

**West Virginia Family Health
Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW MEDICAL AND FINANCIAL INFORMATION ABOUT
YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION. PLEASE REVIEW IT CAREFULLY.**

West Virginia Family Health (“WVFH”) is required to protect the privacy of your personal medical and non-public personal (financial) information. Also, WVFH is required to give you this notice about how WVFH uses or gives out (“discloses”) medical and personal (“non-public”) information held by WVFH. This protection extends to all forms of communication (oral, written, and electronic) of this information. We are also required to notify you if you are affected by a breach of unsecured information.

WVFH will use and give your medical information:

- To you or someone who acts for you (your personal representative).
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected, and
- When required by law.
- To meet your medical needs, to pay for your healthcare and to operate the WVFH benefit program, for example:
 - To give information to help the doctors or other healthcare providers who care for you
 - To make sure you and other WVFH members get quality health care, to provide member services to you, or to resolve any complaints you have
 - To pay or deny your claims or to share payments and payment information with your other insurer(s)
 - To our contracted vendors who perform various functions on our behalf or to provide certain types of service (such as member service support and pharmacy benefit management).

WVFH may also use or give your medical information:

- To state and federal agencies that have the legal right to receive such data.
- For public health activities (such as reporting disease outbreaks).
- For government healthcare oversight activities (such as fraud investigations).
- For judicial and administrative proceedings (such as in response to a court order).
- For law enforcement purposes (such as providing limited information to locate a missing person).
- For research studies that meet all privacy law requirements (such as research related to the prevention of disease or disability).
- To avoid a serious and likely threat to health or safety.
- To contact you about new or changed benefits.
- To contact you for appointment reminders or for disease management programs and alternative treatments that may interest you.
- To create a collection of information that can no longer be traced back to you.
- To Plan Sponsors of group health plans when applicable to permit the plan to perform administrative functions.
- To coroners, medical examiners, funeral directors and to organizations that handle organ donations.
- To your school when proof of immunization is required by law.

- To others involved in your health care (if you are not present or able to agree to these disclosures of your protected health information (PHI), we may use our professional judgment to determine whether the disclosure is in your best interest).
- For underwriting purposes if needed, however, we are prohibited from using or disclosing your genetic information for these purposes.

WVFH must have your written permission (an “authorization”) to use or give out your medical information for any purpose that is not listed in this notice. You may take back (“revoke”) your written permission at any time, except if WVFH has already taken action based on your permission. Some examples of when we need your permission to use or give out your information are:

- For marketing purposes.
- If we intend to sell your PHI.
- For use of psychotherapy notes, except if:
 - Your doctor is using them to help in your treatment
 - Your doctor is using them for his own training purposes, or
 - If your psychotherapy notes are required by law.

You have the right to:

- Ask for your medical information by writing to WVFH or by calling WVFH to request a form for this purpose.
- Ask WVFH to change your medical information if you can show that it is wrong or that information is missing by writing to WVFH or by calling WVFH to request a form for this purpose. If WVFH disagrees, you may have a statement of your disagreement added to your personal medical information.
- Get a list of who received your medical information within a six-year period by writing to WVFH or by calling WVFH to request a form for this purpose. You must tell WVFH the dates for which you are requesting the list. The list will not cover information given out before April 14, 2003, information that was given to you or your personal representative, or information given for healthcare payments, for WVFH operations or for law enforcement needs.
- Ask WVFH to communicate with you in a different manner or at a different place (for example, by sending materials to a P.O. Box instead of your home address), by writing to WVFH or by calling WVFH to request a form for this purpose. WVFH must have written reason(s) for your requests and may not be able to honor your request.
- Ask WVFH to limit the way your personal medical information is used or given to others, by writing to WVFH or by calling WVFH to request a form for this purpose. Please note that WVFH may not be able to do what you request.
- Opt out of fundraising activities (if applicable).
- Call or write to WVFH to ask for a separate paper copy or e-mail copy of this notice.

What is the *non-public information* that WVFH collects about you?

- It is personal information but is non-medical, for example, the information you completed on your enrollment application that identifies who you are and how you can be contacted.
- Also, it is information collected for a request for services by you or your doctor.
- Also, it is information collected to answer a question or concern from you.

Can anyone receive your *non-public information*?

- WVFH does not give out your non-public information, except if required or permitted by law.
- WVFH does not give out your non-public information to anyone unrelated to providing your care under the health plan unless you or your representative gives permission.

How does WVFH protect your *non-public information*?

- WVFH does not make your non-public information available to anyone other than those necessary to provide medical or health plan services to you.
- You have the right to give or withhold permission for other uses or disclosures of this information, except as required by law.

If you believe WVFH has violated your privacy rights as stated in this notice, you may file a complaint at the following address:

Privacy Officer
West Virginia Family Health – Member Correspondence
P.O. Box 22250
Pittsburgh, PA 15222

Filing a complaint will not affect your benefits. You may also file a complaint with the Secretary of the Department of Health and Human Services. For more information on filing a complaint or your rights stated in this notice, you may call West Virginia Family Health's Member Services Department at 1-855-412-8001 (TTY/TDD users: 711).

WVFH is required to follow the terms in this privacy notice. WVFH has the right to change the way your medical information is used and given out. If WVFH makes any changes they will be posted on our website, and you will be notified within sixty (60) days of the change.

These privacy practices are effective September 23, 2013.