



1240 South Loop Road
Alameda, CA 94502
Tel: 510-747-4500
TTY: 510-747-4501
www.alamedaalliance.com

**Alameda Alliance for Health
Notice of Privacy Practices
Effective April 14, 2003**

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We (Alameda Alliance for Health) think privacy is important and are committed to maintaining the confidentiality of your information.

By law we must maintain the privacy of your information. By law we must also provide you with notice of our legal duties and privacy practices about your information.

This notice lets you know how we may use and share your information. It also lets you know your rights and our legal obligations with respect to your information.

If you have any questions about this Notice, please contact us at:

*Alameda Alliance for Health
Attn: Member Services
1240 South Loop Road
Alameda, CA 94502
(510) 747-4567*

A. Types of Information Maintained

Depending on the Alliance health plan that you joined, the Alliance receives your information from: the State of California (for Medi-Cal or Healthy Families); your application to participate in any of the Alliance plans (Family Care, First Care and Group Care); your statement of health (Family Care and First Care); your doctor or other health care providers on your behalf; and from you.

Depending on the Alliance health plan in which you participate, the Alliance collects and keeps the following information: your contact information, such as your address and phone number; your age, ethnicity, sex, and language. We also collect and keep your health care information, such as the doctor you visited and his/her findings; your health care conditions and diagnosis; your health history; your prescriptions and; lab tests. We also collect and keep information about the health education classes you went to and your participation in other health care programs or plans. We also collect and keep the financial information you gave us in your application. This information helps us provide you with the services you need.

B. How We May Use or Share Your Information

*****If you are an Alliance Medi-Cal Member, we are only allowed to use or share your information for purposes related to administration of the Medi-Cal program. So, some of the purposes below do not apply to your information.*****

1. Treatment. We may use or share your information to help your doctors or hospitals provide medical care to you. For example, if you are in the hospital, we may give them medical records sent to us by your doctor. Or we may share this information with a pharmacist who needs it for a prescription for you, or a laboratory that performs a test for you.
2. Payment. We may use or share your information to pay for your medical bills. For example, your doctor will give us information we need before we pay them. We may also share information with other health care providers so they can be paid.
3. Health care operations. We may use or share your information to operate this health plan.
 - For example, we may use or share your information to review and improve the quality of care provided to you. It can also be used to review the skills and qualifications of our providers.
 - We may use or share this information so we can approve services or referrals.
 - We may also use or share this information when we need to for medical reviews or case management. For example, we may refer you to an asthma class if you have asthma.
 - We may also use or share this information when we need to for legal services, audits, or business planning and management.
 - We may also share your information with our "business associates" that do certain plan services for us. We will not share your information with these outside groups unless they agree to protect it. Under California law, all parties that receive information may not share it again, except as specifically needed or allowed by law.
4. Appointment reminders. We may use or share your information to remind you about appointments. If you are not home, we may leave this information on your answering machine or leave a message with the person who answers the phone.
5. Notification and communication with family. We may share your information to let a family member, your personal representative or a person responsible for your care know about where you are, your general condition or your death. In case of a disaster, we may share information to a group like the Red Cross so they can contact you. We may also share information to someone who helps you with your care or helps pay for your care. If you are able to decide, we will let you decide before we share the information. But we may share this information in a disaster even if you do not want us to, so we can respond to the emergency. If you are not able to decide because of your health or you cannot be found, our professional staff will use their best judgment in sharing information with your family and others.
6. Required by law. As required by law, we will use or share your information, but we will limit our use or sharing to only what we are allowed to use or share by the law.

7. Provider peer review. We may use or share your information to review the skills of your provider or quality of care provided to you.
8. Fundraising. We may use or share your information and dates you received treatment in order to contact you for fundraising activities. If you do not want to receive these materials, call us at (510)747-4567 to remove your name from the list.
9. Group health plans. If you are a member of a group health plan, we may share information with the sponsor of your group health plan. For example, if your employer provides your health coverage, we may let your employer know if you are still a member of the plan.
10. Research. We may share your information without your written permission if the research meets certain rules.
11. Marketing. We may contact you to give you information about products or services. We will not use or share your information for this purpose without your written permission unless the product or service is part of your benefits, has to do with your treatment, or has to do with your case management. We may also use or share your information without your written authorization if we meet with you in person, or we use or share your information to give you a small gift.
12. Court and administrative proceedings. We may, and sometimes need to by law, share your information for an administrative or judicial proceeding as we are told to by a court or administrative order, if you were told of the request and you did not object or the court or administrative judge did not agree with your objection.
13. Health monitoring activities. We may, and sometimes need to by law, share your information with health monitoring agencies for audits, investigations, inspections, licensure and other proceedings, only as allowed by federal and California law.
14. Public health. We may, and sometimes need to by law, share your information to public health agencies so they can: prevent or control disease, injury or disability; report child, elder or dependent adult abuse or neglect; report domestic violence; report problems to the Food and Drug Administration about products and reactions to medications; and report disease or infection exposure.
15. Law enforcement. We may share your information with a law enforcement official. This would be to identify or locate a suspect, fugitive, material witness or missing person; comply with a court order, warrant, grand jury subpoena; and other law enforcement purposes.
16. Public safety. We may share your information with persons who help prevent or lessen a serious and immediate threat to the health or safety of a person or the public. We will not share the information if it was from treatment counseling or request for treatment counseling to see how likely a person would commit criminal conduct.

17. Specialized government functions. We may share your information for military or national security purposes. We may also share it with correctional institutions or law enforcement officers that have you in their lawful custody.

18. Insurers. We may use or share your information with insurers when we review a health plan application.

19. Employers. We may use or share your information with your employer to find out about an illness or injury from work, or for workplace medical surveillance. We may use or share your information with your employer when there is an employee claim or lawsuit about a medical condition, or if the information is about doing a particular job.

20. Other ways the Alliance may use or share your information.

- We may, as needed by law, share your information to coroners when they investigate deaths.
- We may share information with funeral directors, as they need it to carry out duties.
- We may share your information with organizations that provide services for organ and tissue transplants.
- We may use or share your information with the FDA when it is about the quality, safety, or effectiveness of an FDA-related product or activity.
- We may use or share your information with Conservators/Guardians under limited circumstances.
- We may share your information as we need to for worker's compensation.
- If the Alliance is sold or merged with another organization, your information/record will be owned by the new owner. But you will be able to change enrollment to another health plan.
- We may use or share your information in order to protect it when we send it over the internet.

C. When We May Not Use or Share Your Information

Except as described in this Notice of Privacy Practices, we will not use or share your information without your written permission. If you do permit the Alliance to use or share your information for another purpose, you may take back your permission in writing at any time, unless we have already relied on your written permission to use or share your information.

D. The Alliance May Contact You

We may contact you in order to provide you with information, materials, products or services related to health education, treatment or other health-related benefits and services. We may also contact you for marketing, research, fundraising, payment, etc.

E. Your Privacy Rights

1. Right to Request Special Privacy Protections. You have the right to ask for limits on certain uses and sharing of your information. You can do this by a written request that tells us what information you want to limit and what ways you want to limit our use or sharing of that information. We reserve the right to accept or reject your request, and will let you know of our decision.
2. Right to Request Confidential Communications. You have the right to ask that you receive your information in a specific way or at a specific location if the usual way may put you in danger. For example, you may ask that we send information to your work address. Please write us and tell us how you would like to receive your information and why you would be in danger if we did not follow your request. If your request has a cost that you will have to pay for, we will let you know.
3. Right to See and Copy. You have the right to see and copy your information, with limited exceptions. To see your information, you must send a written request and tell us what information you want to see. Also let us know if you want to see it, copy it, or get a copy of it. California law allows us to charge a fair fee for copying. We may deny your request under limited circumstances.

*****IMPORTANT*****

Please note that we do not have a complete copy 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.

4. Right to Change or Supplement. You have a right to ask that we change your information that you believe is incorrect or incomplete. You must ask us in writing to change your record. Tell us the reasons you believe the information is not correct. We do not have to change your information, and if we deny your request, we let you know why. We will also tell you how you can disagree with our denial. We may deny your request if we do not have the information. We may also deny your request if we did not create the information (unless the person that created the information is no longer available to make the amendment). We may also deny your request if you would not be permitted to inspect or copy the information, or the information is correct and complete.
5. Right to an Accounting of How We Shared Your Information. You have a right to receive a list of how we shared your information during the six years prior to your request. Please note that we do not have to give you a list of the following information:
 - Any information collected prior to April 14, 2003
 - Information used or shared for treatment, payment or health care operations
 - Information shared with you or pursuant to your written permission
 - Information that is a part of a use or disclosure otherwise permitted
 - Information shared with persons involved in your care or other notification purposes
 - Information shared for national security or intelligence purposes

- Information shared with correctional institutions, law enforcement officials in custodial situations, or health care monitoring agencies. We do not have to include these on the list we give you if they informed us that giving you this information would likely interfere with their activities
- Information that was used or shared as part of a limited data set for research, public health, or health care operations

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

If you would like more information about these rights or if you would like to use these rights, please contact our Member Services Department.

F. Changes to This Notice of Privacy Practices

We have the right to change this Notice of Privacy Practices at any time in the future. Until such change is made, we have to follow this Notice by law. After a change is made, the changed Notice will apply to all protected information that we maintain, regardless of when it was created or received. We will mail the Notice to you within 60 days of any major change. We will also put the current Notice on our Web site.

G. Complaints

Let us know if you have any complaints about this Notice of Privacy Practices or how the Alliance handles your information:

Alameda Alliance for Health
Attn: Member Grievances
P.O. Box 2818
Alameda, CA 94501
(877) 932-2738

You may also let the Secretary of the U.S. Department of Health and Human Services know of your complaint. We will never ask you waive your rights to file a complaint. You will not be penalized or retaliated against for filing a complaint.

If you are an Alliance Medi-Cal member, you may also notify the Department of Health Services Privacy Officer at:

Privacy Officer
CA Department of Health Services
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 255-5259 or (877) 735-2929 TTY/TDD