

## **Your Rights and Responsibilities Section**

### **Member Rights and Responsibilities**

Molina Healthcare staff and providers will comply with all requirements concerning your rights.

#### **Molina Healthcare members have the right to:**

- Get information about the health plan, its services, its providers and member rights and responsibilities.
- Be treated with respect with recognition of your dignity and right to privacy.
- Take part in decision making with your doctor about their health care.
- Talk about your treatment options regardless of cost or coverage.
- Get a fair and timely reply to requests for service.
- Voice complaints or appeals about the health plan and the care received.
- Know that your member information will be kept private. It is only used in reports to the state to show that the Plan is following state rules and laws.
- Ask how your doctor is paid.
- To make suggestions regarding the Plan's rights and responsibility policy.

#### **Molina Healthcare members have the responsibility to:**

- Provide Molina Healthcare and its providers with the necessary information needed to care for you.
- Know, understand, and follow the terms and conditions of the health plan.
- Seek out information in order to make use of the services.
- Begin and continue a patient-physician relationship.
- Learn about your medical condition and its importance to your health care.
- Take part in decision-making about your health care.
- To follow the plans and instructions for care that you have agreed upon with your doctor.
- Call and make appointments with your provider.
- Call and cancel your appointment as soon as you know you will not be able to keep the appointment.

### **About Our Members: Protecting Your Privacy**

Your privacy is important to us. We take confidentiality very seriously. Molina Healthcare wants to let you know how your health information is shared or used.

#### **Your Protected Health Information (PHI)**

PHI stands for these words: protected health information. PHI means health information that includes your name, member number, or other things that can be used to identify you, and that is used or shared by Molina Healthcare.

#### **Why does Molina Healthcare use or share our members' PHI?**

- To provide for your treatment
- To pay for your health care
- To review the quality of the care you get
- To tell you about your choices for care
- To run our health plan

- To use or share PHI for other purposes as required or permitted by law.

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

Molina Healthcare needs your written approval to use or share your PHI for purposes not listed above.

**What are your privacy rights?**

- To look at your PHI
- To get a copy of your PHI
- To amend your PHI
- To ask us to not use or share your PHI in certain ways
- To get a list of certain people or places we have given your PHI

**How does Molina Healthcare protect your PHI?**

Molina Healthcare uses many ways to protect PHI across our health plan. This includes PHI in written word, spoken word, or PHI in a computer. Below are some ways Molina Healthcare protects PHI:

- Molina Healthcare has policies and rules to protect PHI.
- Only Molina Healthcare staff with a need to know PHI may use PHI.
- Molina Healthcare staff is trained on how to protect and secure PHI.
- Molina Healthcare staff must agree in writing to follow the rules and policies that protect and secure PHI.
- Molina Healthcare secures PHI in our computers. PHI in our computers is kept private by using firewalls and passwords.

**What can you do if you feel your privacy rights have not been protected?**

- Call or write Molina Healthcare and file a complaint.
- File a complaint with the U.S. Department of Health and Human Services.

*The above is only a summary.* Our Notice of Privacy Practices has more information about how we use and share our members' PHI. Our Notice of Privacy is included below and is on our website at [www.molinahealthcare.com](http://www.molinahealthcare.com). You also may get a copy of our Notice of Privacy Practices by calling our Member Services Department.

**NOTICE OF PRIVACY PRACTICES  
MOLINA HEALTHCARE OF MICHIGAN**

**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 Michigan (“Molina” or “we”) uses and shares protected health information about you to provide your health 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 March 1, 2007.

**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 Healthcare.

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

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

#### **For Treatment.**

Molina Healthcare 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 Healthcare 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 Healthcare 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
- Legal services, including fraud and abuse programs
- Actions to help us obey laws
- Address member needs, including solving complaints and grievances.

We will share your PHI with other companies (“business associates”) that perform different kinds of activities for our health plan.

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 Healthcare use or share your PHI without getting written authorization (approval) from you?**

In addition to treatment, payment and health care operations, the law allows or requires Molina Healthcare to use and share your PHI for several other purposes, including the following:

**Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:**

- The information is directly relevant to the family or friend's involvement with your care or payment for that care; and
- You have either orally agreed to the disclosure or have been given an opportunity to object and have not objected.

**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).

**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 for audits.

**Research.**

Your PHI may be used or shared for research in certain cases, when approved by a privacy or institutional review board.

**Legal or Administrative Proceedings.**

Your PHI may be used or shared for legal proceedings, such as in response to a court order.

**Law Enforcement.**

Your PHI may be used or shared with police to help find a suspect, witness or missing person.

**Health and Safety.**

PHI may be shared to prevent a serious threat to public health or safety.

**Government Functions.**

Your PHI may be shared with the government for special functions, such as national security activities.

**Victims of Abuse, Neglect or Domestic Violence.**

Your PHI may be shared with legal authorities if we believe that a person is a victim of abuse or neglect.

**Workers Compensation.**

Your PHI may be used or shared to obey Workers Compensation laws.

**Other Disclosures.**

PHI may be shared with funeral directors or coroners to help them to do their jobs.

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

Molina Healthcare 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 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 Healthcare 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 Healthcare 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.

❖ **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 as otherwise permitted or required under applicable law;
- as part of a limited data set for research or public health activities;
- PHI released in the interest of national security or for intelligence purposes;
- to correctional institutions having custody of an inmate; 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 Manager of Member Services at 1-888-898-7969.

**What can you do if your rights have not been protected?**

You may complain to Molina Healthcare and to the Department of Health and Human Services if you believe your privacy rights have been violated. We will not do anything against you for filing a complaint. Your care will not change in any way.

You may complain to us at:

Molina Healthcare of Michigan  
 Attention: Manager, Member Services  
 100 West Big Beaver Road, Suite 600  
 Troy, MI 48084  
 Phone: 1-888-898-7969

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

Office for Civil Rights  
 U.S. Department of Health & Human Services  
 233 N. Michigan Ave. – Suite 240  
 Chicago, IL 60601  
 (312) 886-2359; (312) 353-5693 (TDD)  
 (312) 886-1807 FAX

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

Molina Healthcare 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 Healthcare 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:

Molina Healthcare of Michigan  
Manager, Member Services  
100 West Big Beaver Road, Suite 600  
Troy, MI 48084  
Phone: 1-888-898-7969

**Advance Directives  
(Michigan's Durable Power of Attorney for Health Care)**

An advance directive is a written advance care-planning document that explains how medical decisions should be made for a patient who is unable to make or express his or her wishes concerning health care.

The durable power of attorney for health care (DPAHC) is the form of advance directive recognized by the Michigan Department of Community Health (1998, Public Act 386). This lets you choose another person to make decisions about your care, custody, and medical treatment if you cannot make these decisions for yourself. This way, your desire to accept or refuse medical treatment is honored when you cannot make that choice yourself.

According to Michigan Law:

- Anyone age 18 or older, and of sound mind, may have a DPAHC for health care in case something happens and you cannot make decisions for yourself.
- This act allows you to select a relative or other person as your patient advocate to make medical treatment decisions for you.
- You may change the person you appoint as your advocate at any time.
- You may write on the form the types of treatment you do and do not want.
- If you write on the form that you want your patient advocate to order doctors to withhold or withdraw life-sustaining treatment in certain situations, the doctors must honor your wishes.
- You should keep a copy of your DPAHC with you at all times.

If you find that your wishes are not followed by a health care provider, or they do not comply with your DPAHC you may file a complaint with:

**Bureau of Health Professions (BHP), Grievance & Allegation Division.**

PO Box 30670

Lansing, MI 48909-8170

(517) 241-2389 or [bhpinfo@michigan.gov](mailto:bhpinfo@michigan.gov)

The BHP Grievance & Allegation website is [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) (click on “file a complaint”).

For complaints about how your health plan follows your wishes, write or call:

Office of Financial and Insurance Regulation (OFIR)

Toll free at 1-(877)-999-6442 or [www.michigan.gov/ofis](http://www.michigan.gov/ofis)