

## **FirstChoice Health Plans of Connecticut, Inc. ("FCHP")**

**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.**

**Effective Date of this Notice: April 14, 2003**

### **Q. Does FCHP share my medical information with others?**

**A.** FCHP may share your medical information with others before we pay providers for your treatment and services. This includes looking into possible fraud or overpayments and defending FCHP in lawsuits. For example, we may share your medical information with the following:

- professionals we hire to see if your treatment is necessary and if we can pay for it;
- to pay medical bills; and
- others to make sure you are getting the most appropriate benefits.

We may contact you about your health-related benefits and services.

We may also share your health information, without your approval, in an emergency, in response to a court order or when the law requires that we share it. For example, the law may require that we share your information with:

- the Department of Social Services or other business vendors they request us to release it to in order to administer health care benefits on your behalf;
- The Department of Health and Human Services or Office of Civil Rights.
- other state agencies, the police, or the federal government.

### **Q. Does FCHP need my approval before it shares my medical information?**

**A.** When you applied for benefits from the Department of Social Services, you agreed that the Department of Social Services and the companies that it hires, like FCHP, could share your information for purposes of running their health benefit programs and paying for your benefits. We need your separate approval to share information about you that is not related to payment of claims, treatment, or running our health benefit programs, except if the law requires us to share it. Even if you give your approval, you may change your mind as long as you do so in writing before we have actually shared the information.

## **Q. What are FCHP's duties?**

### **A. FCHP must:**

- keep your medical information private and tell you our legal duties and practices relating to privacy, as required by law;
- follow all of the rules listed in this notice;
- send or give you a new notice if we make important changes to our privacy rules and practices. FCHP reserves the right to change its privacy practices. If the privacy practices change, the new notice with the new privacy practices will apply to the information FCHP already has about you.

## **Q. What are my rights?**

### **A. You have the right to:**

- have a paper copy of this notice;
- ask us to limit the way we share your information, although we are not required to agree to what you ask;
- an accounting. Starting from April 14, 2003 and going forward, FCHP will keep a list of persons or agencies we give your health information to if you did not ask us to share it or if we shared it for reasons other than payment, treatment or the running of our health benefits program. You may get that list for 6 years back from the date of your request, except that the list was not kept before April 14, 2003.
- ask us to contact you in a special way. For example, you may ask us to contact you at work or by mail only;
- look at and copy the health information we have about you, except if we think it would be harmful to you; there is a criminal investigation pending; prevented by other applicable law; or you would learn the names of people who gave us information about you without your knowing it and we agreed not to share those names with you;
- ask us to change information we have about you in your FCHP member file. You must ask us in writing and state the reason you are asking for the change. We may not agree to change the information in your member file.

## **Q. What if I have questions?**

- ### **A.**
- If you have questions, need this notice provided in an alternative format, or if you wish to exercise your rights as stated above, you may call the FCHP Connecticut Member Services Office at 1-800-925-3606. For TTY, call 1-203-234-6879.

## **Q. What if I think FCHP shared my information incorrectly?**

- ### **A.**
- You may complain by writing to **the FCHP Privacy Officer at FIRSTCHOICE HEALTH PLANS OF CONNECTICUT, INC. 23 Maiden Lane, North Haven, CT 06473**. You may also complain to the federal Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Ave., SW, HHH Building, Room 509H, Washington, DC 20201, within 180 days of when the problem happened.

Your benefits will not be affected if you make a complaint.