

Notice of Privacy Practices

Effective: April 14, 2003 | Updated: July 22, 2025

CalOptima Health offers you access to health care through our Medi-Cal plan, our One Care (HMO D-SNP) Medicare Advantage Special Needs Plan and our Program of All-Inclusive Care for the Elderly (PACE). We are required by state and federal law to protect your health information. After you become eligible and enroll in one of our health plans, Medicare or Medi-Cal sends your information to us. We also get medical information from your doctors, clinics, labs and hospitals to approve and pay for your health care.

This notice explains how medical information about you may be used and shared, and how you can get access to this information. **Please review it carefully.**

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.

<p>How we protect your information</p>	<ul style="list-style-type: none"> • We have controls in place for physical and electronic access to your information, which include race, ethnicity, language, gender identity and sexual orientation. • Our policies and procedures outline what is allowed and what is not allowed when using your personal health information, including race, ethnicity, language, gender identity and sexual orientation. • Electronic access may include media formats, devices and hardware, and data storage. • We do not discriminate against members based on any sensitive information.
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<p>Get a copy of your health and claims records</p>	<ul style="list-style-type: none"> • You can ask to see or get a copy of your health and claims records and other health information we have about you. You must make this request in writing. We will send you a form to fill out, and we may charge a fair fee for the costs of copying and mailing records. You must provide a valid form of ID to view or get a copy of your health records. • We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. • We may keep you from seeing certain parts of your records for reasons allowed by law. • CalOptima Health does not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.
<p>Ask us to correct health and claims records</p>	<ul style="list-style-type: none"> • You have the right to send a written request to change information in your records if it's not correct or complete. You must make your request in writing. • We may refuse your request if the information is not created or kept by CalOptima Health, or if we believe it is correct and complete, but we will tell you why in writing within 60 days. • If we don't make the changes you asked for, you may ask us to review our decision. You may also send a statement saying why you disagree with our records, and your statement will be kept with your records.
<p>Request confidential communications</p>	<ul style="list-style-type: none"> • You can ask us to contact you by your preferred method of contact (for example, home or work phone) or to send mail to a different address. • We will consider all fair requests. We must say "yes" if you tell us you would be in danger if we do not.
<p>Ask us to limit what we use or share</p>	<ul style="list-style-type: none"> • You can ask us not to use or share certain health information for treatment, payment or our health care operations. • We are not required to agree to your request, and we may say "no" if it would affect your care.

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Get a list of who we shared information with	<ul style="list-style-type: none"> You can ask for a list of the times we shared your health information during the past 6 years before the date you asked. You have the right to request a list of what information was shared, who it was shared with, when it was shared and why. We will include all disclosures, except for those about your treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
Get a copy of this privacy notice	<ul style="list-style-type: none"> You can ask for a paper copy of this notice at any time, even if you have agreed to accept the notice electronically. We will offer you a paper copy in good time. You can also find this notice on our website at www.caloptimahealth.org.
Choose someone to act for you	<ul style="list-style-type: none"> If you have given someone medical power of attorney or if someone is your legal guardian, this person can use your rights and make choices about your health information. We will make sure this person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"> If you feel we have violated your rights, you can complain by contacting us using the information in this notice. We will not retaliate against you for filing a complaint.
Use a self-pay restriction	<ul style="list-style-type: none"> If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us. If you or your provider submits a claim to CalOptima Health, we do not have to agree to a restriction. If a law requires the disclosure, CalOptima Health does not have to agree to your restriction.

For certain health information, you can tell us your choices about what we share.

If you have a preference for how we share your information in the situations below, please contact us. In most cases, if we use or share your Protected Health Information (PHI) outside of treatment, payment or health care operations, we must get your written permission first. If you give us your permission, you may take it back in writing at any time. We cannot take back what we used or shared when we had your written permission, but we will stop using or sharing your PHI in the future.

In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none"> Share information with your family, close friends or others involved in payment for your care. Share information in a disaster-relief situation.
In these cases, we <i>never</i> share your information unless you give us	<ul style="list-style-type: none"> Substance use disorder (SUD) information: We must get your permission for any use or disclosure of SUD information. Psychotherapy notes: We must get your permission for any use or

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written permission:	disclosure of psychotherapy notes, except to carry out certain treatment, payment or health care operations. <ul style="list-style-type: none">• Your race, ethnicity, language, gender identity and sexual orientation information, except to carry out treatment, payment or health care operations.• Your race, ethnicity, language, gender identity and sexual orientation information for underwriting, denial of services and coverage, or for benefit determinations.• Marketing needs.• Sale of your information.
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Our responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know as soon as possible if a breach happens that may have affected 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.

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Our uses and disclosures

Your information may be used or shared by CalOptima Health only for treatment, payment and health care operations related to the Medi-Cal, Medicare (OneCare) or PACE programs in which you are enrolled. We may use and share your information in health information exchanges with providers involved in the care you receive. The information we use and share includes, but is not limited to:

- Your name
- Address
- History of care and treatment given to you
- Cost or payment for care

Some examples of how we share your information with those involved with your care:

<p>Help manage the health care treatment you receive</p>	<ul style="list-style-type: none"> • We can use your health information and share it with professionals who are treating you. This may include your race, ethnicity, language, gender identity and sexual orientation to provide services that best fit your needs. 	<p>Example: A doctor sends us information about your diagnosis and treatment plan so we can set up additional services. We will share this information with doctors, hospitals and others to get you the care you need.</p>
<p>Run our organization (health care operations)</p>	<ul style="list-style-type: none"> • We can use and share your information to run our organization and contact you when needed. • We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. 	<p>Example: We use your health information to develop better services for you, which may include reviewing the quality of care and services you receive. We may also use this information in audits and fraud investigations.</p>
<p>Pay for your health services</p>	<ul style="list-style-type: none"> • We can use and share your health information as we pay for your health services. 	<p>Example: We share information with the doctors, clinics and others who bill us for your care. We may also forward bills to other health plans or organizations for payment.</p>

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<p>Administer your plan</p>	<ul style="list-style-type: none"> • We may share your health information with the Department of Health Care Services (DHCS) or the Centers for Medicare & Medicaid Services (CMS) for plan administration. 	<p>Example: DHCS contracts with us to provide a health plan, and we provide DHCS with certain information.</p>
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How else can we use or share your health information?

We are allowed or required to share your information in other ways, usually to promote the public good, like public health and research. We have to meet many conditions in the law before we can share your information for these reasons.

<p>Help with public health and safety issues</p>	<p>We can share health information about you for certain situations like:</p> <ul style="list-style-type: none"> • Preventing disease. • Helping with product recalls. • Reporting adverse reactions to medicines. • Reporting suspected abuse, neglect or domestic violence. • Preventing or reducing a serious threat to anyone’s health or safety.
<p>Comply with the law</p>	<ul style="list-style-type: none"> • 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 are complying with federal privacy law.
<p>Respond to organ and tissue donation requests and work with a medical examiner or funeral director</p>	<ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations. • We can share health information with a coroner, medical examiner or funeral director when an individual dies.
<p>Address workers’ compensation, law enforcement and other government requests</p>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> • For workers’ compensation claims. • For law enforcement reasons 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.
<p>Respond to lawsuits and legal actions</p>	<ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order, or in response to a subpoena.

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Comply with special laws	<ul style="list-style-type: none">• There are special laws that protect some types of health information, such as mental health services, treatment for substance use disorders and HIV/AIDS testing and treatment. We will obey these laws when they are stricter than this notice.• There are also laws that limit our use and disclosure to reasons directly connected to the administration of CalOptima Health's programs.
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Confidentiality of sensitive services

CalOptima Health is committed to protecting the privacy and confidentiality of information related to sensitive services you receive. Sensitive services are any health care services related to mental or behavioral health care; substance use disorder; gender-affirming care; sexual and reproductive health; sexually transmitted infections; rape or sexual assault; infectious, contagious, or communicable diseases; HIV/AIDS-related care; or intimate partner violence, as defined in California Civil Code § 56.05(s).

CalOptima Health will send communications about sensitive services to a mailing address, email address or phone number of your choice, or we will use the mailing address, phone number, or email address on file if you did not give us a different one. CalOptima Health will not share medical information about your sensitive services with any other person without your written approval. CalOptima Health will honor your requests for confidential communication in the form and format you want if it can be done in your requested form and format. Your request for confidential communication related to sensitive services will be valid until you take back the request or make a new request for confidential communications. Please call us toll-free at **1-888-587-8088** (TTY **711**), or write to us to find out how to request sensitive services information. You will need to submit your request in writing and give us certain information. We can send you the form(s) for the request. We will carry out your request within 7 calendar days after we receive your phone call or within 14 calendar days after we get your request by first-class mail.

Changes to the terms of this notice

CalOptima Health reserves the right to change its privacy notice and the ways we keep your PHI safe. If this happens, we will update the notice and notify you. We will also post the updated notice on our website.

Potential for redisclosure

Information disclosed by CalOptima Health, either authorized by you (or your personal representative) or permitted by applicable privacy laws, may be redisclosed by the person receiving your information if they are not required by law to protect your information.

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How to contact us to use your rights

If you want to use any of the privacy rights explained in this notice, please write to us at:

CalOptima Health
Privacy Officer
505 City Parkway West
Orange, CA 92868
1-888-587-8088 (TTY 711)

Or call CalOptima Health Customer Service **toll-free at 1-888-587-8088 (TTY 711)**.
We have staff who speak your language.

If you believe that we have not protected your privacy and wish to file a complaint or grievance, you may write or call CalOptima Health at the address and phone number above. You may also contact these agencies:

California Department of Health Care Services
Privacy Officer
C/O: Office of HIPAA Compliance
P.O. Box 997413 MS 4721
Sacramento, CA 95899-7413
Email: DHCSPrivacyOfficer@dhcs.ca.gov
Phone: 1-916-445-4646
Fax: 1-916-440-7680

U.S. Department of Health and Human Services
Office for Civil Rights
Regional Manager
90 Seventh Street, Suite 4-100
San Francisco, CA 94103
Email: ocrmail@hhs.gov
Phone: 1-800-368-1019
Fax: 1-202-619-3818
TDD: 1-800-537-7697

Use your rights without fear

CalOptima Health cannot take away your health care benefits, nor do anything to hurt you in any way, if you choose to file a complaint or use any of the privacy rights in this notice. This notice applies to all CalOptima Health's health care programs.