

# Notice of Privacy Policy

## Gateway Health Alliance

This notice describes how protected medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### Who Will Follow This Notice:

- Any Gateway Employee authorized to work with information in your claims or medical management file.
- Any Gateway Employee authorized to assist you with the processing and payment of your medical claims.
- Any Business Associate of Gateway Health Alliance, Inc.

Gateway serves as the network administrator, utilization review agent and maintains contractual relationships with third party administrators of group health plans.

### What Gateway Health Alliance, Inc. Will Not Do:

- We do not sell any enrollee information.
- We do not provide enrollee information to persons or organizations outside Gateway who are doing business on our behalf, for their own marketing purposes.
- We contractually require any person or organization providing products or services to enrollees on our behalf to protect the confidentiality of enrollee information.
- We do not share enrollee medical information with anyone, unless you expressly authorize it, or unless your insurance policy contract with us permits us to do so.
- We afford prospective and former enrollees the same protections as existing enrollees with respect to the use of personal information.

### How We May Use And Disclose Protected Health Information About You:

The following categories describe different ways that the Gateway Health Alliance, Inc. (Gateway) uses and discloses protected health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- For Payment. We may use and disclose protected health information about you so that the healthcare treatment and services you receive can be considered for payment by your applicable Health Plan. For example, we may need to give your student dependent's birth date to the claims administrator so that a claim can be paid.
- Individuals Involved in Payment for Your Care. We may give protected health information to someone who helps pay for your care. These parties include but are not limited to your Health Plan's claims administrator, a secondary insurer or stop-loss reinsurance carrier.
- As Required By Law. We will disclose protected health information about you when required to do so by federal, state or local law.



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- Health Care Operations. Your health information may be used as necessary to support the day-to-day activities and management of our Medical Management Program. For example, information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality.
- For Medical Management. Your health information may be used as necessary when Gateway is performing Medical Management services for your Health Plan. Medical Management services include utilization review, disease management, case management and preauthorization.

### Special Situations:

- Military and Veterans. If you are a member of the armed forces, we may release protected health information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- Worker's Compensation. We may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- Public Health Risks. We may disclose protected health information about you for public health activities. This will only happen if we are required to by law.
- Health Plan Oversight Activities. We may disclose protected health information to a health plan oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health plan, health care system, government programs and compliance with civil rights laws.
- Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- Law Enforcement. We may release protected health information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing persons;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct as an enrollee; and
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
    - Coroners, Medical Examiners and Funeral Directors. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death.
    - National Security and Intelligence Activities. We may release protected health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
    - Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the



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correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety of the health and safety of others; or (3) for the safety and security of the correctional institution.

### Other Uses Of Medical Information:

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to Gateway will be made only with your written permission. If you provide us permission to use or disclose protected health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we may have already made with your permission.

### Your Rights Regarding Protected Health Information About You:

You have the following rights regarding protected health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy protected health information that may be used by Gateway. To inspect and copy protected health information about you, you must submit your request in writing to Gateway's Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying or mailing associated with your request.
- **Right to Amend.** If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Gateway.

To request an amendment, your request must be made in writing and submitted to Gateway's Privacy Officer. In addition, you must provide a reason that supports your request if you ask us to amend. The Privacy Officer will review your request and contact you regarding whether your request was approved or denied.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of disclosures we made of protected health information about you.

To request this list or accounting of disclosures, you must submit your request in writing to Gateway's Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 16, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction of limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. For example, you could ask that we do not use or disclose information about a surgery you had to your secondary insurance company. We are not required to agree to your request.

To request restrictions, you must make your request in writing to Gateway's Privacy Officer. In your request, you must tell us (1) what protected health information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse or your insurance company.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about protected health information matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Gateway's Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests.



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Your request must specify how or where you wish to be contacted. You will be responsible for any extra costs the Plan incurs in honoring your request.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, please contact Gateway's Privacy Officer at 434-799-3838.

### Changes To This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in Gateway's offices in a conspicuous location. The notice will contain on the first page, in the top right-hand corner, the effective date.

### Gateway Protects Customer Information

We maintain physical, electronic, and organization safeguards to protect enrollee information. We continually review our policies and practices and test the strength of our security in order to help us ensure the safety of this information.

### We Use Strict Security Standards To Safeguard Your Information

Gateway safeguards enrollee information using various tools such as firewalls, passwords and data encryption. We continually are improving these tools to meet or exceed industry standards. We also limit access to personal information to protect against its unauthorized use. The only Gateway employees who can see you personal information are those who need it as part of their jobs. These safeguards help us go beyond many federal and state requirements to protect your personal information.

### We Work Hard To Keep Accurate Information

We work hard to keep complete and accurate information about you. If you ever believe that our records are incorrect or incomplete, please let us know. We will investigate and correct any inaccuracies as quickly as possible.

### Complaints

If you believe your privacy rights have been violated, you may file a complaint with Gateway or with the Secretary of the Department of Health and Human Services. To file a complaint with Gateway, contact Gateway's Privacy Officer at 434-799-3838 or by mail at PO Box 1120, Danville, Virginia 24543. All complaints must be submitted in writing.

You will not be penalized or punished for filing a complaint.

### Questions

If you have any questions about this notice, please contact Gateway Health Alliance's Privacy Officer, Brett Jackson, telephonically at 434-799-3838 or by mail at PO Box 1120, Danville, Virginia 24543.



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