

Notice of Privacy Practices

This Notice describes how your protected health information (PHI) may be used and shared and how to get access to this information.

Our commitment to you.

Priority Health and Priority Health Choice, Inc. (known as “Priority Health”) understands the importance of handling PHI with care. We are committed to protecting the privacy of our members' PHI in every setting. State and federal laws require us to make sure your PHI is kept private.

When you enroll with Priority Health or use services provided by a Priority Health plan, your PHI may be released to Priority Health and by Priority Health. Your PHI is shared and used to arrange and oversee your medical care, pay your medical claims and assist in health care operations.

Federal law requires that we provide you with this Notice of Privacy Practices. This Notice states our legal duties and privacy practices regarding your PHI. It also states your legal rights under these laws with respect to the use or sharing of your PHI. Priority Health is required by law to follow the terms of the Notice of Privacy Practices currently in effect. We are also required to notify those affected following a breach of unsecured PHI.

The use or sharing of your PHI.

The sections below describe the ways Priority Health uses or shares your PHI without your written authorization. Your PHI is not shared with anyone who does not have a "need to know" to perform one of the tasks below.

Treatment. Priority Health may use or share your PHI to those who are treating you to arrange and oversee your medical care. For example, we may share information about your prescription drugs to your provider to better understand how to give you medical care.

Payment. Priority Health may use your PHI or share it to third parties to collect premiums, establish eligibility or pay for your medical care. For example, we may use your PHI when we receive a claim for payment. Your claim tells us what services you received and may include a diagnosis. We may also share your PHI to another health plan company if you are covered under more than one health plan.

Health care operations. Priority Health may use or share your PHI to third parties in order to assist in Priority Health's everyday work activities, such as looking at the quality of your care, carrying out utilization review and conducting disease management programs. For example, your PHI, along with other Priority Health members' PHI, may be used by Priority Health's staff to review the quality of care given by health care providers. Priority Health may also use or share your PHI for underwriting, enrollment and other activities related to creating, renewing or replacing a health plan. Priority Health may not, however, use or share genetic information to decide whether we will give you coverage and the price of that coverage.

Please note that we do not destroy your PHI when you end your coverage with us. It may be necessary to use or share your PHI for the purposes described above even after your coverage ends. Privacy policies and procedures will remain in place to protect against incorrect use or sharing of your PHI.

To you and your personal representative. We may share your PHI to you or your personal representative, who is someone that has the legal right to act on your behalf.

To others involved in your care. We may, in certain cases, share your PHI to a member of your family, a relative, a close friend or any other person you identify if they are involved in your health care or payment for health care. For example, we may discuss a claim decision with you in the presence of a friend or a relative, unless you object.

If you are not able to tell us your preference, we will share your PHI if we believe it is in your best interest. For example, we may share your PHI when you are unconscious. We may also share your PHI when needed to reduce a serious threat to health or safety.

This also applies to the Organized Health Care Arrangement (OHCA) between Priority Health and Corewell Health. Priority Health will share your PHI with Corewell Health for treatment, payment and health care operations purposes. Priority Health reserves the legal right for the organization or any individual to change participation in the OCHA between Priority Health and Corewell Health.

Other use or sharing of your PHI without your written authorization.

Priority Health is allowed or required to share your PHI in other ways that usually contribute to the public good, such as public health and research. Priority Health may also use or share your PHI:

- When required by law.
 - For law enforcement purposes.
 - When necessary for judicial or administrative proceedings, such as court proceedings.
 - For compliance with workers' compensation requirements, as authorized by applicable law.
 - For various government functions, such as health oversight agencies for activities authorized by law, the Armed Forces for active personnel, to Intelligence Agencies for national security and the Department of State for foreign services reasons, such as security clearance.
 - As necessary for a coroner, medical examiner, law enforcement official or funeral director to carry out their legal duties with respect to a deceased individual or to cadaveric organ, eye or tissue donation and transplant organizations.
- For matters of public interest.
 - Reporting adult abuse, neglect or domestic violence.
 - To prevent a serious threat to an individual or a community's health and safety.
 - Reporting to organ procurement and tissue donation organizations.
 - For public health and safety activities, including disease control and vital statistic reporting, child abuse reporting and Food and Drug Administration (FDA) oversight.
 - For research purposes, as long as applicable research privacy standards are met.
 - To make a collection of de-identified information, which is PHI that cannot be traced back to you.
 - From time to time, we engage with third parties, called business associates, to provide various services for us. Whenever a third party involves the use or sharing of your PHI, we will have a written contract with that third party designed to protect the privacy of your PHI. For example, we may share your PHI with business associates who process claims or conduct disease management programs on our behalf.

The use or sharing of your PHI with group health plan sponsors.

This section of the Notice of Privacy Practices applies only to group health plans.

Priority Health may share your PHI with the sponsor of your group health plan, usually your employer, about whether you are enrolled or disenrolled in the group health plan. Priority Health

may also share summary health information with the sponsor, which is a summary of the amount, type and history of claims paid under the sponsor's group health plan with most identifying information, such as your name, age and address, except for zip code, removed. The sponsor may use this information to obtain premium bids for health plan coverage or to decide whether to modify, amend or end the plan. If the sponsor of your group health plan takes appropriate steps to comply with federal privacy regulations, Priority Health may also share your PHI with the sponsor for the sponsor's administration of the group health plan.

Other use or sharing of your PHI by written authorization only.

Priority Health may not use or share your PHI without your written authorization, except as described in this Notice. You may give us written authorization to use your PHI or to share it with anyone for any purpose. If you give us written authorization, you may take back (revoke) the written authorization at any time by notifying Priority Health's Compliance department in writing. If you revoke your written authorization, we will no longer use or share your PHI for the reasons covered by your written authorization, but it will not affect any use or sharing of your PHI permitted by the written authorization while it was in effect. We also must obtain your written authorization to sell your PHI to a third party or, in most cases, to use or share your PHI to send you communications about products and services. We do not need your written authorization, however, to send you communications about treatment alternatives, treatment reminders and health related products or services, as long as the products or services are associated with your coverage or are offered by us.

We will never sell your PHI or use or share it for marketing purposes without your written authorization.

We must receive your written authorization to share psychotherapy notes, except for certain treatment, payment or health care operations activities.

A parent, legal guardian or properly named patient advocate may represent you and provide or revoke written authorization to use or share your PHI if you are not able to. Court documents may be required to verify this authority.

Potential impact of other applicable laws.

The Health Insurance Portability and Accountability Act (HIPAA) generally does not preempt or override other laws that give people greater privacy protections. Therefore, if any state or federal privacy law requires us to provide you with more privacy protections, we are obligated to comply with that law in addition to HIPAA.

Our policies and procedures.

We have policies and procedures in place that protect the privacy of your PHI.

- Every employee receives training when they are hired and on an annual basis.
- Every employee must acknowledge that they understand they are required to keep member's PHI private. They also learn about the actions the company will take if the privacy policies are not followed.
- Priority Health has strict control of access to electronic and paper information specific to members. Only those users authorized with a password have access to electronic information. Paper information is stored in secure locations. Access is only given to those who need it to manage care for members or for administrative purposes.

Your legal rights regarding your PHI.

You have the following legal rights:

Legal right to inspect and copy. You have the legal right to look at and get a copy of your PHI that may be used to make decisions about your care and payment for your care as long as we maintain them. There are limited cases in which we may deny your request to inspect and copy these records. If you are denied access to your PHI, you may request that the denial be reviewed. If you request a copy of your PHI, we may charge a fee for the cost of copying, mailing and other costs regarding your request.

To inspect and copy your PHI, contact Priority Health's Compliance department.

Legal right to correct your health and claims record. You have the legal right to request that Priority Health amend any of your PHI that we use to make decisions about you. Generally, Priority Health will not amend these records if we did not create them or we determine that they are accurate and complete. To request that we amend your PHI, you must write to Priority Health's Compliance department and include a reason to support the change.

Legal right to know an accounting of disclosures. You have the legal right to request an accounting of disclosures, which is a list of times we shared your PHI for 6 years prior to the date of your request. The accounting of disclosures will not include times when PHI was shared:

- To carry out treatment, payment or health care operations.
- To you or your personal representative.
- To anyone you have given written authorization.
- For national security or intelligence purposes.
- To correctional institutions or to law enforcement, as described in this Notice.
- As part of a limited data set, which is a collection of your PHI that does not directly identify you.

Your request should indicate in what way you want the list, such as on paper or electronically. The first list you request within 12 months will be free. We may charge you for the costs of providing additional lists. We will notify you of the cost and you can choose to withdraw or modify your request at that time before we charge you any fees.

Legal right to request restrictions. You have the legal right to request a limit on your PHI that we use or share. We are not required by law to agree to your request. If we do agree to your request for restriction, we will comply with it unless your PHI is needed to provide emergency treatment. To request restrictions, you must make your request in writing to Priority Health's Compliance department. In your request, you must tell us:

- What PHI you want to limit.
- Whether you want to limit our use, sharing or both.
- To whom you want the limits to apply.

Priority Health will notify you, either in writing or by phone, when we receive your request and of any restrictions to which we agree.

Legal right to request confidential communications. You may request that Priority Health communicate with you through other ways or a different location. For example, you might want us to send your PHI, such as Explanation of Benefits (EOB) and other claim information, to a different address. Priority Health will agree to your request if you clearly state in writing that communicating with you without using other ways or a different location could endanger you. Priority Health will accommodate your request if it is reasonable, specifies the other ways or different location and permits us to collect premiums and pay claims.

To request confidential communications, you must make your request in writing to Priority Health's Compliance department.

Legal right to a paper copy of this Notice. You have the legal right to a paper copy of Priority Health's current Notice of Privacy Practices upon request. To obtain a paper copy of this Notice, please call our Customer Service department. Otherwise, you may also print a copy of this Notice from our website at priorityhealth.com.

Complaints.

If you believe your privacy rights have been broken, you may file a complaint with Priority Health and/or the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS). To file a complaint with Priority Health, please call or send a written explanation of the issue to Priority Health's privacy department. You will not be retaliated against for filing a complaint.

Our responsibilities.

Priority Health has the following responsibilities:

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your PHI other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to this Notice.

Priority Health has the right to change our privacy practices and the terms of this Notice at any time. Any changes to our Notice of Privacy Practices will be effective for all PHI that we maintain, including PHI regardless of when it was created or received. We will provide a copy of the new Notice, or information about the changes to our privacy practices and how to obtain the new Notice, in our next annual mailing to members who are then covered by one of our health plans. The new Notice will also be available upon request and posted on our website.

Contact information.

If you have questions about how your PHI may be used and shared and how to get access to this information, please contact Priority Health's Privacy department.

For any other questions or concerns, please contact Priority Health's Compliance department.

Priority Health Compliance department:

Priority Health Compliance department

1231 East Beltline NE

Grand Rapids, MI 49525

616.942.0954

800.942.0954

Priority Health Privacy department:

Priority Health

Chief Privacy Officer

100 Michigan Street NE

Grand Rapids, MI 49503

616.486.4113

This Notice is effective: September 1, 2019

Women's Health and Cancer Rights Act of 1998 (WHCRA) annual notice.

Did you know that your health plan, as required by the WHCRA, may provide benefits for mastectomy-related services? This includes:

- All stages of reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prosthesis and treatment of physical complications of all stages of the mastectomy, including lymphedema.

See your plan documents for details, which can be found in your member account at **member.priorityhealth.com**. Call the number on the back of your member ID card for more information.

Important information for members.

Please visit **priorityhealth.com/important-information-for-members** to learn about additional information that applies to you as a Priority Health member.

Notice of Nondiscrimination and language services

Priority Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Priority Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Free aids and services

Priority Health provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats.

Priority Health provides free language services to people whose primary language is not English, such as:

- Qualified interpreters.
- Information written in other languages.

If you need these services, contact Priority Health customer service by calling the number at the back of your member ID card (TTY users should call 711).

Filing a civil rights complaint

If you believe that Priority Health 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 civil rights complaint with Priority Health in-person or by:

Mail

Priority Health Compliance department
Attention: Civil Rights Coordinator
1231 East Beltline Ave NE
Grand Rapids, MI 49525-4501

Phone

866.807.1931 (TTY users should call 711)

Fax

616.975.8850

Email

PH-compliance@priorityhealth.com

If you need help filing a civil rights complaint, a customer service representative is available to help you.

You can also file a civil rights complaint with the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) by:

Mail

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

Phone

800.368.1019

Electronic form

Through the OCR Complaint Portal at
ocrportal.hhs.gov/ocr/portal/lobby.jsf.

Complaint forms are available from the HHS website at ***hhs.gov/ocr/complaints/index.html***.

Group, Medicaid and MyPriority language assistance services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia en su idioma. Consulte al número de Servicio al Cliente que está en la parte de atrás de su tarjeta de identificación de miembro. (TTY: 711).

ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال برقم خدمة العملاء على الجانب الخلفي من بطاقة عضويتك الشخصية. (رقم هاتف الصم والبكم: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請撥打會員卡背面的客服電話（TTY：711）。

සේවාව: ඔබ කතා කරන්නේ සිංහලයේ නම්, නිවැරදි සේවාවක් ලබාදීමට අපි සූදානම්ව සිටිමු. (TTY: 711)

CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin hãy gọi tới số điện thoại của bộ phận dịch vụ khách hàng có ở mặt sau thẻ ID thành viên của quý vị. (TTY: 711).

KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Ju lutem kontaktoni qendrën e shërbimit për klient në pjesën e pasme të ID kartës tuaj të anëtaresimit (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 멤버십 ID카드의 뒷면에 있는 고객 서비스 번호로 전화해 주십시오. (TTY: 711)

লক্ষ্য করুন: আপনি বাংলায় কথা বলতে পারলে আপনার জন্য নিঃখরচায় ভাষা সহায়তা সেবা সুলভ রয়েছে। অনুগ্রহ করে আপনার সদস্যপদ আইডি কার্ডের পেছনে থাকা গ্রাহক সেবা নম্বরে কল করুন। (TTY: 711)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer telefonicznej obsługi klienta wskazany na odwrocie Twojej legitymacji członkowskiej (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienste zur Verfügung. Bitte rufen Sie die Kundendienstnummer auf der Rückseite Ihrer Mitgliedskarte an. (TTY: 711).

ATTENZIONE: se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero sul retro della tessera identificativa di membro. (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。メンバーシップIDカードの裏面にあるお客様サービスセンターの番号までお電話にてご連絡ください。（TTY:711）

ВНИМАНИЕ! Если Вы говорите на русском языке, то Вам доступны услуги бесплатной языковой поддержки. Пожалуйста, позвоните в службу поддержки клиентов по номеру, указанному на обратной стороне Вашей идентификационной карточки участника (телетайп (TTY): 711).

Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Molimo nazovite broj službe za korisnike na pozadini vaše članske iskaznice (TTY:711).

Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, ng libre, ay available para sa iyo. Pakitawan ang numero ng customer service sa likod ng iyong ID card ng pagiging miyembro. (TTY:711).

Medicare multi-language interpreter services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-389-6648. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-389-6648. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-389-6648。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-389-6648。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-389-6648. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-389-6648. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-389-6648 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-389-6648. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-389-6648번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-389-6648. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1 - 888 - 389 - 6648. سيقوم شخص ما يتحدث بالعربي بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके ककसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाकिया सेवाएँ उपलब्ध हैं. एक दुभाकिया प्राप्त करने के लिए, बस हमें 1-888-389-6648 पर फोन करें. कोई व्यक्ति जो कहन्दी बोिता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-389-6648. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-389-6648. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-389-6648. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-389-6648. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-389-6648にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

The term "Priority Health" refers to four corporations: "Priority Health Choice, Inc." (a Michigan non-profit corporation), "Priority Health" (a Michigan nonprofit corporation), "Priority Health Insurance Company" (a Michigan nonprofit corporation) and "Priority Health Managed Benefits, Inc." (a Michigan business corporation).

Priority Health is a registered trademark and is used by the permission of the owner.

Priority Health is an Equal Opportunity Employer.

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