

North Carolina Health Insurance Risk Pool (NCHIRP)

dba Inclusive Health

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

YOUR PRIVACY RIGHTS, OUR RESPONSIBILITIES

North Carolina Health Insurance Risk Pool (NCHIRP) dba Inclusive Health collects and maintains health information about you and is required by law to protect the privacy of your health information and to provide you with this Notice of Privacy Practices. This *Notice* describes how NCHIRP may use and share your health information and explains your privacy rights. NCHIRP will use or disclose your health information only as described in this *Notice*. We do, however, reserve the right to change our privacy practices and the terms of this *Notice* and to make new notice provisions effective for all health information that we maintain. Revised notices will be sent to you. We will not change our privacy practices before you are sent a revised *Notice* unless the change is required by law.

When you applied for coverage with NCHIRP, your application included information such as your name, address, birth date, phone number, social security number, Medicare number (if applicable) and health insurance policy information. It may also have included information about your health condition. When your health care providers send claims to NCHIRP for payment, the claims include your diagnoses and the medical treatment and supplies you received. For certain medical treatments, your health care provider must send additional medical information such as doctor's statements, x-rays or lab test results.

If at any time, you have questions or concerns about the information in this *Notice* or about our agency's privacy policies, procedures or practices; you may contact NCHIRP at (866) 655-2117.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION WITHOUT AUTHORIZATION

There are some services NCHIRP provides through contracts with other agencies such as CoreSource, the Administrator for NCHIRP and through private contractors that process your health care provider claims. When services are contracted, NCHIRP must share enough information about you with their contractors so that they can perform the job that we have asked them to do.

To further protect your health information NCHIRP will only disclose your health information after making sure in writing that its contractors will safeguard your information the same way that NCHIRP does.

September 9, 2008

This agency may use or disclose your health information to provide NCHIRP services to you **FOR**:

Payment For Services: NCHIRP may use or disclose your health information to its contractors who provide payment services for NCHIRP. (EXAMPLE: In order for your health care provider's claim to be paid, the contractor who processes claims for payment must have enough health information about you to verify and pay for the services you received).

Treatment: To determine if your treatment is medically necessary and is covered under NCHIRP, we may use or disclose your health information to other health care professionals. These professionals have specific medical expertise so that they can give an opinion on your treatment as being medically necessary.

Health Care Operations: NCHIRP may use or disclose your protected health information to perform a variety of business activities that we call "health care operations." These operations ensure that you receive quality care; the charges are appropriate for the service that you received, and that your health care providers are paid promptly. (EXAMPLE: We may contract with a private company to review the care and services our clients have received to ensure that quality care was provided.) Other "operations" that may require your protected health information to be shared are to:

- Review and evaluate the skills, qualifications and performance of health care providers that are taking care of you.
- Provide training programs for students, trainees, professional and non-professional staff to allow them to use under supervision the skills they have learned.
- Provide information to certifying and licensing agencies so that their staff may fulfill professional requirements.
- Plan our agency's future operations.
Enhance investigations conducted by the Risk Pool or its contractors whenever a participant in the Risk Pool files a grievance, or protests a particular issue.
- Provide information to other health plans and federal agencies to determine if you are enrolled as their member or covered by them.

Other Circumstances

- Cooperate with other government agencies and outside organizations that conduct health oversight activities for the purposes allowed under federal law.
- Comply with court orders, subpoenas, administrative orders, lawsuits related to administration of Medicaid.

Contacting You

- Contact you personally to keep you informed, such as appointment reminders, other treatment opportunities when necessary or available under certain selected public agency benefit programs.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION THAT REQUIRES YOUR AUTHORIZATION

NCHIRP will not use, communicate or disclose your protected health information without your authorization except as allowed in the circumstances mentioned above. For all other uses or disclosures, we will ask you to sign a written authorization to allow us to share or request your protected health information. You may cancel such authorization by notifying us.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

NCHIRP members have certain rights about their protected health care information.

YOU HAVE THE RIGHT TO:

- **Receive a copy of this Notice:** You may request a paper copy of this notice. You may also obtain a copy of this *Notice* by accessing NCHIRP's web site at www.nchirp.org.
- **Request confidential communications:** You have a right to request that NCHIRP communicate with you in a certain way or at a certain location, such as calling you at work rather than at home.
- **Inspect and copy:** You have a right to request in writing to see your records and obtain a copy within 30 days at a reasonable fee. There are some exceptions to this right such as impending court actions. If this right is denied, you will be notified in writing of the reason for denial and your right to request review of the denial.
- **Request amendment:** You have a right to request in writing that portions of your NCHIRP records be corrected when you feel information is incorrect or incomplete. We may deny your request if the information was not created by us or if we believe the information is accurate. You may then file a statement of disagreement that will be included in any future disclosures if you request it.
- **A listing of disclosures:** You have the right to request in writing and receive a written list of certain disclosures of your protected health information made after the effective date of this policy. Exceptions from this list include those disclosures regarding treatment, payment or other health care operations or disclosures allowed by certain laws, or disclosures authorized by you.
- **Request restrictions on uses and disclosures of your protected health information:** You have a right to request restrictions on the information NCHIRP uses or discloses about you. NCHIRP is not required to agree to your requested restriction, but it will consider your request and the possibility of accommodating it.
- **Complain:** If you feel we have violated your privacy rights, you may contact us. If you file a complaint, we will not take any action against you or retaliate in any way.

COMPLAINT ADDRESS

North Carolina Health Insurance Risk Pool

5200 77 Center Drive, Suite 400

Charlotte, NC 28217-0718

Voice Phone: 1-866-665-2117 (Toll Free)