Your Privacy Matters

In compliance with the Health Insurance Portability and Accountability Act (HIPAA), the MHBP is sending you this notice about how your medical and personal information may be used and how you can access this information. Please review this Notice of Privacy Practices carefully.

If you have any questions about this notice, please write to a MHBP Privacy Compliance Analyst or call an MHBP Member Services representative. The address for contacting a Privacy Compliance Analyst is PO Box 981106, El Paso, TX 79999-1106. The telephone number for reaching Member Services representative is 800-410-7778. Our representatives are available to you 24 hours a day, 365 days a year.

Notice of Privacy Practices

Effective: 10/09/2018 (Revised 10/09/2018)

THIS NOTICE DESCRIBES HOW MEDICAL AND PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. Our Commitment to Your Privacy

We understand the importance of keeping your personal and health information secure and private. We are required by law to provide you with this notice. This notice informs you of your rights about your privacy of your personal information and how we may use and share your personal information. We will make sure that your personal information is only used and shared in the manner described. We may, at times, update this notice.

Changes to this notice will apply to the information that we already have about you as well as any future information that we acquire about you.

B. What Types of Personal Information Do We Collect?

To best serve you, we collect personal information about you. This information may come from you, your employer, or other payers or health benefit plan sponsors, and our Affiliates. Examples include your name, address, phone number, Social Security number, date of birth, race/ethnicity, language, religious belief, and medical history. We also receive information from health care providers and others about you. Examples include the health care services you receive. This information may be in the form of health care claims and encounters, medical information, or a service request. We may receive your information in writing, by telephone, or electronically. In some instances, we may ask you about your race/ethnicity or language, however providing this information is entirely voluntary.

C. How Do We Protect the Privacy of Your Personal Information?

Keeping your information safe is one of our most important duties. We limit access to your personal information, including race/ethnicity and language, to those who need it. We maintain appropriate safeguards to protect it. For example, we protect access to our buildings and computer systems. Our Privacy Office also assures the training of our staff on our privacy and security policies.

D. How Do We Use and Share Your Information for Treatment, Payment, and Health Care Operations?

To properly service your benefits, we may use and share your personal information for “treatment,” “payment” and “health care operations.” Below we provide examples of each. We may limit the amount of information we share about you as required by law. For example, HIV/AIDS, substance abuse, and genetic information may be further protected by law. Our privacy protection efforts affect the Way we do business.

• Treatment: We may use and share your personal information with health care providers for coordination and management of your care. Providers include physicians, hospitals, and other caregivers who provide services to you.

• Payment: We may use and share your personal information to determine your eligibility, coordinate care, review medical necessity, pay claims, obtain external review, and respond to complaints. For example, we may use information from your health care provider to help process your claims. We also may use and share your personal information to obtain information from others that may be responsible for such costs. We may disclose your personal information to OPM if you dispute a claim.

• Medical home / accountable care organizations: MHBP may work with your primary care physician, hospitals and other health care providers to help coordinate your treatment and care. Your information may be shared with your health care providers to assist in a team-based approach to your care.

• Health care oversight and law enforcement: To comply with federal or state oversight requirements, to address health care fraud, and to comply with HIPAA.

• Legal proceedings: To comply with a court order or other lawful process.

• Treatment options: To inform you about treatment options or health-related benefit or services.

• Research: To researchers so long as all procedures required by law have been taken to protect the privacy of the data.

• Business associates: To persons providing services to us and who assure us that they will protect the information. Examples may include those companies providing your pharmacy or behavioral health benefits.

• Confidential communications: To persons providing services to us and who assure us that they will protect the information. Examples may include those companies providing your pharmacy or behavioral health benefits.

• Union, to keep accurate membership records.

• Workers’ Compensation

We may also use or share your personal information for the following:

• Medical home / accountable care organizations: MHBP may work with your primary care physician, hospitals and other health care providers to help coordinate your treatment and care. Your information may be shared with your health care providers to assist in a team-based approach to your care.

• Conflicts of interest.

• Research: To researchers so long as all procedures required by law have been taken to protect the privacy of the data.

• Business associates: To persons providing services to us and who assure us that they will protect the information. Examples may include those companies providing your pharmacy or behavioral health benefits.

• Confidential communications: To persons providing services to us and who assure us that they will protect the information. Examples may include those companies providing your pharmacy or behavioral health benefits.

• Union, to keep accurate membership records.

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• Payment: We may use and share your personal information to determine your eligibility, coordinate care, review medical necessity, pay claims, obtain external review, and respond to complaints. For example, we may use information from your health care provider to help process your claims. We also may use and share your personal information to obtain information from others that may be responsible for such costs. We may disclose your personal information to OPM if you dispute a claim.

• As Required by Law – to comply with legal obligations and requirements.

• Decedents – to a coroner or medical examiner for the purpose of identifying a deceased

• Organ Procurement – to respond to organ donation groups for the purpose of facilitating donation and transplantation.

Required Disclosures: We must use and disclose your personal information in the following manner:

• To you or someone who has the legal right to act on your behalf, as described in this notice; and

• To the Secretary of the Department of Health and Human Services, as necessary, for HIPAA compliance and enforcement purposes.

F. What About Other Sharing of Information and What Happens If You Are No Longer Enrolled?

We will obtain your written permission to use or share your health information for reasons not identified by this notice and not permitted by your covered plan. If you are requested to sign a privacy authorization, you may refuse to sign or to refuse to allow any costs pertaining to these requests, and you may withdraw your request before you incur any costs. You may also require your health information electronically and it will be provided to you in a secure format.

• Amendment: You may ask us to amend your health information if you believe it is incorrect or incomplete. You must provide us with a reason that supports your request. We may deny your request if the information is accurate, or as otherwise allowed by law. You may send a statement of disagreement.

• Accounting of disclosures: You may request a report of certain times we have shared your health information with others that may be responsible for such costs. Examples may include sharing your information in response to a court order or other lawful process or with government agencies that license us. All requests for an accounting of disclosures must state a time period that may not include a date earlier than six years prior to the date of the request. We will notify you of any costs pertaining to these requests, and you may withdraw your request before you incur any costs.

H. To Receive More Information or File a Complaint

Please contact Member Services to find out how to exercise any of your rights listed in this notice, or if you have any questions about this notice. The telephone number or address is listed in your benefit documents or on your membership card. If you believe we have not followed our privacy notice, or if you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services. To file a complaint with the Secretary, write to 200 Independence Avenue SW, Washington, DC 20201 or call 877-468-4775. You will not be penalized for filing a complaint. To contact us, please follow the complaint, grievance, or appeal process in your benefit documents.

1 For purposes of this notice, the pronouns we”, “us” and “our” and the names “Plan” and “MHBP” refer to Aetna and its licensed affiliated companies. This notice also applies to the health care component of the MHBP’s PBM.

2 Under various laws, different requirements can apply to different types of information. Therefore we use the term “health information” to mean information concerning the provision of, or payment for, health care that is individually identifiable. We use the term “personal information” to include both health information and other nonpublic identifiable information that we obtain in providing benefit to you.
Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies.*
To access language services at no cost to you, call 800-410-7778.

Para acceder a los servicios de idiomas sin costo, llame al 800-410-7778. (Spanish)

如欲使用免費語言服務，請致電 800-410-7778。(Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 800-410-7778. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 800-410-7778. (Tagalog)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 800-410-7778 an. (German)

T’áá ni nízaad k’ehji bee níká a’dóowol doo bááh ilínígóó kojí’ hólne’ 800-410-7778. (Navajo)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 800-410-7778. (Arabic)

Pou jwenn sèvis lang gratis, rele 800-410-7778. (French Creole-Haitian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 800-410-7778. (Italian)

言語サービスを無料でご利用いただくには、800-410-7778 までお電話ください。(Japanese)

무료 언어 서비스를 이용하려면 800-410-7778 번으로 전화해 주십시오. (Korean)

برای دسترسی به خدمات زبان به طور رایگان، با شماره 800-410-7778 تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić 800-410-7778. (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 800-410-7778. (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 800-410-7778. (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 800-410-7778. (Vietnamese)