

# Community First Health Plans Notices of Privacy Practices

## Notice of Non-Discrimination

Community First Health Plans, Inc. (HMO) (CFHP) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. CFHP does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

## Language Assistance Services

Free auxiliary aids and services to people with disabilities are available to communicate effectively with our organization, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, and other written formats)

Free language services are available to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need auxiliary services, contact Community First Member Services at **1-800-434-2347**. TTY (for hearing impaired) at 210-358-6080 or toll-free 1-800-390-1175.

If you wish to file a complaint regarding claims, eligibility, or authorization, please contact Community First Member Services at 1-800-434-2347.

If you feel that CFHP failed to provide free language services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can contact the CFHP Chief Compliance & Quality Officer by phone, fax, or email at:

Telephone: (210) 510-2463

TTY number: 1-800-390-1175

Fax: (210) 358-6014

E-mail: [privacy@cfhp.com](mailto:privacy@cfhp.com)

You may 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>. You may file a complaint 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

Phone: 1-800-368-1019

1-800-537-7697 (TDD)

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>

## **Aviso de no discriminación**

Community First Health Plans (CFHP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad, sexo, identidad de género u orientación sexual. CFHP no excluye a las personas ni las trata de manera diferente por motivos de raza, color, nacionalidad, edad, discapacidad, sexo, identidad de género u orientación sexual.

## **Servicios de asistencia lingüística**

CFHP proporciona asistencia gratuita y servicios a personas con discapacidades para comunicarse de manera eficaz con nuestra organización, como:

- Intérpretes de lenguaje de señas calificados.
- Información escrita en otros formatos (letra grande, audio, electrónicos accesibles y otros formatos).

CFHP también proporciona servicios lingüísticos gratuitos a personas cuyo idioma natal no es el inglés, como:

- Intérpretes calificados
- Información escrita en otros idiomas

Si usted necesita recibir estos servicios, comuníquese con el departamento de Servicios de Miembros de Community First llamando al **1-800-434-2347**. TTY (personas con discapacidad auditiva) al 210-358-6080 or llamada gratis 1-800-390-1175.

Si usted desea someter una queja relacionada a reclamos, elegibilidad o autorizaciones, favor de contactar al departamento de Servicios para Miembros de CFHP al 1-800-434-2347.

Si usted considera que CFHP fallo en proporcionarle estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad, sexo, identidad de género u orientación sexual, usted puede comunicarse con la Directora de Cumplimiento por teléfono, fax o correo electrónico al:

Teléfono: (210) 510-2463

TTY: 1-800-390-1175

Fax: (210) 358-6014

Correo Electrónico: [privacy@cfhp.com](mailto:privacy@cfhp.com)

También puede presentar una queja de derechos civiles ante el Departamento de Salud y Servicios Humanos, Oficina de Derechos Civiles, de manera electrónica a través del Portal de Quejas de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Usted puede someter una queja por correo electrónico o por teléfono al:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-537-7697 (TDD)

Puede obtener las formas de quejas en el sitio web:

<http://www.hhs.gov/ocr/office/file/index.html>

## Multi-Language Interpreter Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-434-2347 (TTY: 1-800-390-1175).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-434-2347 (TTY: 1-800-390-1175).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-434-2347 (TTY: 1-800-390-1175).

注意：如果您使用繁體中文，可以免費獲得語言援助服務。請致電 1-800-434-2347 (TTY: 1-800-390-1175)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-434-2347 (TTY: 1-800-390-1175)번으로 전화해 주십시오.

اذا كنت تحدثت ركذا، غللا نإف تامدخ اسملا ؤدع وغللا ؤى وتت ف كل. ناجملابلصتا رب مق 1-800-434-2347 مق  
تاه مصلا ل او: 1-800-390-1175: ؤظوح لم

1-800-434-2347 ربخ: راد رگا پآ را ود وب ے تل، ے وت پآ وک نابز ے یک دم یک تامدخ تفم ے ے م با ے تس د ے ے - لاک  
(TTY: 1-800-390-1175) ک

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-434-2347 (TTY: 1-800-390-1175).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-434-2347 (ATS : 1-800-390-1175)

ध्यान द: यद आप हदी बोलते ह तो आपके लिए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-800-434-2347  
(TTY: 1-800-390-1175) पर कॉल कर।

امش ے ار ب ناگی ار تر و ص ب ے نابز تالی هست، دینی ک ے م وگت فگ ے ے س راف نابز هب رگا: هجوت  
اب. دشاب ے م هارف 1-800-434-2347 (TTY: 1-800-390-1175) دیری گب سامت

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.  
Rufnummer: 1-800-434-2347 (TTY: 1-800-390-1175).

ध्यान दें: यद आप हदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-434-2347  
(TTY: 1-800-390-1175) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-434-2347 (телетайп: 1-800-390-1175).

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。1-800-434-2347  
(TTY: 1-800-390-1175)まで、お電話にてご連絡ください。

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າ, ແມ່ນມີອັດຕະໂນຳ.  
ໂທ 1-800-434-2347 (TTY: 1-800-390-1175).

## Medical Information Privacy Practices

### Your Information. Your Rights. Our Responsibilities.

Community First Health Plans, Inc. (HMO) (CFHP) is required by law to protect the privacy of your health information. 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.

### When it comes to your health information, you have certain rights.

The term “health information” or “information” in this notice includes any information CFHP maintains that can reasonably be used to identify you, which relates to your physical or mental health condition, the health care you receive, or the payment for your health care.

## **This section explains your rights and some of our responsibilities to help you.**

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for treatment, payment, health care operations, and certain other disclosures (such as any you asked us to make). Federal law does not require us to provide an accounting of disclosures to correctional institutions or law enforcement officials and certain other disclosures. We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before taking any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the contact information below.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Let us know what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care.

- Share information in a disaster relief situation.
- Contact you for fundraising efforts.

*If you cannot tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## **Our Uses and Disclosures**

CFHP collects and maintains oral, written, and electronic information to administer our business and provide products, services, and information of importance to health plan members. We maintain physical, electronic, and security procedure safeguards in the handling and maintenance of our members' information, in accordance with state and federal standards, to protect against risks such as loss, destruction, or misuse.

## **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who treat you and coordinate your care.  
**Example:** A doctor sends us information about your diagnosis and treatment plan to arrange additional services.
- We may share your health information with Business Associates that perform functions or services on our behalf if sharing the information is necessary. Business Associates are required by law to protect the privacy of your information. They are not allowed to use or disclose any information other than as specified in our contract and as permitted by federal law.
- We may provide your information on health-related programs or products, such as available treatments and programs or about health-related products and services, subject to limits imposed by law.
- We may use or disclose health information to send you reminders about your benefits or care, such as appointment reminders with providers who provide medical care to you.

Run our organization

- We can use and disclose your information to run our organization to provide and manage your health care coverage.  
**Example:** We may suggest a disease management program to your doctor to help improve your health. We may analyze data to determine how we can develop better services for you.
- We may de-identify health information in accordance with applicable laws. After that information is de-identified, the information is no longer subject to this notice and may be used for any lawful purpose.

Pay for your health services

- We can use and disclose your health information as we pay for your health care services, for payment of premiums due to CFHP, to determine your coverage, including for subrogation or coordination of other benefits you may have.  
**Example:** We may tell a doctor whether you are eligible for coverage and what percentage of the bill may be covered.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan and administration.  
**Example:** Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge. We may share other health information for plan administration purposes if the plan sponsor agrees to special restrictions on its use and disclosure of the information in

accordance with federal law.

- We may disclose your health information for underwriting purposes. Genetic information will not be used or disclosed for this purpose.

## **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

Help with public health and safety issues

- We can share health information about you for certain situations such as:
  - ✓ Reporting or preventing disease to a public health authority
  - ✓ Helping with product recalls
  - ✓ Reporting adverse reactions to medications
  - ✓ Reporting suspected abuse, neglect, or domestic violence
  - ✓ Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

To persons involved with your care

- We may use or disclose your health information to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unable to object, we will use our best judgment to decide if the disclosure is in your best interest.
- Special rules apply regarding when we may disclose health information to family members and others involved in a deceased person's care. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased individual.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
  - ✓ To comply with workers' compensation laws
  - ✓ For law enforcement purposes or with a law enforcement official
  - ✓ With health oversight agencies for activities authorized by law
  - ✓ For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order or a subpoena.

## **Additional Restrictions Use and Disclosure**

Certain state and federal laws may require **special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you.** These laws may protect the following type of information:

- Alcohol and substance abuse
- Biometric information
- Child or adult abuse or neglect and sexual assault
- Communicable diseases
- Genetic information
- HIV/AIDS
- Mental health
- Information about minors
- Prescriptions
- Reproductive health
- Sexually transmitted diseases

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- 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 information 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.
- If a use or disclosure of health information described in this notice is prohibited or materially limited by other laws that apply to us. It is our intent to meet the requirements of the more stringent law.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

For more information, see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of This Notice**

We can change CFHP privacy practices and the terms of this notice. The changes will apply to all the information we have about you and the information we receive in the future. The new notice will be available upon request on our web site at [www.cfhp.com](http://www.cfhp.com), and we will mail a copy to you at the next annual distribution.

### **For assistance about your rights or for a copy of this Privacy Notice:**

Member Services  
1-800-227-2347

**To submit a written request:**  
Community First Health Plans  
Attn: Member Services  
12238 Silicon Drive, Suite 100  
San Antonio, TX 78249

**For complaints:**  
Community First Health Plans  
Attn: Privacy Officer  
12238 Silicon Drive, Suite 100  
San Antonio, TX 78249

Effective: 09/01/2020

## **Financial Information Privacy Notice**

**Effective 09/01/2020**

This notice describes how Financial Information about you may be used or disclosed. Please review it carefully.

### **Information We Collect**

Depending on the product you have with us, we may collect personal financial information about you, including:

- Information we receive on your applications or other forms, such as name, address, age, medical information, and Social Security number
- Information about your transactions with us, our affiliates, or others, such as premium payment and claims history
- Information from a consumer reporting agency.

### **Disclosure of Information**

We do not disclose personal financial information about our members or former members to any third party, except as required or permitted by law.

**Example:** In the course of our general business practices, we may disclose personal financial information that we collect about you without your authorization, as permitted by law. The disclosures may be made to the following types of institutions:

- ✓ To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors
- ✓ To nonaffiliated companies for business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations
- ✓ To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

### **Confidentiality and Security**

We maintain physical, electronic, and procedural safeguards, in accordance with applicable state and federal standards, to protect your personal financial information against risks such as loss, destruction, or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information.

### **Questions about This Notice**

If you have questions about this notice, please call the toll-free Member Services phone number: 1-800-434-2347.