

Updated: October 30, 2023

Thank you for choosing Alameda Alliance for Health (Alliance) as your health plan. We are here to help you stay healthy and active. As your partner in health, the Alliance team put together this information because you are considering a third-party app to retrieve your health care data. Third-party applications are not owned, operated, or monitored by Alameda Alliance for Health (“Alliance”).

There are other important things to consider before authorizing a third-party app to retrieve your health care data.

This document was created to help you with information and resources regarding your privacy and security so that you can make an informed decision when selecting an app for your health care data. This document will provide:

1. General information on steps you may consider, to help protect the privacy and security of your health information; and
2. An overview of the Health Insurance Portability and Accountability Act (“HIPAA”) and how you can submit a complaint if you think your data has been breached or used inappropriately.

### 1. General Information

It is important for you to take an active role in protecting your health information. Knowing what to look for when choosing an app can help you make more informed decisions. When you look at a health care app to help with your data, look for an easy-to-read privacy policy that clearly explains how the app will use your data. If an app does not have a privacy policy, it may not be a good idea to use the app.

**PLEASE NOTE: Third-party health care apps may not be owned, operated, or monitored by the Alliance.**

**Here are some other important questions to ask when you think about using a health care app:**

- Has the app been certified by any regulatory agency?
- What health data will this app collect?
- Will this app collect non-health data from my device, such as my location?
- How will this app use my data?
  - Will this app disclose my data to other third parties?
  - Will this app sell my data for any reason, such as advertising or research?
- Will this app share my data for any reason? If so, with whom? For what purpose?
- How can I limit this app’s use and disclosure of my data?

- What security measures does this app use to protect my data?
- What impact could sharing my data with this app have on others, such as my family members?
- How does this app inform users of changes that could affect its privacy practices?
- How can I access my data and correct inaccuracies in data retrieved by this app?
- Does this app have a process for collecting and responding to user complaints?
- If I no longer want to use this app, or if I no longer want this app to have access to my health information, how do I terminate the app's access to my data?
  - What is the app's policy for deleting my data once I terminate access?
  - Do I have to do more than just delete the app from my device?

If the app's privacy policy does not clearly answer these questions or if there is no privacy policy, you should reconsider using the app to access your health information. Health information is very sensitive, and you should be careful to choose apps with strong privacy and security standards to protect it.

For more information about how the Alliance may use or share your health information, please refer to Alliance's Notice of Privacy Practices.

### **Can I revoke access by the third-party application to my health information?**

Once you authorize access, the third-party application will have access to your health information for one year. You can revoke access to the third-party application at any time.

- To revoke access please visit:  
[https://us120.fhir.edifecsfedcloud.com/aha\\_auth/permissions](https://us120.fhir.edifecsfedcloud.com/aha_auth/permissions)

## **2. What are a member's rights under the Health Insurance Portability and Accountability Act (HIPAA) and who must follow HIPAA?**

The U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) enforces the HIPAA Privacy, Security, and Breach Notification Rules, which sets the rules for health care entities to protect health care data. The HHS OCR also enforces the Patient Safety Act and Rule, which establishes a voluntary reporting system to protect and enhance the data available to assess and resolve patient safety and health care quality issues. The Patient Safety Act and Rule also provides confidentiality protections for patient safety concerns.

You can find more information about member rights under HIPAA and who is obligated to follow HIPAA here:

- [www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html](http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html)
- HIPAA FAQs for Individuals: [www.hhs.gov/hipaa/for-individuals/faq/index.html](http://www.hhs.gov/hipaa/for-individuals/faq/index.html)

### **Are third-party apps covered by HIPAA?**

Most third-party apps will not be covered by HIPAA, which means they do not have to follow HIPAA rules. They will instead fall under the jurisdiction of the Federal Trade Commission (FTC) and the protections provided by the FTC Act. The FTC Act, among other things, protects against deceptive acts (e.g., if an app shares personal data without permission, despite having a privacy policy that says it will not do so).

To learn more about how the FTC provides information about mobile app privacy and security for consumers, please visit [www.consumer.ftc.gov/articles/0018-understanding-mobile-apps](http://www.consumer.ftc.gov/articles/0018-understanding-mobile-apps).

### **What can you do if you think your data may have been breached or an app used your data inappropriately?**

You may file a complaint to OCR, FTC, or the Alliance, if you believe your data may have been breached or if an app used your data inappropriately.

#### **To file a complaint:**

Report a health care data breach: [www.hhs.gov/hipaa/filing-a-complaint/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/index.html)

Report fraud, waste, abuse, or mismanagement: <https://reportfraud.ftc.gov/#/assistant>

Report a complaint to the Alliance: [Privacy@alamedaalliance.org](mailto:Privacy@alamedaalliance.org)



**Would you like more support?** Please call the Alliance Member Services Department

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567** • Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

## NOTICE OF NONDISCRIMINATION

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Discrimination is against the law. Alameda Alliance for Health (Alliance) follows State and Federal civil rights laws. The Alliance does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

The Alliance provides:

- Aids and services to people with disabilities to help them communicate better at no cost, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Language services to people whose primary language is not English at no cost, such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, contact:

Alameda Alliance for Health  
Monday – Friday, 8 am – 5 pm  
Phone Number: **1.510.747.4567**  
Toll-Free: **1.877.932.2738**  
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form.

To obtain a copy in one of these alternative formats, please call or write to:

Alameda Alliance for Health  
1240 South Loop Road  
Alameda, CA 94502  
Monday – Friday, 8 am – 5 pm  
Phone Number: **1.510.747.4567**  
Toll-Free: **1.877.932.2738**  
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

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## **HOW TO FILE A GRIEVANCE**

If you believe that the Alliance has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with the Alliance.

You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:**
  - Alliance Member Services Department
  - Monday – Friday, 8 am – 5 pm
  - Phone Number: **1.510.747.4567**
  - Toll-Free: **1.877.932.2738**
  - People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**
- **In writing:** Fill out a complaint form or write a letter and send it to:
  - Alameda Alliance for Health
  - ATTN: Alliance Grievances and Appeals Department
  - 1240 South Loop Road
  - Alameda, CA 94502
- **In person:** Visit your doctor’s office or the Alliance and say you want to file a grievance.
- **Electronically:** Visit the Alliance website at **[www.alamedaalliance.org](http://www.alamedaalliance.org)**.

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## **OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- **By phone:**
  - California Department of Health Care Services (DHCS)
  - Phone Number: **1.916.440.7370**
  - People with hearing and speaking impairments (TRS): **711**
- **In writing:** Fill out a complaint form or send a letter to:
  - Deputy Director, Office of Civil Rights
  - California Department of Health Care Services
  - P.O. Box 997413, MS 0009
  - Sacramento, CA 95899-7413

Complaint forms are available at **[www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)**.
- **Electronically:** Send an email to **[civilrights@dhcs.ca.gov](mailto:civilrights@dhcs.ca.gov)**.

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## **OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:**

U.S. Department of Health and Human Services, Office for Civil Rights

Toll-Free: **1.800.368.1019**

People with hearing and speaking impairments (TTY/TDD): **1.800.537.7697**

- **In writing:** Fill out a complaint form or send a letter to:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

Complaint forms are available at **[www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html)**.

- **Electronically:** Visit the Office for Civil Rights Complaint Portal at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**.

## LANGUAGE ASSISTANCE SERVICES

### English Tagline

ATTENTION: If you need help in your language call **1.877.932.2738** (TTY: **1.800.735.2929**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1.877.932.2738** (TTY: **1.800.735.2929**). These services are free of charge.

### الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1.877.932.2738** (TTY: **1.800.735.2929**). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ **1.877.932.2738** (TTY: **1.800.735.2929**). هذه الخدمات مجانية.

### Հայերեն պիտակ (Armenian)

Ուշադրություն: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1.877.932.2738** (TTY: **1.800.735.2929**): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշվանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք **1.877.932.2738** (TTY: **1.800.735.2929**): Այդ ծառայություններն անվճար են:

### ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1.877.932.2738** (TTY: **1.800.735.2929**)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1.877.932.2738** (TTY: **1.800.735.2929**)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

### 简体中文标语 (Simplified Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1.877.932.2738** (TTY: **1.800.735.2929**)。我们还提供针对残疾人士的帮助和服务，例如盲文和大字体阅读，提供您方便取用。请致电 **1.877.932.2738** (TTY: **1.800.735.2929**)。这些服务都是免费的。

### 繁体中文标语 (Traditional Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1.877.932.2738** (TTY: **1.800.735.2929**)。我们还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 **1.877.932.2738** (TTY: **1.800.735.2929**)。这些服务都是免费的。

### مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1.877.932.2738** (TTY: **1.800.735.2929**) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1.877.932.2738** (TTY: **1.800.735.2929**) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

### हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1.877.932.2738** (TTY: **1.800.735.2929**) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1.877.932.2738** (TTY: **1.800.735.2929**) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

### Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1.877.932.2738** (TTY: **1.800.735.2929**). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1.877.932.2738** (TTY: **1.800.735.2929**). Cov kev pab cuam no yog pab dawb xwb.

### 日本語表記 (Japanese)

注意日本語での対応が必要な場合は **1.877.932.2738** (TTY: **1.800.735.2929**)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 **1.877.932.2738** (TTY: **1.800.735.2929**)へお電話ください。これらのサービスは無料で提供しています。

### 한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1.877.932.2738** (TTY: **1.800.735.2929**) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1.877.932.2738** (TTY: **1.800.735.2929**) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

### ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1.877.932.2738** (TTY: **1.800.735.2929**). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1.877.932.2738** (TTY: **1.800.735.2929**). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

### Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1.877.932.2738** (TTY: **1.800.735.2929**). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hlou mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1.877.932.2738** (TTY: **1.800.735.2929**). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.



### **ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1.877.932.2738** (TTY: **1.800.735.2929**). ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1.877.932.2738** (TTY: **1.800.735.2929**). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

### **Русский слоган (Russian)**

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1.877.932.2738** (линия TTY: **1.800.735.2929**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1.877.932.2738** (линия TTY: **1.800.735.2929**). Такие услуги предоставляются бесплатно.

### **Mensaje en español (Spanish)**

ATENCIÓN: si necesita ayuda en su idioma, llame al **1.877.932.2738** (TTY: **1.800.735.2929**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1.877.932.2738** (TTY: **1.800.735.2929**). Estos servicios son gratuitos.

### **Tagalog Tagline (Tagalog)**

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1.877.932.2738** (TTY: **1.800.735.2929**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1.877.932.2738** (TTY: **1.800.735.2929**). Libre ang mga serbisyonang ito.

### **แท็กไลน์ภาษาไทย (Thai)**

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1.877.932.2738** (TTY: **1.800.735.2929**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1.877.932.2738** (TTY: **1.800.735.2929**) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

### **Примітка українською (Ukrainian)**

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1.877.932.2738** (TTY: **1.800.735.2929**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1.877.932.2738** (TTY: **1.800.735.2929**). Ці послуги безкоштовні.

### **Khẩu hiệu tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1.877.932.2738** (TTY: **1.800.735.2929**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1.877.932.2738** (TTY: **1.800.735.2929**). Các dịch vụ này đều miễn phí.