

NOTICE OF PRIVACY PRACTICES

This notice explains how facts about you are used and given out. It is for all personal and medical facts about you. This means all facts that are in oral, written, or electronic form. The notice also tells you how you can get these facts and review them carefully.

Facts We Have

We have enrollment facts about you, which include your date of birth, sex, identification number, and other personal facts. We also get bills, doctor reports, and other facts about your health care.

Our Privacy Policy

We care about your privacy and guard your facts carefully. By law, we have to keep them private. We also have to give you this notice of our legal duties and our privacy practices. We will not sell any facts about you. Only people who have both the need and the legal right may see them. Unless you give us written approval, we will only give out your facts for purposes of care, payment, business operations, or when we have to do so by law.

- *Care*

We may give out medical facts about you to coordinate your health care. For example, we may tell your personal doctor about the care you got in an emergency room.

- *Payment*

We may use and give out medical facts about you so that the medical services you get can be properly billed and paid for. For example, we may ask a hospital emergency room for details about your care before we pay for it.

- *Business Operations*

We may need to use and give out medical facts about you in regard to our business operations. For example, we may use medical facts about you to review the quality of services that you get.

- *As Required by Law*

We will give out facts about you when we have to do so. Examples of such releases could be for:

- Law enforcement
- National security
- Subpoenas
- Other court orders
- Communicable disease reporting
- Review of our activities by government agencies
- Averting a serious threat
- Other kinds of emergencies

Approvals

If you give us a written approval to do so, we may use and give out your personal facts at other times. If you give us a written approval, you have the right to change your mind and revoke it.

Copies of This Notice

You have the right to get another copy of this notice at any time. Even if you have agreed to get it electronically, you still have a right to a paper copy of it. Please call or write to us to ask for a copy.

Changes to This Notice

We reserve the right to revise this privacy notice. A revised notice will be effective for medical facts we already have about you, as well as any facts we may get in the future. By law, we have to comply with whatever notice is currently in effect. Any changes to our notice will be published in our member newsletter.

Your Right to Inspect and Copy

You have the right to ask, in writing, to inspect the facts we have about you and to get copies of those facts. We can deny your request for certain limited reasons, but we must give a written reason for our denial.

Your Right to Amend

If you feel that the facts we have about you are wrong or incomplete, you can make a written request to us to fix it. We can deny your request for certain limited reasons, but we must give you a written reason for our denial.

Your Right to a List of Disclosures

Upon written request, you have a right to get a list of our disclosures of your facts, except when you have approved those disclosures or if the disclosures are made for health care, payment, or health care operations. We are not required to give you a list of disclosures made before April 14, 2003. If you do so in writing, you have the right to ask for limits on the facts we may use or give out about you. We are not required to agree to such requests.

Your Right to Ask for Confidential Communications

You have the right to ask that we discuss your medical matters with you in a certain way or at a certain place. Your request must be in writing. For example, you can ask that we only contact you at home, or only at a certain address, or only by mail.

How to Use Your Rights Under This Notice

If you want to use your rights under this notice, you may call or write to us. If your request to us must be in writing, we can help you prepare it, if you wish.

Complaints and Communications to Us

If you want to exercise your rights under this notice, wish to tell us about privacy issues, or wish to file a privacy-related complaint, you can write to:

Chief Privacy Officer
Upper Peninsula Health Plan
228 West Washington Street
Marquette, MI 49855

You may also call us at 1-800-835-2556.

You will not be penalized for filing a complaint. You can view a copy of this notice on the UPHP Web site at www.uphp.com.

Complaints to the Federal Government

If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You will not be penalized for filing a complaint. You may write to:

Office of the Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Source: 2005 Medicaid and MICHild Member Handbooks