safety
- Immunizations
- Special government functions (such as military personnel, program eligibility, and inmates in correctional facilities)
- Worker's compensation

When We Need Your Consent

In all other circumstances (including mental health), uses and disclosures of your data will only be made with your written consent. You may revoke your consent at any time.

Other Uses and Disclosures

We may contact you to give appointment reminders or tell you about treatment options or other health benefits and services that may be of interest to you.

How We Protect Your Information

We restrict access to your data to staff who use the data to provide services to you. All MHP staff have been trained to protect privacy. Staff who violate these policies are subject to disciplinary action.

- We use physical, electronic, and procedural safeguards to guard data. These safeguards meet federal regulations.
- We continue to review our policies and practices.
- We monitor our computer networks.
- We test the strength of our security in order to ensure the safety of member data.

How We Share Your Data

Current law allows us to share data about you with providers such as:

- Affiliated organizations
- Hennepin County organizations
- Hennepin County Medical Center (HCMC)
- Chemical Health Division
- Child and Family's Mental Health Program
- Children and Family Services Department
- Child and Teen Checkups Program
- Community Health Department
- HCMC Family Medical Center

Other Affiliated Organizations

- Hennepin Care North
- Hennepin Care South
- *HealthConnection*
- North Point Health and Wellness Center

Non-Affiliated Organizations

- CareMark (prescription card services)
- Hennepin Faculty Associates
- Minnesota Visiting Nurse Association (MVNA)
- Centers for Medicare & Medicaid Services (CMS)

Other entities such as medical groups, hospitals, pharmacies, nursing homes, etc. that are not part of MHP or its affiliates. Their functions include providing health services, benefits administration, claim processing and payment, medical equipment, and quality assurance.

YOUR PRIVACY RIGHTS

Right to Restrict Uses and Disclosures for Payment and Operations

You have the right to request that we restrict uses and disclosure of your health data for activities related to payment and operations. We will evaluate all requests, however, we may not agree to the restriction. If we agree to the restriction, we will abide by it except in emergencies. We will end our agreement to a restriction if you agree to or request the end of the restriction. If we decided to end our agreement to the restriction, we will tell you.

Right to Request Private Communications

You may ask MHP to contact you by another means or at another site. For example, you may wish us to contact you at work rather than at home. We must agree to your request if you clearly state that the disclosure of all or part of your health data could endanger you.

Private data is available to the minor or to the parent or guardian of the minor unless the minor requests data not be shared with the parent and

- The child has the right to consent to the treatment that is the subject of the data.
- Not sharing data with the guardian is in the child's best interest. For instance, the child may be at risk of abuse or neglect.

Right to Choose Disclosure

You have the right to agree or object to disclose your Protected Health Information (PHI) at the following times:

- To a family member, relative, or close personal friend, or any other person you name, of PHI directly related to their involvement with your care or payment

- To a family member, personal representative, or other person who takes care of you, of your location, general condition, or death
- To a public or private entity authorized by law to help in disaster relief efforts

Right to Inspect and Copy Your Health Information

You have a right to inspect and copy your health data for as long as we keep it. However, you do not have an automatic right to access psychotherapy notes or information in a criminal, civil or administrative action or proceedings.

Write to or call MHP at 1-888-562-8000 or 1-800-627-3529 (TTY) or 711, or through the Minnesota Relay Service at 1-877-627-3848 (speech to speech relay service) and ask for an “MHP Member Inspection and Copy Request Form.” You can also download the form from www.mhpnorthstarplans.org.

We will act on a request for access immediately or up to 10 days of receiving your request if the data is available on-site or within 60 days otherwise (with a possible 30-day extension). We may give you a summary of the health data you asked for if you agree in advance to the summary and to the fees we will charge you.

We may deny your request for access to your health data in certain cases. For example, when access would endanger the life or safety of you or others. If your request is denied, we will send you a written denial that explains why. Your review rights, if any, and how to file a complaint with MHP or Secretary of the U.S. Department Health and Human Services (HHS) will be included with the denial.

If your request for access is denied, in certain cases we will give you a chance to review it. The

review decision must be made in a reasonable period of time. MHP will give you written copy of the review decision.

We charge a fee for access to your health data. This fee is based on our copying, mailing and summary preparation costs.

Right to Amend Your Health Data

You have the right to ask for a change to your health data if you think it is wrong or inaccurate. We may deny your request to change your health data if the data:

- Was not created by us
- Is not part of our records
- Was not available for inspection
- Is accurate and complete

Write to or call MHP at 1-888-562-8000 or 1-800-627-3529 (TTY) or 711, or through the Minnesota Relay Service at 1-877-627-3848 (speech to speech relay service) and ask for an “MHP Member Amendment Request Form.” You can also download the form at www.mhpnorthstarplans.org.

We will respond to your written request to change your health data within 30 days of the request (with up to a 30-day extension).

If we agree to change your record, we will tell you that change was accepted and get your identification of and agreement to inform relevant persons. We will make reasonable efforts to inform and provide the amendment within a reasonable time to persons identified by you and by us, including our business associates.

If we disagree to amend your record, we will provide you with a timely, written notice. The notice will explain the reason for the denial. The denial includes your right to submit a written statement of disagreement or to have the request

for changes included with future disclosures. You also have the right to complain to MHP or the Secretary of the U.S. Health and Human Service (HHS). We may prepare a rebuttal statement to your statement of disagreement. We will provide you with a copy of the rebuttal statement.

Any future disclosures of your health data will include the statement of disagreement or request for amendment, the denial notice, and the rebuttal or summary of this information.

Right to a List of Disclosures

You have the right to receive a list or accounting of the disclosures of your health data made to us during the six years prior to the request. We will act on your request for a list of disclosures within 60 days (with a possible 30-day extension). This list will not include the following disclosures:

- For payment and operations
- To the individual
- For national security or intelligence purposes
- To correctional institutions or law enforcement officials
- Made prior to April 14, 2003

We will give you one free list each year. For more requests, we will charge for copying and postage. The written list will include the following data for each disclosure:

- The date of the disclosure
- The person to whom the data was disclosed
- A brief description of the data disclosed or in lieu of the summary, and
- A copy of the authorization or request for disclosure

PROTECTING YOUR PRIVACY

Your Choice to Share Data

MHP does not sell or rent your data to anyone. MHP does not disclose your data to any third party with which we do not have an agreement. If we were to do so, we would first request your written consent.

Data about Former Members

If you are no longer a member of MHP, we will still treat your health data according to this notice. We will not share your data unless we are legally required to do so or with your consent. Future members will have the same privacy protections as former and current members.

Right to a Copy of Privacy Notice

You have the right to receive a paper copy of this notice upon request, even if you agreed to receive the notice electronically.

Complaints

You may complain to us or the Secretary of the U.S. Health and Human Services (HHS) if you believe your privacy rights have been violated. To file a complaint with MHP, contact our Complaints and Grievances Coordinator at 1-800-657-3778, or 400 South Fourth Street, Suite 201, Minneapolis, MN 55415 or the phone number and address on the back of your member identification (ID) card. You may also notify the Secretary of the U.S. Department of Health and Human Services (HHS). Send your complaint to:
Medical Privacy Complaint Division
Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201

Hotline: 1-800-368-1019

We will not intimidate, discriminate against, or retaliate against you if you exercise any right or process described in this notice. This includes the filing of a complaint or testifying, assisting, or participating in an investigation, compliance review, or hearing.

Our Responsibilities

MHP is required by HIPAA and other federal law, and Minnesota state law to maintain the privacy of your health data and give you this notice of privacy practices.

MHP will abide by the terms of this Notice of Privacy Practices.

Changes to our Privacy Practices

We will send a new notice to you prior to making a significant change in our privacy practices. These changes include use and disclosure, individual privacy rights, our responsibilities or any other practices described in this notice.

Thank you for choosing MHP. We value you as a member. We appreciate the chance to serve you.



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