



*Effective Date:*

**4/5/2022 NOTICE**

**PRIVACY RULES FOR BEACON HEALTH OPTIONS, INC.**

To contact Beacon's Privacy Officer, please email [PrivacyIncidents@beaconhealthoptions.com](mailto:PrivacyIncidents@beaconhealthoptions.com)

**This notice describe show medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

**If you have any questions, please call Beacon Health Options, Inc. The phone number is in your member packet.**

- I. Your Protected Health Information** Protected Health Information (PHI) is facts about the health care you receive and payments for your health care. In this notice, we use the letters PHI for short. Your PHI is your health now, in the past and in the future. We must protect your personal medical information.

We may also receive race, ethnicity, and language information about you that will be protected the same as PHI. We may use this information to help you, including identifying your specific needs, developing programs and educational materials, and offering interpretation services. We do not use race, ethnicity, and language information to decide whether we will give you coverage, what kind of coverage, and the price of that coverage. We do not share this information with unauthorized persons. Beacon must also protect certain other personal information about you, known as Personally Identifiable Information, or "PII". PII is your name combined with any item such as a government-issued ID number (Social Security Number, driver's license number, passport number, tribal ID number, etc.), health plan ID number, credit card or bank account number, account password, or biometric information such as a fingerprint. Beacon will protect your PII in the same way as it protects your PHI. In the rest of this notice, when "PHI" is mentioned, it includes your "PII" as well.

We must give you this notice about our privacy rules. This notice tells you who can see your record without asking you. It also tells you who cannot see your record without your OK. Usually, we can give only the minimum PHI needed to complete a task. We use stronger protections for topics like substance use and HIV/AIDS information.

We get your PHI from:

- Your group health plan or its partners
- Your other health insurance companies, if you have any
- Your doctors, nurses, hospitals, clinics, and others who care for you
- Other databases

We must follow the privacy rules in this notice. **We can change our privacy rules and this notice at any time and make the new rules described in this notice effective for all protected health information that we maintain.** If we make changes, we will put a new notice on our Web site at [www.beaconhealthoptions.com](http://www.beaconhealthoptions.com). If you want us to mail you a new notice, please call customer service. The phone number is in your member packet.

## II. Who Can Get Your Protected Health Information

Here are some of the people who can know your PHI:

- Our customer service representatives
- Our care managers
- Our medical professionals
- Our claims administrators
- Your group health plan
- Public agencies that have legal access

Sometimes we must have your written OK to share PHI. Sometimes we can use or share your PHI without your written OK.

### **How We Use and Share PHI Without Your Written OK**

**If permitted by Federal and State laws, we may use and share your PHI as follows:**

**For treatment:** We may give your PHI to people who provide your health care or Employee Assistance Program. We might give your PHI to your doctor, for example.

**For payment:** We can use and share your PHI to pay claims from people and organizations who care for you. We may also use and share your PHI to be paid for our services. For example,

we may give some of your PHI to Medicaid or to another insurance company that covers you. We may also set our premiums using PHI from you and many others.

**For health care operations:** We use your PHI to run our health plans, EAP programs, and other programs. For example:

- We may use your PHI to decide if you can use specific services.
- We may also share your PHI with the people who care for you.
- We may combine and study PHI facts from different places. That way, those who care for you can get information on the products and services you receive in order to make sure you get the care you need.
- We may send appointment reminders and similar information to your home. You can tell us not to do this.
- We may send you information about treatment choices and health benefits.
- We may use your PHI to study the quality of the health care services provided. This may include companies who will ask you about the quality of services you received.
- We may share your PHI with our accountants or lawyers for audits or court cases.
- If your employer sponsors this health plan for you, we can give your PHI to your employer.

**People close to you:** We may give your PHI to a friend or family member who is involved in your medical care.

**People who pay for your care:** We may give PHI to someone who helps pay for your care.

**To obey the law:** We must sometimes share your PHI to obey the law. We may share PHI when a law requires us to report information about suspected abuse, neglect or domestic violence.

- We may share PHI relating to suspected crimes.
- We must share PHI with agencies that track how we obey privacy rules.

**For public health:** We share PHI when we have to collect information about disease or injury. We share PHI to give facts to a public health agency.

**For health management:** We can share your PHI with agencies that oversee health programs for the public's health.

**About someone who died:** We can give PHI about someone who died to the proper officials and to family members and others who were involved in the person's care.

**For research:** Sometimes we give PHI to medical or mental health researchers. A privacy board supervises that process.

**To prevent threats to health or safety:** We can give the police PHI that may prevent a major threat to health or safety.

**For specific government functions:** We may share PHI for:

- Military personnel and veterans
- Prisons and jails
- Other government programs for eligibility and enrollment, or
- National security reasons

**Lawsuits and disputes:** If you are part of a court case, we may share PHI about you to answer a court or legal order. We may also give your information in response to a legal demand by someone else involved in the case. We will try to tell you about the request or to have your PHI protected by the court.

**Law enforcement:** We may give your PHI to the police, FBI, and others who enforce laws:

- To answer a court order or legal demand;
- To identify or find a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, in some special situations, we cannot get the victim's OK;
- About a death we think was caused by a crime;
- About crimes at a hospital; and
- In an emergency to report a crime, the place of the crime or victims; or the identity, description or location of the person who committed the crime.

If we want to use or share your PHI for any purpose that is not listed in this Notice we must have your written OK. This is the law. You can take back your OK any time unless we already shared or used your PHI based on your prior OK.

### **III. Your Rights About Your Protected Health Information.**

You have the following rights over your PHI. You may use your rights by calling Beacon Health Options, Inc. The phone number is in your member packet.

**To ask for limits on uses or sharing with others:** You have the right to ask us to limit how we use or share your PHI. We will think about your request, but we do not have to agree to it. If we do agree to limits, we will write the agreement down and follow it, except in emergencies. We cannot agree to limit the uses or sharing of information that are required by law.

**To choose how we contact you:** You can ask that we tell you about medical matters in a certain way or at a certain place. For example, you can ask that we only contact you at work or by mail. To ask us to communicate with you a certain way, you must write a letter. The directions are in your member packet. We will agree to your request if it is reasonable for us to do so.

**To get a copy of your PHI:** You have a right to see and copy your protected health information if you write us a letter. The directions are in your member packet. We will answer you by the legal deadline. If we turn down your request, we will write down the reasons and explain your right to appeal.

In certain situations, we will not give you some parts of your PHI and you cannot appeal that decision.

We will not give you:

- Psychotherapy notes
- Information we collect for legal actions
- Any lab test information protected by law

You cannot appeal those decisions.

If you want copies of your PHI, we can charge you for the copies. You have a right to choose to get a summary instead of a copy of the whole record. You also have the right to instruct us to send your PHI to someone else of your choosing, or to another address. You also have the right to request that we send your PHI in an electronic format. If we cannot send the information in the format you have requested, we will work with you to find an agreeable way of sending the information.

**To ask us to change or fix your PHI:** If you think there is a mistake or information missing from your PHI, you can ask us to correct or add to the record. You must write a letter and give a reason for your request. The directions are in your member packet. We will answer you by the legal deadline. We may turn down the request if we find out that the PHI:

- Is correct and complete
- Was not created by us or is not part of our records, or
- Is the kind of information that we cannot give you.

If we deny your request for changes, we will tell you the reasons in writing. You have the right to add your request, our denial, and any response from you to your PHI. If we approve the request for changes, we will change the PHI, and tell you and others that need to know about the change.

**To find out what information we shared:** You have the right to get a list of PHI we shared. The list will only have information going back for six years. **The list will have:**

- The date we gave the information
- Who got the information
- The reason we provided the information

**The list will not have:**

- Information we gave for treatment
- Information we gave for payment
- Information we gave for health care operations
- Information we gave to you
- Information we gave to people you told us to
- Information we gave to your family
- Information we gave to national security or intelligence agencies
- Times we gave PHI that police or health agencies asked us to keep secret

To get the list, you must write us a letter. Directions are in your member packet. We will answer you by the legal deadline. You can have one free list each year. We may charge you for more than one list per year.

**To get this notice:** You have a right to get a paper copy of this notice.

You can also ask us to send a copy by email.

**To be notified if your PHI has been breached:** If your PHI has been misused or wrongfully disclosed in a way that may cause you harm, we will investigate the situation and notify you of the circumstances and what steps you should take to protect yourself.

**IV. How to Complain About Our Privacy Rules:**

If you think we broke these privacy rules, you can call the number in your member packet to complain. If you disagree with a decision we made about your PHI, you can appeal. We will give you appeal instructions when we give you a decision. You can write a letter to complain about us to the Secretary of the U.S. Department of Health and Human Services.

We will not discriminate against you in any way if you file a complaint.

**V. Who Will Follow This Notice:**

These Beacon Health Options, Inc. companies that follow these rules:

|                                                |                                             |
|------------------------------------------------|---------------------------------------------|
| Beacon Health Options, Inc.                    | CHCS, IPA                                   |
| ValueOptions of Texas, Inc.                    | ValueOptions Federal Services, Inc.         |
| ValueOptions of Kansas, Inc.                   | Beacon Health Options of Pennsylvania, Inc. |
| Massachusetts Behavioral Health Partnership    | OPTIONS Health Care, Inc.                   |
| Value Health Reinsurance, Inc.                 | ValueOptions of New Mexico                  |
| Florida Health Partners, Inc.                  | ValueOptions of New Jersey, Inc.            |
| North Florida Behavioral Health Partners, Inc. | Beacon Health Options of California, Inc.   |
| Integrated Community Health Partners, LLC      | Beacon Health Strategies LLC                |
| Health Colorado, Inc.                          | Aspire Care Options, LLC                    |
| Empower Healthcare Solutions, LLC              |                                             |

**All materials Beacon Health Options, Inc. writes for Members are available in English and Spanish. You can receive oral interpretations of this material in all languages.**

**Members with special needs can get documents that are easier to read. This may be for people who do not see well or who do not read well.**

## **VI. Privacy Practices for Members Who Receive Employee Assistance Program (EAP) Services from Beacon:**

If you are receiving EAP services from Beacon, there may be times when your personal information is not governed by the privacy rules described above. For example, if you have been referred by your employer for a Fitness for Duty evaluation, or if you receive EAP services for a non-healthcare situation, the health care privacy rules do not apply. However, Beacon is fully committed to protecting your personal information in all situations.

Your employer has provided you with a Statement of Understanding (SOU) that describes the specific privacy protections that apply to your EAP program. Beacon protects your personal information in accordance with that specific SOU. In general, however, the protections given to all recipients of EAP services include:

1. Any personal information obtained by the EAP in the course of providing EAP services will be kept strictly confidential except as you agree in writing, or as required by law, as described below. This includes not telling your supervisor or your employer that you used the EAP.
2. There are, however, some situations where your EAP will not be able to protect the privacy of your information:
  - a. If child, elder or disabled adult abuse or neglect is suspected, your EAP is required by law to report it to the proper authorities.
  - b. If the EAP becomes aware of a threat of imminent and serious bodily harm to self or others, your EAP will disclose the information in order to prevent harm.
  - c. If your EAP is required to present records to comply with a court order, it is their legal responsibility to comply.
  - d. If your EAP learns about any emergency medical circumstances which require immediate medical attention.
3. Beacon EAP staff may share your information concerning your use of the EAP with the EAP staff at your organization, in order to deliver services to you, or for EAP administrative and management purposes. The EAP staff at your organization are also under privacy obligations, as described to you in the SOU.
4. If the EAP services provided to you are to treat a medical or behavioral health condition, then the health care privacy rules will apply to that information.