

# 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.

## Our commitment to you

Priority Health and Priority Health Choice, Inc. (known as “Priority Health”) understands the importance of handling protected health information (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](http://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

## **Addendum to Notice of Privacy Practices – Substance Use Disorder (42 CFR Part 2) Records How the Plan May Use or Disclose Substance Use Disorder Information**

This Addendum applies to the group health plan's receipt, use, and disclosure of certain substance use disorder (SUD) treatment records that are protected under 42 C.F.R. Part 2 ("Part 2"). Part 2 protects the confidentiality of records from federally assisted programs that diagnose, treat, or refer individuals for substance use disorders ("Part 2 Programs"). Federal law imposes specific limitations on how these records may be used or shared.

The group health plan may receive SUD related records from Part 2 Programs or from other health care providers or entities. If such records are provided to the plan through a general written authorization that allows the plan to use and disclose the information for purposes such as treatment, payment, and health care operations, the plan may use and disclose those records in accordance with that authorization and applicable law.-related records from Part 2 Programs or from other health care providers or entities. If such records are provided to the plan through a general written authorization that allows the plan to use and disclose the information for purposes such as treatment, payment, and health care operations, the plan may use and disclose those records in accordance with that authorization and applicable law.

However, federal law prohibits the plan from disclosing Part 2-protected records in any civil, criminal, administrative, or legislative proceeding against the individual who is the subject of the records unless:

1. The individual provides specific written consent that meets Part 2 requirements, *or*
2. A court issues an authorizing order, and the individual has been provided notice and an opportunity to be heard before the order is issued.

Except as permitted by the individual's written consent, a valid court order, or another specific exception under Part 2, the plan is not allowed to use or disclose Part 2 records for purposes that would identify an individual as having a substance use disorder, receiving SUD treatment, or having previously received SUD treatment.

Further, we will not use or disclose Part 2 protected records for fundraising purposes without your written consent, and you may always opt out of such uses.

This Addendum forms part of the plan's Notice of Privacy Practices and is intended to meet the requirements of the 2024 HHS Final Rule aligning the HIPAA Privacy Rule with the 42 C.F.R. Part 2 confidentiality standards.

## 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.
- Prostheses 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](http://member.priorityhealth.com). Call the number on your member ID card for more information.

## Personal and social information that relate to your health

We may collect, receive and maintain various personal and social information related to your health, such as race, ethnicity, language, sexual orientation, gender identity and other social factors like housing, transportation or access to healthy foods. We ensure this information is protected as outlined in this Notice.

### We may use this information to:

- Create and send health education information.
- Create programs to improve health outcomes.
- Make sure you get the care you need.
- Let providers know about your language needs.
- Provide interpretation and translation services.

### We do not use this information to:

- Determine benefits.
- Decide how much to charge for services.
- Issue health coverage.
- Share with unapproved users.

## Important information for members

Please visit [priorityhealth.com/important-information](http://priorityhealth.com/important-information) to learn about additional information that applies to you as a Priority Health member.

*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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# Notice of Nondiscrimination

This Notice describes our nondiscrimination policy, availability of free language assistance, auxiliary aids and services and filing a grievance.

## Discrimination is against the law

Priority Health complies with applicable civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, ethnicity, national origin, age, HIV status, marital status, sex (as defined by law and Priority Health policy), sexual orientation, gender identity or expression, disability, religion, socioeconomic status or source of payment for service, height, weight, veteran status, association or any other protected characteristic based on federal, state or local law.

## Availability of free language assistance and auxiliary aids and services

Priority Health provides free language services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

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

- Qualified sign language interpreters.
- Written information in other formats (e.g. large print, audio, accessible electronic).

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, visit [priorityhealth.com/contact-us](https://priorityhealth.com/contact-us).

## Filing a grievance

If you believe that Priority Health has failed to provide these services or discriminated in another way on the basis of race, color, ethnicity, national origin, age, HIV status, marital status, sex (as defined by law and Priority Health policy), sexual orientation, gender identity or expression, disability, religion, socioeconomic status or source of payment for service, height, weight, veteran status, association or any other protected characteristic based on federal, state, or local law, you can file a grievance in person or by mail, phone, fax or email. The Section 1557 Civil Rights Coordinator can answer questions and help file a grievance by:

**Mail.** Section 1557 Civil Rights Coordinator  
Compliance Department MC 3230  
Priority Health  
1231 East Beltline Ave NE  
Grand Rapids, MI 49525-4501

**Phone.** 866.807.1931 (TTY: 711)  
**Fax.** 616.975.8850  
**Email.** [PH-compliance@priorityhealth.com](mailto:PH-compliance@priorityhealth.com)

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.** HHS  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

**Phone.** 800.368.1019 (TTD: 800.537.7697)  
**Form.** [hhs.gov/civil-rights/filing-a-complaint](https://hhs.gov/civil-rights/filing-a-complaint)

This Notice is available at  
[priorityhealth.com/nondiscrimination](https://priorityhealth.com/nondiscrimination).

*Last updated: June 2025*  
10003-334 H8379\_NCMS400040102562BK\_C 06202025  
Y0056\_NCMS400040102562BK\_C 06202025  
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**Hindi (हिंदी)** - ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 800.942.0954 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

**Italian (Italiano)** - ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'800.942.0954 (TTY: 711) o parla con il tuo fornitore.

**Japanese (日本語)** - 注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。800.942.0954 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

**Korean (한국어)** - 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 800.942.0954 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

**Polish (Polski)** - UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 800.942.0954 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

**Russian (Русский)** - ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 800.942.0954 (TTY: 711) или обратитесь к своему поставщику услуг.

**Serbian (Srpski)** - ПАЖЊА: Ако говорите језиком који није енглески, доступне су вам услуге бесплатне помоћи у вези језика. Одговарајућа помоћна средства и услуге ради пружања информација у приступачном формату су такође доступни без накнаде. Позовите 800.942.0954 (TTY: 711) или разговарајте са пружаоцем услуга.

**Spanish (Español)** - ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 800.942.0954 (TTY: 711) o hable con su proveedor.

**Tagalog** - PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 800.942.0954 (TTY: 711) o makipag-usap sa iyong provider.

**Urdu (اردو)** - توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں 800.942.0954 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

**Vietnamese (Tiếng Việt)** - LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 800.942.0954 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.