

# Notice of Privacy Practices

These generally include:

- Preventing or controlling disease, injury, or disability;
- Reporting child abuse or neglect; and
- Reporting reactions to medications or problems with products.

**Victims of Abuse, Neglect, or Domestic Violence.** If Community First believes you are the victim of abuse, neglect, or domestic violence, we may disclose your health information to the government agency that receives reports of abuse, neglect, or domestic violence if:

- A law requires the disclosure;
- You agree to the disclosure;
- A law allows the disclosure and it is needed to prevent serious harm to you or someone else; or
- The law allows the disclosure, you are unable to agree or disagree, the information is needed for immediate action, and the information will not be used against you.

**Serious Threat to Health or Safety.** Community First may disclose your health information if we believe the use or disclosure is needed to prevent or lessen a serious and immediate threat to the health and safety of any person or the public.

**For Law Enforcement Purposes.** Community First may disclose your health information in the following situations:

- For law enforcement authorities to identify or catch a person who has admitted participating in a violent crime that resulted in serious physical harm to the victim, unless the information was learned while initiating or in the course of counseling or therapy;
- For law enforcement authorities to catch an individual who has escaped from lawful custody;
- To comply with an administrative request, such as a civil investigative demand, if the information is relevant to an investigation that relates to the administration of a program such as Medicaid or CHIP;
- To identify and locate a suspect, fugitive, witness, or missing person;
- In response to a request for information about an actual or suspected crime victim;
- To alert a law enforcement official of a death that Community First suspects is the result of criminal conduct;
- To a prison or jail if you are an inmate of that prison or jail, or to a law enforcement official and the disclosure is necessary to provide you with health care, protect your health and safety or that of others, or for the safety and security of the prison or jail; or
- To report evidence of a crime on Community First's property.

**For Judicial or Administrative Proceedings.** Community First may disclose health information about you in response to:

- An order from a regular or administrative court; or
- A subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**To Contractors for Payment or Health Care Operations.**

Community First may disclose your health information to one of our contractors if the contractor:

- Needs the information to carry out payment or health care operations. For example, we may disclose your health information to a company who helps process claims from providers who treat you; and
- Agrees to protect the privacy of that information.

The contractor will only receive the specific information it needs to perform services for Community First.

**Health Related Benefits and Services.** Community First may use or disclose your health information to communicate information about health-related benefits and services, disease management, wellness programs, treatment options, or other matters relating to your health care management.

**Research.** Community First may use or disclose health information about you for research if a research board approves the use or it is otherwise legally approved. The board will ensure that your privacy is protected when your health information is used in research. Your health information may also be used:

- To allow a researcher to prepare for research, as long as the researcher agrees to keep the information confidential; or
- After you die, for research that involves information about people who have died.

**As Required by Law.** Community First must use or disclose health information about you when the law requires it.

## Other Uses and Disclosures.

Community First may also use and disclose your health information about you:

- To create health information that does not identify you or any specific person;
- To the U.S. Military or foreign military for military purposes, if you are a member of the group requesting the information;
- For purposes of lawful national security activities;
- To federal officials for protection to the President and others; or
- To comply with workers' compensation laws or similar laws.

## Uses and Disclosures that Require Your Written Permission.

- **Written Permission for Other Uses and Disclosures.** Community First will not use or disclose your health information for any reason other than those described in this notice without your written permission. If we want to use or disclose your health information in a manner not otherwise described in this Notice, we will ask you to sign an authorization form.
- **Your Right to Withdraw Permission.** If you sign an authorization form granting Community First permission to use or disclose your health information, you may withdraw your permission, in writing, at any time. However, this will not affect any action already taken by us based on your previous permission.

## Contact Us. We Are Here to Serve You.

Community First has always believed in your right to the privacy of your health information that identifies you. We want to make sure your information is always protected. Please contact us at the address listed below if:

- You have any questions or concerns about our privacy practices;
- You have questions about this Notice of Privacy Practices;
- You have questions about your privacy rights;
- You want to file a complaint; or
- You wish to exercise any rights described in this Notice.

Community First Health Plans • Attention: Privacy Office  
12238 Silicon Drive, Suite 100 • San Antonio, Texas • 78249  
1-800-434-2347 • (210) 358-6060 (Medicaid) • (210) 358-6300 (CHIP)



**COMMUNITY FIRST**  
HEALTH PLANS

*Keeping Our Commitment to You*

*Si quiere recibir este aviso en español,  
por favor de llame a Community First  
al 1-800-434-2347 o (210) 227-2347.*

# This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Get Access to This Information. Please Review It Carefully.

## Your Privacy is Important to Us.

**We Protect Your Health Information.** Community First has the responsibility to protect the privacy of your personal health information in the course of our business. Health information includes any information that relates to:

- Your past, present, or future physical or mental health or condition;
- Providing health care to you; or
- The past, present, or future payment for your health care.

Community First requires its employees to protect the privacy of your health information. We do not give employees access to your health information unless they need it for a business reason. Business reasons for needing access to health information include making benefit decisions, paying claims, and planning for the care you need. Community First will punish employees who do not protect the privacy of your health information.

**Why You Are Getting This Notice.** You are receiving this notice because Community First Health Plans, Inc., provides insurance benefits to you or a member of your family under the Medicaid or the Children's Health Insurance Program. When we use the term "Community First" or "we" or "us" or "our," we mean Community First.

**What This Notice Explains.** This notice tells you about Community First's privacy practices. It describes your privacy rights, Community First's duty to protect health information that identifies you, and how Community First may use or disclose health information that identifies you without your written permission. We follow the privacy practices that are described in this notice while it is in effect. This notice does not apply to health information that does not identify you or anyone else. Please share this Notice with everyone in your family who receives benefits from Community First.

**Effective Date and Right to Change Notice.** This notice takes effect on April 14, 2003, and will remain in effect until we replace it and provide you notice of such changes. We are allowed by law to change our privacy practices and the terms of this notice at any time. If Community First significantly changes its privacy practices, we will send you a new privacy notice within 60 days to the most recent address you have given us. The new practices will apply to all the health information we have about you, regardless of when we received or created the information.

## Your Privacy Rights.

**You have the right to:**

- 1. Look at or obtain a copy of your health information maintained by us.** Your request must be in writing. In some cases, we may deny your request if it relates to certain health information, such as psychotherapy notes. If you ask for a copy of your information, we will ask you to pay a fee for copying, mailing or other supplies connected with honoring your request.
- 2. Ask us to limit how we use or release your health information more than the law requires.** However, the law does not require Community First to agree with your request. If we do agree, we will honor your request unless your information is required to treat you in an emergency situation.
- 3. Tell us where and how to send you messages that include your health information,** if you think calling you or sending information in the usual way could put you in danger. For example, you can ask us to send your information to you at work instead of to your home address, or call you at work instead of at home. Your request must be in writing and you must tell us that you think sending messages in the usual way could place you in danger. You must also tell us where and how to contact you.
- 4. Ask Community First to correct certain information, including your health information,** if you believe the information is wrong or incomplete. Your request must be in writing and you must explain why you believe your information should be corrected. We may deny your request, under certain conditions, or if you do not put it in writing with a proper explanation. If we deny your request, you can send us a written disagreement and ask that we include it in your record. If we agree to your request, we will add the correct information to your record and note that the new information replaces the old information.
- 5. Ask Community First for a list of all the times we or our contractors have released your information, including health information.** This right does not apply to any time we have released information to pay a provider for treating you or when needed to operate our business, when we have released information to you directly, when you have given us permission to release information or when the release is allowed by law. We will provide you with the first list at no charge.
- 6. Ask for and get a paper copy of this Notice of Privacy Practices.**

- 7. Complain.** If you think Community First has violated your privacy rights, you may file a complaint by contacting Community First at the address listed on the back. You also may file a written complaint with the United States Department of Health and Human Services. Upon request, Community First will provide you with the correct address for that Department. **You will not be punished in any way for making a complaint to us, or to the Department of Health and Human Services.**

## Community First's Duty—Protect Your Information.

**The law requires Community First to:**

- Protect your health information that identifies you;
- Give you this Notice of our legal duties and practices with respect to your health information; and
- Follow the terms of this Notice as long as it is in effect. If we revise this Notice, we will follow the revised Notice as long as it is in effect.

## How Community First Uses and Discloses Information that Identifies You.

This section explains when we can use or disclose your health information without your written permission. For each category we will explain what we mean and give you some examples.

**Payment.** Community First may use or disclose health information about you to pay or collect payment for your health care. For example, when your doctor sends a claim to Community First to get paid for services the physician provided to you, it includes information about your illness and treatment.

**Health Care Operations.** Community First may use or disclose health information about you for health care operations, which include internal administration, planning and various activities that improve the quality of health care delivered to you. Health care operations include, but are not limited to:

- Conducting quality assessment and improvement activities.
- Reviewing the qualifications of health care professionals, evaluating the performance of providers, conducting training programs, and performing accreditation, certification, licensing, or credentialing activities;
- Conducting case management activities;
- Carrying out activities related to the creation, renewal, or replacement of a contract for health benefits;

- Providing for medical review, legal services, and auditing functions, including fraud and abuse detection;
- Engaging in business management or the general administrative activities of Community First including, but not limited to, management activities relating to privacy, customer service, resolution of complaints; and
- Business planning and development.

We also may disclose your health information to another covered entity for their health care operations, as long as that entity already has a relationship with you. Examples of other covered entities include the Medicaid or CHIP programs or a physician who is treating you.

**Family Member, other Relatives, or Close Personal Friend.**

Community First may release your health information to a family member, other relative, a close personal friend or any other person identified by you who is involved in your medical care when:

- The health information is related to that person's involvement with your care or payment for your care; and
- You have been given an opportunity to stop or limit the disclosure before it happens.

If you are not present, or in the event of your incapacity or emergency, we will disclose your health information based on our professional judgment of whether the disclosure would be in your best interest. We also may disclose your health information to tell or help in telling a family member or another person involved in your care about your location, general condition, or death.

**Health Oversight Activities.** Community First may disclose your health information to a health oversight agency for health oversight activities. Health oversight activities include such things as:

- Health & Human Services or Texas Department of Insurance audits and monitoring;
- Medicaid fraud investigations; and
- Monitoring Community First to make sure we are doing everything required of a Medicaid and CHIP health plan.

These activities are necessary for the government to monitor our health care system, insurance practices, government programs, and compliance with civil rights laws.

**Public Health and Safety.** Community First may disclose your health information about you for public health and safety activities.