



**THE UNIVERSITY OF ARIZONA
HEALTH PLANS**

University Care Advantage

Notice of Privacy Practices

Effective Date: September 2009

**THIS NOTICE DESCRIBES HOW
MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND SHARED.
IT ALSO TELLS YOU HOW YOU CAN GET THIS
INFORMATION. PLEASE READ IT CAREFULLY.**

At University Care Advantage (UCA), the privacy of your health information is very important to us. We understand that you depend on us to protect your personal information. This notice will tell both current and former members how we work to protect your health information. We are required by law to maintain the privacy of your health information and provide you with a description of our legal duties and privacy practices. We will abide by the terms of this notice.

If you have any questions about this notice, or if you want another copy of this notice, please contact Customer Care toll free at (800) 582-8686, Monday through Friday, 8 a.m. to 5 p.m.

Our Privacy Practices

This notice tells you how we use health information about you and when we may share that health information with others. It also tells you about your rights regarding your health information. The law says that we must protect your health information and to give you a copy of this Privacy Practices Notice.

Health Information Covered by this Notice

UCA has health information about you that we get from you, your doctors, and your other health care providers. This includes your demographic information (like name, address and date of birth) and information that describes your current or past health condition and care received.

How We Use and Disclose Your Health Information

The following information tells about the different ways that we use and share your health information. We explain each way and give you some examples to help you understand each of them. We will not use or share your health information in any way that is not mentioned in this Notice of Privacy Practices unless we get your written permission.

For Treatment

We may use or share your health information with your doctors and other health care providers who give you medical treatment and services. For example, we may give a pharmacist or your doctor information about your past prescriptions to decide if a new prescription may be harmful to you.

For Payment of Health Care Services

Your health information can be used to decide if you are eligible for plan benefits, to pay doctors for treatment and services you receive, or to handle benefits with other health care coverage you may have. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is medically necessary and whether the plan will cover the cost of the treatment. We may also share your health information with another health plan to handle coordination of benefits between the health plans.

For Health Care Operations

We may use and share your health information for health care operations. “Operations” are activities that are necessary to operate our health plan and to make sure all of our members receive quality care. Examples of health care operations include the following:

- To review quality of care and ways we can improve our service
- To review provider and health plan performance
- To carry out medical reviews to define medical needs, level of care and to decide if there was a good reason for the services
- To perform audit functions
- To fix internal complaints, such as problems or complaints about your access to care or satisfaction with services
- To make a benefit decision, manage a benefit plan and providing customer services
- Other uses approved by law.

We may also use and share health information with other people or companies, who we call “Business Associates.” Business Associates are those people or companies that carry out payments or health care operations for UCA. However, we will not share your health information with these Business Associates unless they agree in writing to protect the privacy of that information.

To Keep You Informed

We may use your health information to contact you so that we can remind you about an appointment, describe or suggest treatment options, or give you other information about health-related topics that you may be interested in. For example, if we offer educational classes on how to live with diabetes, we may contact you to inform you of that class if our records show that you have diabetes. We may also inform you about changes to your health plan coverage.

Individuals Involved In Your Care or Payment for Your Care

We may disclose your health information to a friend or family member who is involved in your care or who helps pay for your care. If you do not want us to share information with your friends or family members that are involved in your care, please call Customer Care

Special Situations

Special situations may require us to use and share your health information. For example, here are some reasons we would be made to release your information:

- To comply with state, federal or local law
- To report information to state and federal agencies who manage our business, such as the U.S. Department of Health and Human Services, the Arizona Health Care Cost Containment System (AHCCCS) and other federal and state regulatory agencies. This might be for audits, research, inspection and licensure purposes necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws

To Prevent a Serious Threat to Health or Safety and for Public Health Purposes

We may use and share your health information when necessary to prevent a serious health and safety threat to you or the public, including in disaster relief efforts. We may also share your health information to help with public health activities, which might include activities:

- To prevent or control disease or injury
- To report births and deaths
- To report child abuse or neglect
- To report reactions to medications or problems with a product to the Food and Drug Administration or to a product manufacturer
- To notify people of recalls of products they may be using

- To tell a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition
- To tell government authorities if we believe you have been the victim of abuse, neglect or domestic violence. We will only share this if you agree or when we are required by law to do so.

Research

We may use and disclose health information about you for research through a special process that protects the confidentiality of your health information. Research proposals are reviewed by an ethics board called an institutional review board, which ensures the privacy of your health information before approving research.

Organ and Tissue Donation

If you are an organ donor, we may share health information to places that receive organs, eye or tissue transplantation, or to an organ donation bank, as needed to fulfill your donation wishes.

Military and Veterans

If you are a member of the armed forces, we may share your health information as needed by military personnel. We may also share health information about foreign military personnel to the correct military authority.

Workers' Compensation

We may share your health information if you get sick or hurt on the job, as required by the state's workers compensation laws.

Lawsuits and Disputes

We may share your health information in response to a court order, subpoena, discovery request, or other lawful means by someone involved in the dispute.

Law Enforcement

We may share your health information if asked to do so by a law enforcement official:

- If we are required by law to do so
- In response to a court order, subpoena, warrant, summons or similar process

- To identify or locate a suspect, fugitive, material witness, or missing person
- To inform them about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- To inform them about a death we believe may be the result of criminal conduct
- To inform them about criminal conduct on our premises

Coroners, Medical Examiners, and Funeral Directors

We may share your health information to a coroner or medical examiner. This may be necessary, for example, to identify someone who has died or to decide the cause of death. We may also share your health information to funeral directors as needed to carry out their duties.

National Security and Intelligence Activities

By law we may share your health information to authorized federal officials for intelligence, counterintelligence, and other national security events.

Inmates

If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may share your health information with them. This disclosure would be necessary:

- For the institution to provide you with health care
- To protect your health and safety or the health and safety of others
- For the safety and security of the correctional institution

Other Uses and Disclosures:

If we wish to use or disclose your health information for a purpose that is not discussed in this Notice, we will seek your permission. If you give your permission, you may take back that permission any time, unless we have already relied on your permission to use or disclose the information. To take back your

permission, please contact Customer Care. We must also continue to keep certain records in our files even if you leave our health plan.

Your Rights Regarding Your Health Information

The following are your health information rights. If you would like to use the following rights, please call Customer Care to request the forms or to get further information.

- **Review and Copy Your Record.** You have the right to review and get copies of your own health information in our enrollment, payment, claims processing, or medical management record systems. If you request a copy of your information, we may charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can look at your record at no cost.
- **Request an Amendment of Your Record.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information.
- **Accounting of Disclosures.** If we disclose your health information for purposes other than your treatment, payment, or our “operations” described above, you have the right to receive a list of those disclosures. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.
- **Request Restrictions on Use or Disclosure of Your Health Information.** You have the right to ask us not to make certain uses or disclosures of your health that we would normally make for treatment, getting paid, or our operations. We are not required to agree to your request, but if we do agree, we will comply with that agreement.
- **Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at certain locations. For example, you may ask that we contact you at work instead of your home.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us by calling Customer Care, or you may write to us at:

University Care Advantage
Customer Care
2701 East Elvira Road
Tucson, AZ 85756

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. All complaints must be sent in writing. You will not receive a penalty if you decide to file a complaint.

Changes to This Notice

Please be aware that we can change this notice at anytime. We can revise or change notice effective for health information we already have about you, as well as any health information we may get in the future.