

## Notice of Privacy Practices



445 Grant Avenue | San Francisco | CA 94108 | [www.BalancebyCCHP.com](http://www.BalancebyCCHP.com)

**Call the Corporate Compliance Hotline at 415-955-8810 for Privacy Issues**

**Effective Date: April 14, 2003**

**Last Reviewed: August 2023**

**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.**

Balance by CCHP and its affiliated healthcare providers appreciate the opportunity to provide healthcare benefits to you and your family. Balance understands the importance of privacy and is committed to maintaining your medical information's confidentiality. In the course of providing the health benefit programs we administer or offer, Balance must collect, use and disclose protected health information. We use these records to provide or enable other healthcare providers to provide quality medical care, to obtain payment for services provided to you as allowed by Balance, and to enable us to meet our professional and legal obligations to operate this health plan properly. We consider this information confidential and private; consequently, we have policies and procedures to protect the information against unlawful use and disclosure. Balance is required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. This notice describes how Balance may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact Balance's Privacy Officer listed above.

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## A. How Balance May Use or Disclose Your Health Information

Balance by CCHP may collect health information about you and stores it on a computer. Your information may be used or shared by Balance to provide or arrange for your care. The information we use, and share includes, but is not limited to:

- Your name,
- Address,
- Personal facts,
- Medical care given to you,
- The cost of your medical care, and
- Your medical history.

Some actions we take when we act as a health plan include:

- Checking your eligibility and enrollment to see whether you are covered,
- Approving, giving, and paying for services,
- Investigating alleged fraudulent cases,
- Checking the quality of care you receive, and
- Coordinating the care, you receive.

The following categories describe different ways that we use and disclose protected health information. The examples given within each category are not meant to be exhaustive and not every use or disclosure will be listed within a category. The law permits us to use or disclose your health information for the following purposes:

1. **Treatment.** Balance uses and discloses your protected health information for treatment. We disclose protected health information to our employees and others who are involved in providing the care you need. For example, we may disclose protected health information to your doctors, nurses, technicians, or other hospital/healthcare facility personnel who are involved in taking care of you. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose protected health information about you to people outside the hospital/healthcare facility who may be involved in your care after you are discharged.
2. **Payment.** Balance uses and discloses protected health information in order to make payment for the health care services you receive. Balance reviews, approves, and pays for health care claims sent to us for your medical care. When we do this, we share information with the doctors, clinics, and others who bill us for your care. For example, we may receive information about your treatment at Chinese Hospital and we will pay Chinese Hospital for the services you receive. Your Primary Care Physician or specialist may also tell us about a treatment you are going to receive in order to obtain prior authorization so that we will cover your treatment. If you are enrolled in Balance as a dependent of another member (such as your spouse), we may disclose health information about you to that member for purposes of obtaining and administering payment.
3. **Health Care Operations.** Balance may use and disclose protected health information about you for healthcare operations. In general, these uses and disclosures are activities necessary to run the health plan and make sure that all of our members receive quality care and include but are not limited to the following: quality assessments, performance reviews, underwriting and other

activities related to renewing or replacing health insurance contracts, medical reviews, conducting or arranging for legal or auditing services, including fraud and abuse detection and compliance programs, business planning and management. Balance may also share your medical information with our "business associates," such as our billing service, that perform administrative services for us. For example, Balance contracts with another organization to handle our prescription drug program and process prescription drug claims. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your medical information. Although federal law does not protect health information that is disclosed to someone other than another healthcare provider, health plan, or healthcare clearinghouse, under California law all recipients of healthcare information are prohibited from re-disclosing it except as specifically required or permitted by law. Balance may also share your information with other health care providers, health care clearinghouses, or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of competence, qualifications, and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts. We may also share health information about you with other health care providers, health care clearinghouses, and health plans that participate with us in "organized health care arrangements" (OHCAs) for any of the OHCAs' health care operations. OHCAs include hospitals, physician organizations, health plans, and other entities, which collectively provide health care services. A listing of the OHCAs we participate in is available from the Privacy Officer.

4. **Notification and Communication with Family.** Balance may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. Balance may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
5. **Marketing.** The Privacy Rule defines "marketing" as a communication about a product or service that encourages recipients of the communication to purchase or use the product or service. If the communication is "marketing," then the communication can occur only if Balance first obtains your "authorization." Marketing also means an arrangement between Balance and any other entity whereby Balance discloses your protected health information to the other entity, in exchange for direct or indirect remuneration, for the other entity or its affiliate to make a communication about its own product or service that encourages you to purchase or use that product or service. For example, it is "marketing" when Balance provides a list of its members to a company that sells blood glucose monitors, which intends to send Balance's members brochures on the benefits of purchasing and using the monitors. Before these marketing communications can occur, Balance will request your authorization. A covered entity such as Balance may not sell protected health information to a business associate or any other third party for that party's own purposes. Balance may not sell lists of members to third parties without obtaining authorization from each person on the list.

6. **Required by Law.** As required by law, Balance will use and disclose your protected health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect, or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning these activities.
7. **Public Health.** Balance may and are sometimes required by law to disclose your health information to public health authorities for purposes related to preventing or controlling disease, injury, or disability; reporting child, elder, or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless, in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
8. **Health Oversight Activities.** Balance may and are sometimes required by law to disclose your health information to health oversight agencies during audits, investigations, inspections, licensure, and other proceedings, subject to the limitations imposed by federal and California law.
9. **Judicial and Administrative Proceedings.** Balance may, and is sometimes required by law, to disclose your health information during any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
10. **Law Enforcement.** Balance may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, or missing person, complying with a court order, warrant, grand jury subpoena, and other law enforcement purposes.
11. **Public Safety.** Balance may, and is sometimes required by law, to disclose your health information to appropriate persons to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
12. **Specialized Government Functions.** Balance may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
13. **Organ or Tissue Donation.** Balance may disclose your health information to the organizations involved in procuring, banking, or transplanting organs and tissues.
14. **Workers' Compensation.** Balance may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by workers' compensation, your provider will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

15. **Coroners.** Balance may, and is required by law, to disclose your health information to coroners in connection with their investigations of deaths.
16. **Change of Ownership.** In the event that Balance is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.
17. **Breach Notification.** In the case of a breach of unsecured protected health information, Balance will notify you as required by law. If you have provided us with a current mailing address, we will mail you to communicate information related to the breach. In some circumstances, our business associate may also provide the notification. We may also provide notification by other methods as appropriate.
18. **Research.** Balance may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.
19. **Fundraising.** Balance may use or disclose your demographic information and the dates that you received treatment in order to contact you for fundraising activities. If you do not want to receive these materials, notify the Privacy Officer listed at the top of this Notice of Privacy Practices and we will stop any further fundraising communications.

## **B. When Balance May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, Balance will not use or disclose health information that identifies you without your written authorization. If you do authorize Balance to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

## **C. Your Health Information Rights**

1. **Right to Request Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information concerning healthcare items or services for which you paid in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. Balance reserves the right to accept or reject any other request and will notify you of our decision.
2. **Right to Request Confidential Communications.** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. Balance will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
3. **Right to Inspect and Copy.** You have the right to inspect and copy your health information, with limited exceptions. To access your health information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We

will charge a reasonable fee, as allowed by California and federal law. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional. **IMPORTANT: Balance does 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 doctor or clinic.** If your written request clearly, conspicuously and specifically asks us to send you or some other person or entity an electronic copy of your medical record, and we do not deny the request as discussed above, we will send a copy of the electronic health record as you requested and will charge you no more than what it cost us to respond to your request.

4. **Right To Amend or Supplement.** You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. Balance is not required to change your health information and will provide you with information about this denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.
5. **Right to an Accounting of Disclosures.** You have a right to receive an accounting of disclosures of your health information made by Balance, except that Balance does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs A.1 (treatment), A.2 (payment), A.3 (health care operations), A.4 (notification and communication with family) and A.12 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent Balance has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities. To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer, Balance by CCHP, 445 Grant Avenue, San Francisco, CA 94108.
6. You have the right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail. You may obtain a copy of this notice at our website, [www.balancebycchp.com](http://www.balancebycchp.com). To obtain a paper copy of this notice, please contact our Member Services at 1-888-775-7888.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

## **D. Changes to this Notice of Privacy Practices**

Balance reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. Balance will also post the current notice on our website.

## **E. Complaints**

Complaints about this Notice of Privacy Practices or how Balance handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices.

If you are not satisfied with the manner in which Balance handles a complaint, you may submit a formal complaint to:

Region IX  
Office for Civil Rights  
U.S. Department of Health and Human Services  
90 7th Street, Suite 4-100  
San Francisco, CA 94103  
Customer Response Center: (800) 368-1019  
Fax: (202) 619-3818  
TDD: (800) 537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

The U.S. Department of Health and Human Services, Office for Civil Rights provides Complaint Portal Assistant at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

**You will not be penalized for filing a complaint.**