



# Healthfirst Privacy Notice

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**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. THE EFFECTIVE DATE OF THIS NOTICE IS JULY 1, 2016.**

At Healthfirst (made up of Healthfirst, Inc., Healthfirst PHSP, Inc., Healthfirst Health Plan, Inc., and Senior Health Partners, Inc.), we respect the confidentiality of your health information and will protect your information in a responsible and professional manner. We are required by law to maintain the privacy of your health information, provide you this notice, and abide by the terms of this notice. This notice explains how we use information about you and when we can share that information with others. It also informs you of your rights as our valued customer and how you can exercise those rights. Healthfirst is sending this notice to you because our records show that we provide health and/or dental benefits to you under an individual or group policy.

This notice applies to Healthfirst, Inc., Healthfirst PHSP, Inc., Healthfirst Health Plan, Inc., and Senior Health Partners, Inc. We are required to follow the terms of this notice until we replace it, and we reserve the right to change the terms of this notice at any time. If we make material changes to our Privacy practices, we will revise it and provide a new Privacy Notice to all persons to whom we are required to give the new

notice within 60 days of the change. We will also post any material revision of this notice on our Healthfirst, Inc. website. We reserve the right to make the new changes apply to your health information maintained by us before and after the effective date of the new notice. Every three years, we will notify our members about the availability of the Privacy Notice and how to obtain it.

Healthfirst participates in an Organized Health Care Arrangement (OHCA) under the Health Insurance Portability and Accountability Act. An OHCA is an arrangement that allows Healthfirst and its hospital partners covered by this notice to share protected health information (PHI) about their patients or plan members to promote the joint operations of the participating entities. The organizations participating in this OHCA may use and disclose your health information with each other as necessary for treatment, to obtain payment for treatment, for administrative purposes, to evaluate the quality of care that you receive, and for any other joint healthcare operations of the OHCA.

# Healthfirst Privacy Notice *(continued)*

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The covered entities participating in the OHCA agree to abide by the terms of this notice with respect to PHI created or received by the covered entity as part of its participation in the OHCA. The covered entities are: Mount Sinai Health System (Mount Sinai Hospital, Mount Sinai Beth Israel, Mount Sinai St. Luke's, Mount Sinai West Roosevelt), St. Barnabas Hospital, Medisys Health Network, Maimonides Medical Center, Bronx Lebanon Hospital, NYC Health & Hospitals, The Brooklyn Hospital Center, NorthWell Health, Montefiore Medical Center, Stony Brook University Medical Center, Interfaith Medical Center, St. John's Episcopal Hospital, SUNY-Downstate Medical Center/University Hospital of Brooklyn and NuHealth. The covered entities, which comprise the OHCA, are in numerous locations throughout the greater New York area. This notice applies to all these sites.

The covered entities participating in the OHCA will share protected health information with each other as the information is necessary to carry out treatment, payment, or healthcare operations. The covered entities that make up the OHCA may have different policies and procedures regarding the use and disclosure of health information created and maintained in each of their facilities. Additionally, while all of the entities that make up the OHCA will use this notice for OHCA-related activities, they may use a notice specific to their own facilities when they are providing services at their organizations. If you have questions about

any part of this notice or if you want more information about the OHCA-covered entities, please contact the Privacy Office at 1-212-801-6299.

## **How We Use or Share Information**

In this notice, when we talk about "information" or "health information," we mean information we receive directly/indirectly from you through enrollment forms, such as your name, address, and other demographic data; information from your transactions with us or our providers, such as medical history, healthcare treatment, prescriptions, healthcare claims and encounters, health service requests, and appeal or grievance information; or financial information pertaining to your eligibility for governmental health programs or pertaining to your payment of premiums.

## **Permissible Uses and Disclosures Without Your Consent or Authorization**

The following are ways we may use or share information about you.

### **Healthcare Providers' Treatment Purposes**

We may disclose your health information to your doctor, at the doctor's request, for your treatment; use the information to help pay your medical bills that have been submitted to us by doctors and hospitals for payment; share your information with your doctors or hospitals to help them provide medical care to you. For example, if you are in the hospital, we may give them access to any

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medical records sent to us by your doctor. We may use or share your information with others to help manage your healthcare. For example, we might talk to your doctor to suggest a disease-management or wellness program that could help improve your health.

### **Healthcare Payment**

We may disclose your health information to obtain premiums; to obtain or provide reimbursement for your medical bills; to help a hospital or doctor determine your eligibility or coverage; for billing claims management and other reimbursement activities; for review of healthcare services with respect to medical necessity, appropriateness of care, or justification of charges; for utilization review activities including preauthorization, precertification, concurrent and retrospective review of services; and for disclosure to consumer reporting agencies of any protected health information related to the collection of premiums or other reimbursement.

### **Healthcare Operations**

We may use and disclose your health information to conduct quality assessment and improvement activities; for underwriting, or other activities relating to the creation, renewal, or replacement of a contract of health insurance; share your information with others who help us manage, plan, or develop our business operations; to authorize business associates to perform data aggregation services; to participate in case management or care coordination. We will not share your information with these outside groups

unless they agree to keep it protected, and we are prohibited from using or disclosing your genetic information for underwriting purposes. In some situations, we may disclose your health information to another covered entity for the limited healthcare operations activities and healthcare fraud and abuse compliance activities of the entity that receives your health information.

### **Healthcare Services**

We may use or share your information to give you information about alternative medical treatments and programs or about health-related products and services that you may be interested in. For example, we might send you information about asthma, diabetes control, or health management programs. We do not sell your information to outside groups who may want to sell their products/services to you, such as a catalog company. We may disclose your health information to our business associates to assist us with these activities.

### **Health Information Exchange**

We may use or share your information electronically via our Health Information Exchange to the hospitals and providers that participate in our OHCA. This information may include visit and clinical information including admissions, discharge, and transfer notifications, blood pressure readings, body mass indexes, visit summaries, and lab results. We may share information including filled pharmacy claims, medical encounters, and quality care gaps. We will not share information to any physician's offices, hospitals, clinics, labs, or other sites that are not part of the OHCA.

# Healthfirst Privacy Notice *(continued)*

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## **As Required by Law**

State and federal laws may require us to release your health information to others. We may be required to report information to state and federal agencies that regulate us, such as the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, New York State and City Departments of Health, Local Districts of Social Services, and New York State Attorney General.

We may also use and disclose your health information as follows:

- To someone who has the legal right to act for you (your personal representative, medical power of attorney, or legal guardian) in order to administer your rights as described in this notice;
- To report information to public health agencies if we believe there is a serious health or safety threat;
- To provide information to a court or administrative agency (for example, pursuant to a court order, subpoena, or child protective order);
- To report information to a government authority regarding child abuse, neglect, or domestic violence; report information for law enforcement purposes;
- To share information for public health activities;
- To share information relative to specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others;
- For research purposes in limited circumstances;
- To a coroner, medical examiner, or funeral director about a deceased person;
- To an organ procurement organization in limited circumstances; and
- To prevent serious threat to your health or safety or the health or safety of others.

## **Permissible Uses and Disclosures With Your Consent or Authorization**

If one of the above reasons does not apply to our use or disclosure of your health information, we must get your written permission prior to using or disclosing your health information. For example, most uses and disclosures of psychotherapy notes (if maintained by Healthfirst), uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require that we obtain your written authorization prior to disclosing the information. If you give us written permission to use or disclose your personal health information and you change your mind, you may revoke your written permission at any time. Your revocation will be effective for all your health information

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we maintain, unless we have taken action in reliance on your authorization.

## Your Rights

The following are your rights with respect to your health information that we maintain. You may make a written request to us to do one or more of the following concerning your health information:

- You have the right to request a copy of this notice to be mailed to you if you received this notice through means other than by U.S. mail. You can also view a copy of the notice on our website at [www.healthfirst.org](http://www.healthfirst.org).
- You have the right to request copies of your health information. In limited situations, we do not have to agree to your request (e.g., information contained in psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and information subject to certain federal laws governing biological products and clinical laboratories). In certain other situations, we may deny your request to inspect or obtain a copy of your information. If we deny your request, we will notify you in writing and may provide you with a right to have the denial reviewed. You have the right to ask us to restrict how we use or disclose your information for treatment, payment, or healthcare operations. You also have the right to ask us to restrict information that we have been asked to give to family members or to others who are involved

in your healthcare or payment for your healthcare. While we may honor your request, we are not required to agree to these restrictions.

- You have the right to submit special instructions to us regarding how we send plan information to you that contains protected health information. For example, you may request that we send your information by a specific means (such as U.S. mail or fax) or to a specified address if you believe that you would be harmed if we send your information to you by other means (for example, in situations involving domestic disputes or violence). We will accommodate your reasonable requests as explained above. Even though you requested that we communicate with you through alternative means, we may provide the contract holder with cost information.
- You have the right to inspect and obtain a copy of information that we maintain about you in your “designated record set.” The designated record set is the group of records that we use in order to make decisions about you, and includes enrollment, payment, claims adjudication, and case management records.
- You have the right to ask us to make changes to information we maintain about you in your designated record set. These changes are known as amendments. Your written request must include a reason for your

# Healthfirst Privacy Notice *(continued)*

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request. Denied requests to amend will be communicated to you in writing, with an explanation for the denial. You have a right to file a written statement of disagreement.

– You have the right to receive an accounting of certain disclosures of your information made by us during the six (6) years prior to your request. We are not required to provide you with an accounting of the following disclosures:

- Disclosures made prior to April 14, 2003;
- Disclosures made for treatment, payment, and healthcare operations purposes;
- Disclosures made to you, your personal representative, or pursuant to your authorization;
- Disclosures made incident to a use or disclosure otherwise permitted;
- Disclosures made to persons involved in your care or other notification purposes;
- Disclosures made for national security or intelligence purposes;
- Disclosures made to correctional institutions, law enforcement officials, or health oversight agencies; or
- Disclosures made as part of a limited data set for research, public health, or healthcare operations purposes.

– You will be notified by Healthfirst following a breach of unsecured protected health information.

## Exercising Your Rights

If you would like to exercise the rights described in this notice, please contact our Privacy Office (below), Monday through Friday, from 9am to 5pm, by phone, email, or in writing. We will provide you with the necessary information and forms for you to complete and return to our Privacy Office. In some cases, we may charge you a cost-based fee to carry out your request. If you have any questions about this notice or about how we use or share information, please contact the Healthfirst Privacy Office.

## Complaints

If you believe that we have violated your privacy rights, you have the right to file a complaint with us or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with us by calling or writing the Privacy Office (below). We will not take action against you for filing a complaint with us or with the U.S. Department of Health and Human Services:

### **Healthfirst Privacy Office**

**P.O. Box 5183**

**New York, NY 10274-5183**

**Phone: 1-212-801-6299**

**Email: [HIPAAPrivacy@healthfirst.org](mailto:HIPAAPrivacy@healthfirst.org)**

### **Office for Civil Rights**

**U.S. Department of Health**

**and Human Services**

**Jacob Javits Federal Building, Suite 3312**

**New York, NY 10278**

**O.C.R. Hotlines-Voice: 1-800-368-1019**

**TDD: 1-800-537-7697**

**Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)**

**Website: [www.hhs.gov/ocr/](http://www.hhs.gov/ocr/)**

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## New York State Privacy Notice

### What is this notice?

At Healthfirst, Inc. (made up of Healthfirst PHSP, Inc., Healthfirst Health Plan, Inc., Senior Health Partners, Inc., and Healthfirst Insurance Company, Inc.), we appreciate the trust our members place in us, and we recognize the importance and sensitivity of protecting the confidentiality of the non-public personal information that we collect about them. We collect nonpublic personal information from our members to effectively administer our health plans and to provide healthcare benefits to members of our health plans. Protecting this information is our top priority, and we are pleased to share our Privacy Policy with you.

### What is Nonpublic Personal Information?

Nonpublic personal information ("NPI") is information that identifies an individual enrolled in a Healthfirst health plan (e.g., Child Health Plus, Healthfirst Medicare Plan, and Healthfirst Insurance Company, Inc.) and relates to: an individual's enrollment in the plan; an individual's participation in the plan; an individual's physical or mental/behavioral health condition; the provision of healthcare to that individual; or payment for the provision of healthcare rendered to that individual. NPI does not include publicly available information, or information that is reported or available in an aggregate form, without any personal identifiers.

### What types of NPI does Healthfirst collect?

Like all other healthcare plans, we collect the following types of NPI about our members and their dependents in the normal course of business in order to provide healthcare services to you:

- Information we receive directly or indirectly from you or city/state governmental agencies through eligibility and enrollment applications and other forms, such as: name, address, date of birth, social security number, marital status, dependent information, assets, and income tax returns.
- Information about your transactions with us, our affiliated healthcare providers or others, including, but not limited to, appeals and grievance information, claims for benefits, premium payment history medical records, and coordination of benefits information. This also includes information regarding your medical benefit plan, your health benefits, and health risk assessments.
- Information about your activity on our website.

### What NPI does Healthfirst use or disclose to third parties, and why?

We do not disclose NPI to anyone without your written authorization, except as permitted by law. If we were to do so in the future, we will notify you of such change in policy and advise you of your right to instruct us not to make such disclosure. At any time, you can tell us not to share any of your personal information with affiliated companies that provide offers other than our products or services. If you wish to exercise your opt-out option, or to revoke a previous opt-out request, you need to provide the following information to process your request: your name, date of birth, and your member identification number.

# Healthfirst Privacy Notice *(continued)*

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You can use any of the methods below to request or revoke your opt-out:

- Call us at 1-212-801-6299
- Email us at [HIPAAPrivacy@healthfirst.org](mailto:HIPAAPrivacy@healthfirst.org)
- Send your opt-out request to us in writing:

**Healthfirst Privacy Office**  
**P.O. Box 5183**  
**New York, NY 10274-5183**

## **How does Healthfirst treat NPI that relates to your personal health information?**

Healthfirst will not disclose any of your nonpublic health information without your written authorization, except as otherwise permitted by law. Nonpublic health information is individually identifiable information that we maintain relating to the provision of your healthcare or payment of your healthcare, including your medical records and claims payment information.

Under the law, Healthfirst is permitted to disclose nonpublic health information in order to administer your healthcare benefits, including; authorizing requests for healthcare services, payment of claims for services, ensuring quality improvement and assurance practices, resolving appeals or grievance inquiries, and any disclosure required to applicable governmental agencies.

If at any time in the future Healthfirst seeks to disclose your nonpublic health information in any manner not permitted under the law, we will send you a special consent form to complete and sign before we disclose your information.

Regulation 169 Privacy Notice [2007]

## **What are Healthfirst's Confidentiality and Security Policies for NPI?**

We restrict access to NPI about you to those Healthfirst employees who need to know that information in order to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your NPI. Employees who violate our confidentiality or security policies are subject to disciplinary action, up to and including termination of employment.

## **Women's Health and Cancer Rights Act of 1998**

In accordance with the Women's Health and Cancer Rights Act of 1998, your Healthfirst plan covers the following procedures for a person receiving benefits for a mastectomy:

- All stages of reconstruction of the breast on which a mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical or balanced appearance;
- Prosthesis (artificial replacements) and treatment for physical complications of all stages of the mastectomy, including lymphedemas.
- Treatment of physical complications of the mastectomy, including lymphedema.

This coverage will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy. For answers to questions about this plan's coverage of mastectomies and reconstructive surgery, call Member Services at the number shown on your member ID card.



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## Your Member Rights and Responsibilities

### Your Rights

As a member of Healthfirst, you have a right to:

- Be cared for with respect, without regard to health status, sex, race, color, religion, national origin, age, marital status, or sexual orientation.
- Be told where, when, and how to get the services you need from Healthfirst.
- Be told by your PCP and other healthcare providers what is wrong, what can be done for you, and what will likely be the result in a language you understand.
- Get a second opinion about your care.
- Give your consent to any treatment or plan for your care after that plan has been fully explained to you.
- Refuse care and be told what you may risk if you do.
- Get a copy of your medical records and talk about it with your PCP or healthcare provider, and ask, if needed, that your medical records be amended or corrected.
- Be sure that your medical records are private and will not be shared with anyone except as required by law, contract, or with your approval.
- Use the Healthfirst complaint system, or to contact the New York State

Department of Health or New York State Department of Financial Services any time you feel you were not fairly treated.

- Appoint someone (relative, friend, lawyer, etc.) to speak for you if you are unable to speak for yourself about your care and treatment.
- Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.

### Your Responsibilities

As a member of Healthfirst, you agree to:

- Work with your PCP to guard and improve your health.
- Find out how your healthcare system works.
- Listen to your PCP's advice and ask questions when you are in doubt.
- Call or go back to your PCP if you do not get better, or ask for a second opinion.
- Treat healthcare staff with the respect you expect yourself.
- Tell us if you have problems with any healthcare staff. Call Member Services.
- Keep your appointments. If you must cancel, call as soon as you can.
- Use the emergency room only for real emergencies.
- Call your PCP when you need medical care, even if it is after hours.

Pursuant to federal rules that implement the Affordable Care Act, individual health insurance policies must be written on a calendar year basis beginning in 2015. This means that, for 2018 coverage, if your effective date of coverage is a date later than January 1, the initial term of coverage for your policy will be for less than a full year and will end on December 31, 2018. Please be advised that all benefits and cost sharing under your policy, including the full annual deductible, apply to the partial year of coverage. Please refer to the Schedule of Benefits in your enclosed policy for the dollar amount of your deductible.

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100 Church Street, New York, NY 10007  
[www.healthfirst.org](http://www.healthfirst.org)