

**Your Information.**  
**Your Rights.**  
**Our Responsibilities.**

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.**

## Your Rights

**You have the right to:**

- Have your personal health information protected
- Get a copy of your health and claims records
- Correct or amend your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➔ **See page 2**  
for more information on  
these rights

## Your Choices

**You have choices in the way we use and share information as we:**

- Answer questions from your family and friends about your coverage
- Provide disaster relief
- Market our services

➔ **See page 3**  
for more information  
on these choices

## Our Uses and Disclosures

**We may use and share your information as we:**

- Help manage the health care and treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal action

➔ **See pages 3 & 4**  
for more information  
on these uses and  
disclosures

## **Your Rights: When it comes to your health information, you have certain rights.**

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

- **You can ask to see or get a copy of your health and claims records and other health information we have about you.**
  - 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.
- **You can ask us to correct your health and claims records if you think they're incorrect or incomplete.**
  - We may say "no" to your request, but we'll tell you why in writing within 60 days.
- **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.
- **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.
- **You can ask for a list (accounting) of the times we've shared your health information, who we shared it with, and why. You can ask for all information from six years prior to the date you ask.**
  - We will include all the disclosures except those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make).
  - We'll provide an accounting one year for free but will charge a reasonable, cost-based fee if you ask for a second list within the same 12-month period.
- **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.**
- **If you've given someone medical power of attorney, or if someone 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 we take any action.
- **You can complain if you feel we have violated your rights by contacting SWH of NY.**

**Send a letter to:** Senior Whole Health of New York  
Attn: Manager of Appeals and Grievances  
15 MetroTech Center, 11th Floor  
Brooklyn, NY 11201

**Call:** 1-877-353-0185 (TTY 711)

- **You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.**

**Send a letter to:** US Department of Health and Human Services Office for Civil Rights  
200 Independence Avenue, SW  
Washington, D.C. 20201

**Call:** 1-877-696-6775

**Visit:** [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.**

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**Your Choices: 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. Tell us what you want us to do, and we will follow your instructions.**

- **You have both the right and the 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.**
  - If you're not able to tell us your preferences (i.e. you're unconscious), we may 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.

**We will never sell your information or share your information for marketing purposes unless you give us written permission to do so.**

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**Our Uses and Disclosures: How we may use or share your health information.**

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

- **To help manage the care and treatment you receive.**
  - We can use your health information and share it with professionals who are treating you.  
**Example:** A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
- **To help run our organization.**
  - We can use and disclose your information to run our organization and contact you when necessary.  
**Example:** We use health information about you to develop better services for you.
  - We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.
- **To pay for your health services.**
  - We can use and disclose your health information as we pay for your health services.  
**Example:** We share information about you with your dental plan to coordinate payment for your dental work.
- **To administer your plan.**
  - We may disclose your health information to state regulators for plan administration. **Example:** The State of New York contracts with us to provide a health plan. We may provide The New York State Department of Health with information to fulfill our obligations under that contract, such as provider information and records needed for audit purposes.
- **To help with public health and safety issues.**
  - We can share health information about you for certain situations such as:
    - Preventing disease
    - 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
- **For health research.**
- **To 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're complying with federal privacy laws.
  - We will not share information about treatment of substance abuse, mental health, HIV and like conditions without first receiving the necessary permission where required by state or federal law.
- **To respond to organ and tissue donation requests and work with a medical examiner or funeral director.**
  - We can share information about you with organ procurement organizations.
  - We can share health information with a coroner, medical examiner or funeral director when an individual dies.
- **To address workers' compensation, law enforcement and other government requests.**
  - We can use or share health information about you:
    - For workers' compensation claims
    - 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
- **To respond to lawsuits and legal actions with administrative orders or subpoenas.**

### 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)

**Senior Whole Health of New York will never market or sell personal information.**

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information ("PHI").
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your 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.

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)

**We practice the following guidelines to protect your personal and health information:**

- We have policies and rules to protect PHI.
- We limit who may see PHI. Only our staff with a need to know PHI may use it.
- Our staff is trained on how to protect and secure PHI.
- Our staff must agree in writing to follow the rules and policies that protect and secure PHI.
- We secure PHI in our computers. PHI in our computers is kept private by using firewalls and passwords.

**Changes to the Terms of this Notice**

We can change the terms of this notice. The changes will apply to all information we have about you. The new notice will be posted on our website and is available upon request. If we make any material changes, we will also mail a copy to you.

This Notice of Privacy Practices applies to Senior Whole Health of New York Managed Long-Term Care (MLTC) Program.

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1-877-353-0185 (TTY 711) | [swhnymembers.com](http://swhnymembers.com)