

## **SCAN Notice of Privacy Practices**

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.

SCAN Health Plan, SCAN Desert Health Plan, Inc., SCAN Health Plan Nevada, Inc., SCAN Health Plan Texas, Inc., and SCAN Health Plan New Mexico, collectively referenced in this notice as (“SCAN”) is required by law to maintain the privacy of your health information and to provide you this Notice about our legal duties and privacy practices. We must follow the privacy practices described in this Notice while it is in effect. This Notice took effect May 14, 2013, and was most recently reviewed on April 11, 2023. This privacy notice is subject to change and will remain in effect until we replace or modify it.

### **Protecting Your Privacy**

At SCAN, we understand the importance of keeping your health information confidential and we are committed to use of your health information that is consistent with state and federal law. This Notice explains how we use your health information and describes how we may share your health information with others involved in your health care. This Notice also lists your rights concerning your health information and how you may exercise those rights.

### **Protected Health Information**

For the purposes of this Notice, “health information” or “information” refers to Protected Health Information or PHI. Protected Health Information is defined as information that identifies who you are and relates to your past, present, or future physical or mental health or condition, provision of care, or payment for care.

### **How We Use Your Health Information**

SCAN uses and shares your health information for the purposes of treatment, payment, health care operations, and other uses permitted or required by federal, state, or local law.

#### **Treatment**

SCAN may use or disclose your health information to health care providers (doctors, hospitals, pharmacies, and other caregivers) who request it in connection with your treatment without your written authorization. Please be aware that your medical records are stored at your physician’s office. Here are some examples of how SCAN may share your information:

- We may share information with your physician or medical group when necessary for you to receive treatment.
- We may share information about you to a hospital so that you receive appropriate care.
- We may share information about you with plan providers involved in the delivery of your health care services. This includes sharing your health information as part of a local, state or national Health Information Exchange or “HIE”.

## **Payment**

SCAN may use and disclose your health information for the purposes of payment of the health care services you receive, without your written authorization. This may include claims payment, eligibility, utilization management, and care management activities. For example:

- We may provide your eligibility information to your medical group, so they are paid accurately and timely.
- We may share information about you to a hospital to ensure that claims are billed properly.
- We may provide your information to a third-party entity to ensure that your doctor or hospital is paid accurately and timely.

## **Health Care Operations**

SCAN may use and disclose your health information to support various business activities without your written authorization. Health care operations are activities related to the normal business functions of SCAN. For example, we may share information with others for any of the following purposes:

- Quality management and improvement activities, such as credentialing activities and peer reviews,
- Contracting activities with plan providers and vendors,
- Research and studies, such as member satisfaction surveys,
- Compliance and regulatory activities,
- Risk management activities,
- Population and disease management studies and programs, and
- Grievance and appeals activities.

SCAN may not use or disclose your genetic health information for underwriting purposes.

## Other Permitted Uses and Disclosures

SCAN may use or disclose your health information without your written authorization, for the following purposes under limited circumstances:

- To state and federal agencies that have the legal right to receive data, such as to make sure SCAN is making proper payments and to assist Federal/State Medicaid programs,
- For public health activities, such as reporting disease outbreaks or disaster relief,
- For government healthcare oversight activities, such as fraud and abuse investigations or the Food and Drug Administration (FDA),
- For judicial, arbitration, and administrative proceedings, such as in response to a court order, subpoena, or search warrant,
- To a probate court investigator to determine the need for conservatorship or guardianship,
- 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 imminent threat to health or safety,
- To contact you about new or changed benefits under Medicare and/or SCAN,
- To contact you to remind you of visits/deliveries,
- To create a collection of information that can no longer be traced back to you,
- For purposes when issues concern child or elder abuse and neglect,
- In cases of death, such as a coroner, medical examiner, funeral director or organ procurement organization,
- For specialized government functions, such as providing information for national security and military activities,
- To workers' compensation claims or authorities as required by state workers' compensation laws,
- To the plan sponsor of a group health plan or employee welfare benefit plan,
- To law enforcement officials if you are an inmate or under custody. These would be permitted if needed to provide medical services to you or for the protection and safety of others,
- To friends or family members to the extent necessary to assist with your health care or payment for your healthcare, if you are unavailable to agree to disclosure, such as in a medical emergency,
- As required otherwise by federal, state, or local law.

Other uses and disclosures not described in this Notice will only be made with your written authorization. For instance, SCAN needs your authorization before we disclose your PHI for the following: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures for marketing purposes; and (3) uses and disclosures that involve the sale of

PHI. You may revoke your authorization at any time as long as the request to revoke is in writing and the plan has not relied on your authorization to take a specific action.

### **Sharing Your Health Information with Others**

As part of normal business, SCAN shares your information with contracted plan providers (e.g., medical groups, hospitals, pharmacy benefit management companies, social service providers, etc.). We will also share your PHI with other companies and business associates that perform different kinds of activities for our health plan. We may also use your PHI to give you reminders about your appointments. We may use your PHI to give you information about other treatments, or other health-related benefits and In-services.

SCAN also works to ensure that your PHI is readily available to you by complying with the Information Blocking Rule established by the 21st Century Cures Act.

In addition, we may use and share your PHI directly or indirectly with Health Information Exchanges (HIEs) for payment, health care operations and treatment. In all cases where your health information is shared with plan providers, we have a written contract that contains language designed to protect the privacy of your health information. Our plan providers are required to keep your health information confidential and protect the privacy of your information in accordance with state and federal law, similar to how SCAN protects your health information.

### **Your Rights Involving Your Health Information**

You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. However, your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

### **Right to Request Restrictions**

You have the right to ask us to restrict how we use and disclose your information for treatment, payment, or health care operations as described in the Notice. 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 health care. However, we are not required to agree to these restrictions. If we deny your request, we will notify you in writing with the specific reason(s) the request was denied. If we do agree to your request to restrict health information, we may not use or disclose your protected health information for that purpose, except as needed to provide treatment in an emergency. Please refer to the definition of “emergency” in your *Evidence of Coverage*. We also do not have to honor your restriction if we are required by law to disclose the information or when the information is needed for your treatment.

You also have the right to terminate a request for restriction that we have granted. You may do this by calling or writing us. We also have the right to terminate the restriction if you agree to it or if we inform you in writing that we are terminating it. If we do this, it will only apply to medical information that we create or receive after we have informed you.

Your request for a restriction must be in writing and must provide us with specific information needed to fulfill your request. This would include the information you wish to be restricted and to whom you want the limits to apply.

### **Right to Inspect and Copy**

You have a right to review and get a copy of your health information held by us. This may include records used in making coverage, claims and other decisions as a SCAN member. *Important Note: We do not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your provider.*

Your request must be in writing and must include specific information needed to fulfill your request. If you call Member Services Department, we will send you a form to use to do this; (phone numbers are listed below in this notice). Or if you prefer, you may send your written request to:

#### **SCAN Health Plan**

Attention: Member Services (Request to Inspect and Copy)  
3800 Kilroy Airport Way  
Long Beach, CA 90801-5616

If we maintain an electronic health record containing your health information you have the right to request that we send a copy of your health information to you or a third party that you identify. We may charge a reasonable fee for the cost of producing the electronic copy of your health information and for postage if applicable. You must pay this fee before we give you the copies. You may also request that we provide you with summary information about your Protected Health Information instead of all the information. If so, you must pay us the cost of preparing this summary information before we give it to you.

In certain situations, we may deny your request to inspect or obtain a copy of your health information. If we deny your request, we will notify you in writing with the specific reason(s) the request was denied. Our letter to you will also include information about how you may request a review of our denial if you are entitled to such a review. You are entitled to request a review of our denial in three instances only. These three instances involve situations where a licensed health care professional has determined that such access would endanger the life or physical safety of you or of another person. Our letter will also tell you about any other rights you have to file a complaint. These are the same rights described in this Notice.

## **Right to Request an Amendment of PHI**

You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. Your request should be sent to our Member Services Department at the address listed in the “Complaints” section of this Notice.

We will deny your request if you fail to submit it in writing or if you fail to include the reasons for your request. We may also deny your request if you ask us to amend information that is (1) accurate and complete, (2) not part of the medical information that SCAN keeps, (3) not part of the information that you would be entitled to inspect and copy, or (4) not created by SCAN, unless the creator of the information is not available to amend it.

If we deny your request, we will provide you a written explanation. This letter will tell you how you can file a complaint with us or with the Secretary of the Department of Health and Human Services. It will also tell you about the right you have to file a statement disagreeing with our denial and other rights you may have.

If we accept your request to amend the information, we will make the changes requested in your amendment. But first we will contact you to identify the persons you want notified and to get your approval for us to do so. We will make reasonable efforts to inform others of the amendment and to include the changes in any future disclosures of that information.

## **Right to Receive Confidential Communications**

You have the right to request that we communicate with you in confidence about your health information by alternative means or to an alternative location (e.g., mail to a post office box address or fax to a designated number). Your request must be made in writing and must clearly state that if the request is not granted it could endanger you. SCAN will accommodate reasonable requests.

## **Right to Receive an Accounting of Disclosures**

You have the right to receive an accounting of disclosures regarding your health information. Typically, the accounting would include disclosures found in the section titled “Other Permitted Uses and Disclosures”. The accounting will not cover those disclosures made for the purposes of treatment, payment, and health care operations, and ones that you have authorized.

All requests for an accounting must be in writing and must include specific information needed to fulfill your request. This accounting requirement applies for six years from the date of the disclosure, beginning with disclosures occurring after April 14, 2003, unless you request a lesser period of time. If you request this accounting more than once in a 12-month period, we may charge you a reasonable fee to produce the accounting of

disclosures. Before doing so, we will notify you of the fee, and give you an opportunity to withdraw or limit your request in order to reduce the fee.

### **Right to Receive Notice of a Breach of Protected Health Information**

You have the right to receive a notice of the unauthorized acquisition, access, or disclosure of your health information. SCAN will provide any legally required notices of any unauthorized use acquisition, access, or disclosure of your health information.

### **Right to Copies of this Notice.**

You have the right to receive an additional copy of this Notice at any time.

If you have any questions about our Notice of Privacy Practices or would like to request an additional copy of the Notice, please contact Member Services at the telephone numbers listed below in this notice: Or, you can write to:

**SCAN Health Plan**  
Attention: Privacy Office  
3800 Kilroy Airport Way, Ste 100  
Long Beach, CA 90806

Or email the Privacy Office at [PrivacyOffice@scanhealthplan.com](mailto:PrivacyOffice@scanhealthplan.com), or fax to 1-562-308-1365.

You may also visit our website online and download a printable version of the Notice at [www.scanhealthplan.com](http://www.scanhealthplan.com).

### **How to Complain About Our Privacy Practices**

If you believe SCAN has violated your privacy rights, or you disagree with a decision we made about access to your health information you may submit a written complaint to the SCAN Privacy Office.

### **Complaints to SCAN**

If you want to file a complaint with us, write to:

**SCAN Health Plan**  
Attention: Privacy Office  
3800 Kilroy Airport Way, Ste 100  
Long Beach, CA 90806

Or email [PrivacyOffice@scanhealthplan.com](mailto:PrivacyOffice@scanhealthplan.com), or fax to 1-562-308-1365.

If you need assistance with filing a complaint you can call the SCAN Member Services at the telephone numbers listed below in this notice.

### **Complaints to the Federal Government**

You may also notify the Secretary of the US Department of Health and Human Services to file a complaint with the federal government.

SCAN supports your right to protect the privacy of your personal and health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services. Filing a complaint will not affect your benefits under SCAN or Medicare.

#### **File a complaint with the federal government here:**

U.S. Department of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019 (TTY: 1-800-537-7697)

Complaint forms are available at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

### **Complaints to the State (Dually Eligible Members for California Only)**

For members enrolled in dual Medicare and Medi-Cal (Medicaid) health plans, you may also contact:

DHCS Privacy Office  
c/o: Office of HIPAA Compliance  
California Department of Health Care Services  
P.O. Box 997413, MS 0010  
Sacramento, CA 95899-7413  
Telephone: 1-916-445-4646 (Voice)  
(877) 735-2929 (TTY/TDD)  
Email: [incidents@dhcs.ca.gov](mailto:incidents@dhcs.ca.gov)

### **Changes to this Notice**

The terms of this Notice apply to all records containing your health information that are created or retained by SCAN. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to the Notice will be effective for all of your records that we have created or maintained in the past. Such revision or amendment shall



also be effective for any of your records that we may create or maintain in the future. If we do revise this Notice, you will receive a copy.

SCAN complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, age (40 or older), disability and genetic information (including family medical history).

SCAN 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, accessible electronic formats, other formats).

SCAN provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact SCAN Member Services at the phone numbers below for the corresponding State Health Plans.

If you believe that SCAN has failed to provide these services or discriminated in another way on the basis of race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, age (40 or older), disability and genetic information (including family medical history), you can file a grievance in person, by phone, mail, or fax, at:

SCAN Member Services

Attention: Grievance and Appeals Department

P.O. Box 22644

Long Beach, CA 90801-5644

Phone: for CA Members:1-800-559-3500; for NM Members: 1-855-826-7226; for NV Members:1-855-827-7226; for TX Members: 1-855-844-7226; for AZ Members: 1-855-650-7226

FAX: 1-562-989-0958

Or by filling out the “File a Grievance” form on our website at:

<https://www.scanhealthplan.com/contact-us/file-a-grievance>

If you need help filing a grievance, SCAN Member Services 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  
1-800-368-1019 (TTY: 1-800-537-7697)

Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.