

NOTICE OF PRIVACY PRACTICES

This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.



Vibra Health Plan, Inc. (“VHP”) is committed to protecting the privacy and security of your medical information, or “protected health information” (“PHI”). This Notice of Privacy Practices informs you about how we may use and disclose your PHI and your rights regarding this information.

OUR RESPONSIBILITIES TO PROTECT YOUR PHI:

The Health Insurance Portability and Accountability Act (“HIPAA”) requires us to protect the privacy and security of your PHI. Generally, this includes any individually identifiable health information about you that VHP may use or disclose in conducting our health plan operations. Other federal and state laws may provide additional privacy protections.

VHP makes every effort to protect your PHI by implementing privacy policies and practices that are an integral part of our corporate compliance program. We use and disclose your PHI only to the extent necessary to perform our services as your health plan, and we take precautions to assure that our employees and business associates respect the privacy and security of your PHI, and handle it appropriately. In addition, we are required to notify you of any breach of your unsecured PHI in accordance with applicable HIPAA standards.

INFORMATION COLLECTED ONLINE

General: How an individual uses VHP’s website will determine whether or not, and to what extent, we collect information. For most functionality, we do not require, request, or collect information. However, for some features, such as our application for enrollment in an offered health plan, we may need to request and collect information from you in order to provide the service for that feature.

Email/Secure Messaging: VHP allows communication and inquiry through our website and secure messaging. Any information submitted to VHP through our website, including forms, or through secure messaging, will be used by VHP employees or business associates only to the extent necessary to perform services as your health plan, for example to respond to an inquiry.

Use of Cookies: A “cookie” is a small piece of information that is sent to your browser when you access a website. There are two types of cookies: a “session cookie” which is a line of text that is stored temporarily; and a “persistent cookie” which is a more permanent line of text that is saved by your browser to a file on your computer hard drive. Cookies can contain a variety of information such as where on the site an individual visited. VHP uses only session cookies; we do not use persistent cookies. The use of cookies by our website is subject to the privacy policies outlined in this Notice of Privacy Practices.

HOW WE MAY USE AND DISCLOSE YOUR PHI

Except as allowed under the law and described below, we do not disclose, give, sell, or transfer any PHI to unauthorized third parties. We may use or disclose your PHI without your authorization for the following purposes:

Treatment: Although we do not provide treatment as a health plan, we may disclose your PHI to physicians, hospitals, or other health care providers in order to facilitate their treatment of you. For example, we may disclose information about prior treatments or prescriptions in order to assist your doctor in ordering/prescribing future treatment.

Payment: We may use or disclose PHI for purposes of processing claims from physicians, hospitals, or other health care providers for your treatment. For example, we may use or disclose your PHI in order to determine coverage or to coordinate your benefits with other health plans.

Health Care Operations: We may use or disclose your PHI to conduct our health plan operations. For example, we may use or disclose your PHI to conduct quality assessment and improvement activities, or for care coordination or management. We may disclose your health information to another organization that is subject to the federal privacy rules and that has a relationship with you to support some of their business activities. We may disclose your information to help these organizations conduct quality assessment and improvement activities, review the competence or qualifications of health care professionals, or detect or prevent health care fraud and abuse.

Business Associates: We may disclose your PHI to our business associates. These are persons or entities that are not employed by us, but that may perform health plan operations or functions on our behalf. We must have contracts or “business associate agreements” with our business associates that require them to protect the privacy and security of your PHI in accordance with HIPAA standards.

Communications to You as a Member: We may use or disclose your PHI for purposes of communicating with you, or to inform you regarding preventive health care programs, treatment alternatives, or health-related benefits or services that may be of interest to you.

DISCLOSURES OF YOUR PHI THAT ARE PERMITTED OR REQUIRED BY LAW:

Public Health Activities: We may disclose your PHI for public health activities, such as reporting to public health authorities for purposes of preventing or controlling disease.

Abuse or Neglect: We may disclose your PHI to a government authority that is authorized to investigate reports of abuse, neglect, or domestic violence.

Health Care Oversight: We may disclose your PHI to the Centers for Medicare and Medicaid Services (“CMS”), or to other federal or state agencies, that oversee our health plan operations, as for example for purposes of audits, investigations, contracting, licensing, or government/administrative actions.

Law Enforcement: We may disclose your PHI to law enforcement officials as required by law or as necessary for law enforcement activities.

Judicial or Legal Proceedings: We may disclose your PHI if legally required during the course of a judicial or legal proceeding in response to a court order, subpoena, or other lawful process.

Research: We may disclose your PHI for purposes of medical research when an institutional review or privacy board has approved the research and your privacy protections.

Public Health and Safety: We may disclose your PHI, as permitted by applicable federal or state law, if we believe this may be necessary to avert a serious and imminent threat to your health or safety, or the health or safety of others.

Military and National Security: Under certain conditions, as authorized by law, we may disclose your PHI to appropriate military authorities, including information of armed forces personnel, or for purposes conducting national security or intelligence activities.

Coroners, Medical Examiners, Funeral Directors, and Organ Donation: We may disclose your PHI for purposes of identifying a deceased individual, determining a cause of death, organ donation, or to allow persons or entities authorized by law to carry out their legal duties with respect to a deceased individual.

Inmates: We may disclose your PHI to a correctional institution or law enforcement official for purposes of your health care or safety, or for the health or safety of others.

Workers' Compensation: We may disclose your PHI to comply with workers' compensation laws or similar programs for worker-related injuries or illnesses.

Underwriting: We may disclose your PHI for underwriting or similar purposes, although we are prohibited from disclosing your genetic information for these purposes.

Others Involved in Your Health Care: We may disclose your PHI to a family member, relative, friend, or other person that you have identified as being involved in your care. Also, we may disclose your information to a disaster relief agency or others to assist in notifying your family about your status, condition, or location. If you are not present or able to consent to such disclosure, we are permitted to use our reasonable judgment to determine whether the disclosure is in your best interests.

As Required by Law: In addition to the disclosures of your PHI described above, we may use or disclose your PHI as otherwise required or permitted by federal, state or applicable law, as for example, if required by the Secretary of the U.S. Department of Health and Human Services ("DHHS" or designated agency) for purposes of determining our compliance with your privacy rights or to investigate a complaint.

YOUR PHI RIGHTS

You have the following rights regarding your PHI:

Right to Access or Copy: You have the right to access or request copies of your PHI to the extent that we maintain it as a "designated record set", which HIPAA generally defines as including medical and payment records, or other records used to make decisions about your health care or benefits. If we maintain the information electronically, you may request the information in a format of your choice, unless we cannot practically accommodate this request, in which case we will provide the information in another readable electronic format that is mutually agreeable. To access, or request copies of, your PHI, you may obtain a written request form by using the contact information

below, or sending a letter to VHP's Privacy Officer at the address below. If you request access/copies of your PHI more than once in a 12 month period, we may charge you a reasonable fee for responding to additional requests as permitted by HIPAA.

Right to Request an Amendment to Your Health Information: If you believe that your PHI is incorrect or incomplete, you have the right to request an amendment of your PHI. You may submit your request in writing to VHP's Privacy Officer at the address below, along with an explanation of why you believe the information is incorrect or incomplete. We may deny your request if we disagree that the information is incorrect or incomplete, or for other legitimate reasons, as for example if we did not create the PHI because a physician or health care provider created the information—in which case we will provide you with a written explanation. You may respond to our denial by submitting a statement of disagreement to be added to the information that you wanted to amend. If we accept your request to amend PHI, we will make reasonable efforts to notify other parties involved in your care, or those to whom you request, and we will include the amended information in future disclosures of your PHI.

Right to an Accounting: You have the right to request an accounting of certain disclosures of your PHI that were not made for purposes of treatment, payment, or health care operations. We will respond to your request in accordance with applicable HIPAA standards. If we fulfill your request, the accounting will include the date(s) of the disclosure, the recipient(s) of the disclosure, a brief description of the PHI disclosed, and the purpose of the disclosure. You may request an accounting by submitting your request in writing to VHP's Privacy Officer at the address below. If you request an accounting of your PHI more than once in a 12 month period, we may charge you a reasonable fee for responding to additional requests as permitted by HIPAA.

Right to Confidential Communications: You have the right to request that we communicate with you in a confidential or alternative means or to an alternative location, as for example to your office address, if your request is reasonable and made for safety, privacy, or other legitimate reasons. You may submit your request in writing to VHP's Privacy Officer at the address below, by providing an explanation for your request and the alternative means and/or location to send your PHI. We will respond to your request in accordance with applicable HIPAA standards, and if accepted, we will then follow your requested communication instructions until otherwise notified in writing.

Right to Request a Restriction: You have the right to request that we restrict certain uses or disclosures of your PHI. You may submit your request in writing to VHP's Privacy Officer at the address below, including an explanation of what restricted uses or disclosures of your PHI are requested to be restricted. We are not required to agree to the requested restriction, but if we do agree, we will then restrict your PHI as instructed, except under emergency circumstances. We may discontinue this restriction at any time, provided that we inform you in writing in accordance with applicable HIPAA standards.

Right to Receive a Paper Copy of This Notice: You have the right to receive a paper copy of this Notice of Privacy Practices at any time by submitting a written request to VHP's Privacy Officer at the address at the end of this notice.

Written Requests or Complaints: To submit any written request described above, or if you disagree with VHP's decision concerning any request described above, or if you have any complaint concerning your privacy rights, please contact VHP's Privacy Officer in writing at the address below:

General Counsel and Privacy Officer
VIBRA HEALTH PLAN
PO Box 60250
Harrisburg, PA 17106-9986

You also may submit a written complaint to the U.S. DHHS. We will provide you with appropriate DHHS contact information/address upon request, and we will not retaliate against you in any way if you choose to submit a complaint or contact DHHS directly.

THE EFFECTIVE DATE OF, AND CHANGES TO, OUR NOTICE OF PRIVACY PRACTICES:

The effective date of this Notice of Privacy Practices is August 15, 2017. We will abide by the terms of this Notice unless we change or revise this Notice in response to new legal or other requirements. If we make any changes to this Notice, we will promptly post the revised Notice on our website. This Notice will remain in effect until changed/revise in accordance with applicable HIPAA requirements.



Vibra Health Plan is a PPO with a Medicare contract. Enrollment in Vibra Health Plan depends on contract renewal.