



NOTICE OF PRIVACY PRACTICES  
MOLINA HEALTHCARE OF CALIFORNIA PARTNER PLAN, INC.

**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**

Molina Healthcare of California Partner Plan, Inc. (“Molina” or “we”) provides health care benefits to you through the Medi-Cal program. Molina uses and shares protected health information about you to provide your health care benefits. We use and share your information to carry out treatment, payment and health care operations. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private. We have policies in place to obey the law. The effective date of this notice is June 1, 2009.

**PHI** stands for these words, protected health information. PHI means health information that includes your name, member number or other identifiers, and is used or shared by Molina.

**Why does Molina use or share your PHI?**

We use or share your PHI to provide you with healthcare benefits. Your PHI is used or shared for treatment, payment, and health care operations.

**For Treatment.**

Molina may use or share your PHI to give you, or arrange for, your medical care. This treatment also includes referrals between your doctors or other health care providers. For example, we may share information about your health condition with a specialist. This helps the specialist talk about your treatment with your doctor.

**For Payment.**

Molina may use or share PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about medical need. Your name, your condition, your treatment, and supplies given may be written on the bill. For example, we may let a doctor know that you have our benefits. We would also tell the doctor the amount of the bill that we would pay.

**For Health Care Operations.**

Molina may use or share PHI about you to run our health plan. For example, we may use information from your claim to let you know about a health program that could help you. We may also use or share your PHI to solve member concerns. Your PHI may also be used, to see that claims are paid right.

Health care operations involve many daily business needs. It includes but is not limited to, the following:

- Improving quality
- Actions in health programs to help members with certain conditions (such as asthma)
- Conducting or arranging for medical review
- Fraud and abuse programs
- Actions to help us obey laws
- Address member needs, including solving complaints and grievances

We may also use your PHI to give you reminders about your appointments. We may use your PHI to give you information about other treatment, or other health-related benefits and services.

### **When can Molina use or share your PHI without getting written authorization (approval) from you?**

The law allows or requires Molina to use and share your PHI for several other purposes including the following:

#### **Required by law.**

We will use or share information about you as required by law. We will share your PHI when required by the Secretary of the Department of Health and Human Services (HHS). This may be for a court case, other legal review, or when required for law enforcement purposes.

#### **Public Health.**

Your PHI may be used or shared for public health activities. This may include helping public health agencies to prevent or control disease.

#### **Health Care Oversight.**

Your PHI may be used or shared with government agencies. They may need your PHI to check how our health plan is providing services.

#### **Legal or Administrative Proceedings**

Your PHI may be shared with a court, investigator or lawyer if it is about the operation of Medi-Cal. This may involve fraud or actions to recover money from others, when the Medi-Cal program has provided your health care benefits.

### **When does Molina need your written authorization (approval) to use or share your PHI?**

Molina needs your written approval to use or share your PHI for a purpose other than those listed in this notice. You may cancel a written approval that you have given us. Your cancellation will not apply to actions already taken by us because of the approval you already gave to us.

### **What are your health information rights?**

You have the right to:

#### **❖ Request Restrictions on PHI Uses or Disclosures (Sharing of Your PHI)**

You may ask us not to share your PHI to carry out treatment, payment or health care operations. You may also ask us to not to share your PHI with family, friends or other persons you name who are involved in your health care. However, we are not required to agree to your request. You will need to fill out a form to make your request.

#### **❖ Request Confidential Communications of PHI**

You may ask Molina to give you your PHI in a certain way or at a certain place to help keep your PHI private. We will follow reasonable requests, if you tell us how sharing all or a part of that PHI could put your life at risk. You will need to fill out a form to make your request.

❖ **Review and Copy Your PHI**

You have a right to review and get a copy of your PHI held by us. This may include records used in making coverage, claims and other decisions as a Molina member. You will need to fill out a form to make your request. We may charge you a reasonable fee for copying and mailing the records. In certain cases we may deny the request. ***Important Note: We do not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.***

❖ **Amend Your PHI**

You may ask that we amend (change) your PHI. This involves only those records kept by us about you as a member. You will need to fill out a form to make your request. You may file a letter disagreeing with us if we deny the request.

❖ **Receive an Accounting of PHI Disclosures (Sharing of your PHI)**

You may ask that we give you a list of certain parties that we shared your PHI with during the six years prior to the date of your request. The list will not include PHI shared as follows:

- for treatment, payment or health care operations;
- to persons about their own PHI;
- sharing done with your authorization;
- incident to a use or disclosure otherwise permitted or required under applicable law;
- as part of a limited data set in accordance with applicable law; or
- shared prior to April 14, 2003

We will charge a reasonable fee for each list if you ask for this list more than once in a 12-month period. You must fill out a form to request a list of PHI disclosures.

You may make any of the requests listed above, or may get a paper copy of this Notice. Please call our Member Services Department at 1-888-665-4621.

## **How do I complain?**

If you believe that we have not protected your privacy and wish to complain, you may file a complaint (or grievance) by calling or writing us at:

Molina Healthcare of California Partner Plan, Inc.  
Director of Member Services  
200 Oceangate – Suite 100  
Long Beach, CA 90802  
1-888-665-4621

*We will not do anything against you for filing a complaint. Your care will not change in any way.*

**OR** you may call, write or contact the agencies below:

**Privacy Officer**  
c/o Office of Legal Services  
California Department of Health Care Services  
P.O. Box 997413, MS 0011  
Sacramento, CA 95899-7413  
(916) 440-7750

Email: [privacyofficer@dhcs.ca.gov](mailto:privacyofficer@dhcs.ca.gov)

Or

**Secretary of the U.S. Department of Health and Human Services**  
Office for Civil Rights  
U.S. Department of Health & Human Services  
50 United Nations Plaza - Room 322  
San Francisco, CA 94102  
(415) 437-8310; (415) 437-8311 (TDD)  
(415) 437-8329 FAX

## **What are the duties of Molina?**

Molina is required to:

- Keep your PHI private
- Give you written information such as this on our duties and privacy practices about your PHI
- Follow the terms of this Notice

## **This Notice is Subject to Change**

**Molina reserves the right to change its information practices and terms of this notice at any time. If we do, the new terms and practices will then apply to all PHI we keep. If we make any material changes, a new notice will be sent to you by US Mail.**

## **Contact Information**

If you have any questions, please contact the following office:

Director of Member Services  
Molina Healthcare of California Partner Plan, Inc.  
200 Oceangate, Suite 100  
Long Beach, CA 90802

Phone: 1-888-665-4621