

# Your Harvard Pilgrim Health Care<sup>1</sup> Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can access this information.

**Please review it carefully.**



<sup>1</sup> Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company.

The privacy of your information is important and Harvard Pilgrim takes the protection of your information seriously. We may collect, use and disclose financial and medical information about you when doing business with you or with others. We do this in accordance with Harvard Pilgrim's privacy policies and applicable state and federal laws. Harvard Pilgrim also requires its business partners who administer health care coverage to you on our behalf to protect your information in accordance with applicable state and federal laws.

Harvard Pilgrim must follow the duties and privacy practices described in this notice and give you a copy of it. We may make changes to this notice and our privacy practices at any time, as long as the changes are consistent with our current privacy policies and state and federal law. If we make an important change to our policies, we will notify you by mail or electronically as permitted by applicable law. We will also post the revised notice on our website, [www.harvardpilgrim.org](http://www.harvardpilgrim.org). For members enrolled in a student health plan offered by HPHC Insurance Company and administered by UnitedHealthcare Student Resources, you may also access the revised notice at [www.uhcsr.com](http://www.uhcsr.com).

## **WHAT IS PERSONAL AND HEALTH INFORMATION?**

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Personal and health information (referred to as "information" elsewhere in this notice) includes protected health information (PHI) and individually identifiable information like your name and social security number. PHI is health information related to your physical or behavioral health condition used in providing health care to you or for payment for health care services.

## **HOW WE PROTECT YOUR INFORMATION**

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We are required by law to maintain the privacy and security of all forms of information including electronic, written and verbal information. We have procedures in place to ensure this, using physical and electronic safeguards, including storing information in restricted access electronic files and access-controlled workspaces. Harvard Pilgrim computers are protected through passwords and ongoing monitoring of security threats. All staff must complete annual privacy and security training, and access to information is limited to employees who require it to do their job.

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## **TO WHOM WILL HARVARD PILGRIM DISCLOSE MY INFORMATION?**

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Harvard Pilgrim may disclose information to:

### **YOU, YOUR FAMILY AND OTHERS:**

- When you are unavailable to communicate, such as during an emergency.
- When you are present prior to the disclosure and you agree to it.
- When you have previously indicated an individual is your designated representative.
- When the information is clearly relevant to their authorized involvement with your health care or payment for health care. For example, we may confirm a claim has been received or paid if an individual has prior knowledge of the claim.
- When sharing copayment, coinsurance, and deductible information with subscribers for dependents in order to facilitate management of health costs and Internal Revenue Service verification.
- When sharing a minor's information with parents or guardians who have custodial rights, so long as that information is not further restricted by applicable state or federal laws. Information related to any care a minor may receive without parental consent remains confidential unless the minor authorizes disclosure.

### **YOUR PROVIDERS AND OTHERS INVOLVED IN YOUR CARE:**

- For quality initiatives, safety concerns and coordination of care. Examples include state-mandated quality improvement initiatives, results of laboratory tests not otherwise restricted by law, and clinical reminders sent to your primary care provider.
- Your employer-sponsored health benefit plan administrator.
- Your plan sponsor, when sharing data used for enrollment and plan renewal. This is your employer or their representatives, if you are enrolled through an employer.
- When providing detailed claims and other health plan information to your plan sponsor, after receiving appropriate certifications that the plan sponsor agrees to protect your privacy and the information will not be used for employment decisions. For example, supporting an employer's

efforts to design and develop a wellness program for employees by sharing results of screening tests offered for evaluating common medical conditions and responses to health status questionnaires employees may elect to complete and submit.

#### **OUR BUSINESS ASSOCIATES AND BUSINESS PARTNERS:**

- Harvard Pilgrim may contract with other organizations to provide services on our behalf. In these cases, Harvard Pilgrim will enter into an agreement with the organization explicitly outlining the requirements associated with the protection, use and disclosure of your information.

#### **HOW WILL HARVARD PILGRIM USE AND DISCLOSE MY INFORMATION?**

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In order to provide coverage for treatment and to pay for those services, we need to use and disclose your information in several different ways. Harvard Pilgrim maintains and enforces company policies governing the use and disclosure of information. Our staff is trained to handle your information appropriately and to only use information required for their roles. The following are examples of the types of uses and disclosures we are permitted to make without your authorization:

##### **FOR PAYMENT**

Harvard Pilgrim will use and disclose your information to administer your health benefits. This may involve the determination of eligibility, claims payment, utilization review activities, medical necessity review, coordination of benefits, appeals, and external review requests. Examples include:

- Paying claims that were submitted to us by physicians and hospitals.
- Transmitting information to a third party to facilitate administration of an employee or employer funded account, such as a Flexible Spending Account or a Health Reimbursement Account, or another benefit plan, such as a dental benefits plan.

##### **FOR HEALTH CARE OPERATIONS**

Harvard Pilgrim may use and disclose your information for operational purposes, such as

care management, customer service, coordination of care or quality improvement. Examples include:

- Assessing the quality of “service, care and outcomes” for our members.
- Learning how to improve our services through the use of internal and external surveys.
- Reviewing and credentialing our affiliated physicians and institutions.
- Evaluating the performance of our staff, such as reviewing our customer service representatives’ phone conversations with you.
- Seeking accreditation by independent organizations, such as the National Committee for Quality Assurance.
- Engaging in wellness programs, preventive health, early detection, disease management, health risk assessment participation initiatives, case management and coordination of care programs, including sending preventive health service reminders.
- Using information for underwriting, establishing premium rates and determining cost sharing amounts, as well as administration of reinsurance policies. (Harvard Pilgrim will not use or disclose any genetic information it might otherwise receive for underwriting purposes.)
- Facilitating transition of care from and to other insurers, health plans or third party administrators.
- Other general administrative activities, including data and information systems management, risk management, auditing, and detection of fraud and other unlawful conduct.

##### **FOR TREATMENT**

Harvard Pilgrim may disclose your information to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) in connection with your treatment. Examples include:

- Quality improvement and cost containment wellness programs, preventive health initiatives, early detection programs, safety initiatives and disease management programs. This may include disclosing a list of medications you’ve received using your Harvard Pilgrim coverage to alert your treating physicians about any medications prescribed to you by other providers and help minimize potential adverse drug interactions.

- To administer quality-based cost-effective care models. For example, if you receive your treatment through an “Accountable Care Organization” or a “Medical Home,” a setting in which team-based care is led by your physician, Harvard Pilgrim may share information with the Accountable Care Organization or Medical Home providers about the services you receive elsewhere to assure coordination of effective and high-quality care.
- Harvard Pilgrim may receive your test results from labs you use, from your providers, or directly from you. These results may be used to develop tools to improve your overall health, and may be shared with providers involved in your care.

#### **FOR OTHER PERMITTED OR REQUIRED PURPOSES**

The following are examples of the additional types of uses and disclosures Harvard Pilgrim is permitted or required by law to make without your authorization:

- To provide information for **health research** to improve the health of our members and the community. Harvard Pilgrim may use your information for research purposes in certain circumstances, such as when an Institutional Review Board or Privacy Board has reviewed and approved a research proposal that includes protocols to protect your privacy, or for purposes preparatory to research.
- To **comply with laws** and regulations, such as those related to **Workers’ Compensation**.
- For **public health and safety activities**, such as assisting public health authorities with disease prevention or disease control or for notification purposes during **disaster relief** efforts. This can include data collection by state government-mandated or -sponsored consortiums or public health authorities.
- For **health oversight activities**, such as submitting information to a government agency authorized to oversee the health care system or government programs, or to its contractors. Examples include the U.S. Department of Health and Human Services, a state insurance department or the U.S. Department of Labor for activities authorized by law, such as audits, examinations, investigations, inspections, and licensure activity.
- For **judicial or administrative proceedings**, including responses to **court orders, subpoenas**, discovery requests or other lawful process.
- To **funeral directors or coroners** so they can carry out their lawful duties. Harvard Pilgrim may also disclose information **about a decedent** to the executor, administrator, or other person with authority to act on behalf of the decedent’s estate.
- To **organ procurement** organizations to facilitate cadaveric organ, eye, or tissue donation/transplantation, only after your prior authorization.
- For **law enforcement** purposes, such as reporting certain types of physical injuries or to help identify or locate a suspect or missing person.
- To **report** information related to victims of **abuse, neglect, or domestic violence**.
- To prevent a serious **threat to your health or safety**, or that of another person.
- For **specialized government functions**, such as for national security and intelligence activities. In addition, under certain conditions, we may disclose your information if you are or were a member of the Armed Forces, for those activities deemed necessary by appropriate military authorities.
- For **inmates**, to a correctional institution or a law enforcement official having lawful custody, if the provision of such information is necessary to provide you with health care, protect your health and safety, and that of others, or maintain the safety and security of the correctional institution.

#### **USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION**

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Other than the permitted or required uses described above, your information will only be used or disclosed with your written authorization. For example, we require your written authorization before selling your information, using your information for marketing or fundraising purposes, or, in most cases, sharing your psychotherapy notes. You may revoke such an authorization at any time in writing, except to the extent we have already taken an action based on a previously executed authorization.



To authorize us to use or disclose any of your information to a person or organization for reasons other than those described in this notice, please complete an authorization form. To access the form, visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org). Under Top Tasks, click on Download Member Forms. Then, under Authorization Forms, select the Authorization to Release Information Form. You should send the completed form to:

**Harvard Pilgrim Health Care  
Customer Service Department  
1600 Crown Colony Drive, Quincy MA 02169**

For members enrolled in a student health plan offered by HPHC Insurance Company and administered by UnitedHealthcare Student Resources, the form is located at [www.uhcsr.com](http://www.uhcsr.com), and the completed form should be sent to:

**UnitedHealthcare Student Resources  
PO Box 809025, Dallas, TX 75380-9025**

## **WHAT RIGHTS DO I HAVE REGARDING MY INFORMATION?**

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### **ACCESS AND RECEIVE COPIES OF YOUR INFORMATION**

You have the right to receive a copy of your information, once you provide us with specific information to fulfill your request. We reserve the right to charge a reasonable fee for the cost of producing and mailing copies of such information.

### **AMEND YOUR INFORMATION**

If you believe your information is incorrect or incomplete, you have the right to ask us to amend it. In certain cases, we may deny your request and provide you with a written explanation. For example, we may deny a request if we did not create the information, as is often the case for medical information that was generated by a provider, or if we believe the current information is correct.

### **CONFIDENTIAL COMMUNICATIONS**

You have the right to receive communications regarding your information in a manner and at a location that you feel is safe from unauthorized use or disclosure. To support this commitment, Harvard Pilgrim will permit you to request your information by alternative means or at alternative locations. We will accommodate reasonable requests.

## **ACCOUNTING OF DISCLOSURES**

You have the right to request an accounting of those instances in the prior six years in which we or our business associates have disclosed your information for purposes other than treatment, payment, health care operations, or other permitted or required purposes. Harvard Pilgrim will require specific information needed to fulfill your request. If you request an accounting more than once in a 12-month period, we may charge you a reasonable fee.

## **REQUEST RESTRICTIONS**

You have the right to ask us to place restrictions on the way we are permitted to use or disclose your information, including asking that we not share your information for health research purposes. We are not, however, required by law to agree to these requested restrictions. If we do agree to a restriction, we will abide by the restriction unless it is related to an emergency.

## **GET A COPY OF THIS NOTICE OF PRIVACY PRACTICES**

You have the right to receive a paper copy of this Notice of Privacy Practices upon request at any time.

## **BE NOTIFIED OF A BREACH**

You have the right to be notified of a breach of your unsecured information.

## **RIGHTS UNDER STATE LAW**

You may be entitled to additional rights under state law. Harvard Pilgrim pays careful attention to protecting your information as required by these state laws.

## **HOW DO I EXERCISE MY RIGHTS?**

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You can exercise all of your privacy rights by contacting our Customer Service Department. We may require a written request be completed and submitted to:

**Harvard Pilgrim Health Care  
Customer Service Department  
1600 Crown Colony Drive, Quincy, MA 02169**

To request a form, call (888) 333-4742 or go to [www.harvardpilgrim.org/members](http://www.harvardpilgrim.org/members) for more information.

For members enrolled in a student health plan offered by HPHC Insurance Company and administered by UnitedHealthcare Student Resources, the form is located at [www.uhcsr.com](http://www.uhcsr.com), and the completed form should be sent to:

**UnitedHealthcare Student Resources  
PO Box 809025 Dallas, TX 75380-9025**

## **WHOM DO I CONTACT IF I HAVE QUESTIONS OR COMPLAINTS?**

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If you believe your privacy rights have been violated or you would like more information, you may send a question or written complaint to:

**Privacy Officer, Harvard Pilgrim Health Care  
93 Worcester Street, Wellesley, MA 02481**

Or, you may call us at **(877) 548-6712**.

You may also notify the Secretary of the Department of Health and Human Services. Send your complaint to:

**Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201**

You may also call OCR's Hotline at **(800) 368-1019** or you can find more information at **[www.hhs.gov/ocr](http://www.hhs.gov/ocr)**.

Harvard Pilgrim will not take retaliatory action against you if you file a complaint about our privacy practices with either OCR or Harvard Pilgrim.

Harvard Pilgrim will never require you to waive any of your rights as a condition of enrolling you in a health plan, determining your eligibility for benefits or providing payment for your benefits.

Non-English speaking members may also call Harvard Pilgrim's Customer Service Department at **(888) 333-4742** to have their questions answered. Harvard Pilgrim offers free language interpretation services in more than 200 languages.

Deaf and hard-of-hearing members may call **711** for teletypewriter (TTY) service.

**This notice is effective September 1, 2019 and supersedes the revision dated August 15, 2017.**

Language Assistance Services

Español (Spanish) ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-888-333-4742 (TTY: 711).

Português (Portuguese) ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-888-333-4742 (TTY: 711).

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-888-333-4742 (TTY: 711).

繁體中文 (Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-333-4742 (TTY: 711)。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-888-333-4742 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-4742 (телетайп: 711).

العربية (Arabic) انتباه: الإذنتك تتكلم اللغة العربية، نحننا المساعد لغاؤو مؤوقراؤا مجاؤا ة إتصل على 1 888-333-4742 (TTY: 711)

ខ្មែរ (Cambodian) ប្រសិនបើលោកអ្នកនិយាយភាសាខ្មែរ យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយ ឥតគិតថ្លៃ។ ជូន ទូរស័ព្ទ 1-888-333-4742 (TTY: 711)។

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-333-4742 (ATS: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).

한국어 (Korean) '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-4742 (TTY: 711) 번으로 전화해 주십시오.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-888-333-4742 (TTY: 711).

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-333-4742 (TTY: 711).

हिंदी (Hindi) ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्त में उपलब्ध है. जानकारी के लिये फोन करे. 1-888-333-4742 (TTY: 711)

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄ່າມາດມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-333-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-333-4742 (TTY: 711).

## General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care and its affiliates as noted below (“HPHC”) comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

HPHC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Compliance Officer, 93 Worcester St, Wellesley, MA 02481, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: [civil\\_rights@harvardpilgrim.org](mailto:civil_rights@harvardpilgrim.org). You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
(800) 368-1019, (800) 537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

