

Alignment Healthcare

Notice of Privacy Practices

This notice is effective December 5, 2005 (revised 10/1/2010; 11/12/2012; 1/1/2014; 11/2016)
This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

What is "Protected Health Information"?

During the time that you receive services from Alignment Healthcare (AHC), it will be necessary for us to collect, maintain and disclose different kinds of information about you and your health. Generally, any information related to your past, present, or future physical or mental health that can or may be identified with you individually, is considered Protected Health Information ("PHI"). Examples include, but are not limited to, your name, gender, date of birth, and past medical history.

We are required by law to maintain the privacy and security of your PHI, and we are prohibited from disclosing your PHI except as the law specifies. We are also required to provide you with this Notice of Privacy Practices explaining our legal duties and our privacy practices with respect to the PHI we collect and maintain about you. This Notice of Privacy Practices ("Notice") also describes your rights with respect to your PHI.

If we make any changes to our privacy practices consistent with the law, we will promptly change this notice and provide a new notice. We will also maintain a current copy of our Notice of Privacy Practices on our website at www.alignmenthealthcare.com

PLEASE NOTE: This Notice describes only the privacy practices of AHC. Your primary care provider or medical group, and any specialty care provider, hospital, pharmacy or other provider that you may receive treatment or services from, may have their own notice describing how they maintain the privacy of your PHI.

Examples of How AHC Uses and Discloses PHI

Information About You: The following categories describe different ways that AHC uses and discloses your PHI. We have provided you with examples in certain categories; however, not every use or disclosure in a category will be listed.

- **Treatment-** We may use your health information to provide and coordinate the treatment, medications, and services you receive. For example, we may order physical therapy services to improve your strength and walking abilities. We will need to talk with the physical therapist so that we can coordinate services and develop a plan of care. We also may need to refer you to another healthcare provider to receive certain services. We

will share information with that health care provider in order to coordinate your care and services. We may also share your protected health information with your doctor or medical group for purposes such as authorizing a particular type of treatment.

- **Payment-** We may use your health information for various payment-related functions. For example, we may receive a bill containing protected health information from a doctor who provided care for you. If the bill is our responsibility, we will make payment. If the bill is the responsibility of your medical group, we will forward the bill, with your health information, to the medical group so they can make payment.
- **Health Care Operations-** We may use your health information for certain operational, administrative, and quality assurance activities. For example, we may use information in your health record to monitor the performance of the staff providing treatment to you. This information will be used in an effort to continually improve the quality and effectiveness of the health care and service we provide. We may disclose health information to business associates if they need to receive this information to provide a service to us and will agree to abide by specific HIPAA rules relating to the PHI.
- **Communications with Family Member or Friend -** We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your health care or responsible for payment, but *ONLY IF*: You are present, and you ask for or agree to the disclosure; **OR** You are either not present, or you are physically or mentally unable to respond, and we believe the disclosure is in your best interest. If you request in writing and certain requirements are met in the request, we can provide your PHI directly to a third party indicated in your written request.
- **To Provide Information to You-** We may use or disclose your PHI to you in order to provide you with information about your benefits and available services. For example, we may review your protected health information to evaluate treatment and services you received and to evaluate the performance of our doctors and other providers. We may contact you to inform you about possible treatment options or alternatives, or to provide education about managing a chronic condition. We may also use your health information to provide you with information about benefits available to you, and in limited situations, about health-related products or services that may be of interest to you.
- **Food and Drug Administration (FDA) -** We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products, and products defects, or post- marketing surveillance information to enable product recalls, repairs, or replacements.
- **Judicial and Administrative Proceedings-** If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order. We may disclose your PHI for law enforcement purposes as required by law or in response to a subpoena or court order.

- **Fundraising-** We may contact you as part of a fundraising effort. You may also elect not to receive any further fundraising communications.
- **Correctional Institution-** If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents, PHI necessary for your health and the health and safety of other individuals.
- **As Otherwise Required or Permitted by Law:** We may also disclose your PHI, as allowed by law, for many types of activities. PHI can be shared for health oversight activities. It can also be shared with public health authorities, for law enforcement reasons, and to coroners, funeral directors or medical examiners (about decedents). PHI can also be shared for certain reasons with organ donation groups, for research, and to avoid a serious threat to health or safety. It can be shared for special government functions, for workers' compensation, to respond to requests from the U.S. Department of Health and Human Services, and to alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes.
- **State-Specific Requirements:** When state laws are stricter than federal privacy laws, we are required to follow the state law.
- **Appointment Reminders and Health-Related Benefits:** We may use your PHI to contact you to provide appointment reminders or to give information about other treatments or health-related benefits and services that may be of interest to you.

Other Uses and Disclosures of PHI

With Your Written Authorization: We must have your written authorization in order to disclose your protected health information for any purpose or situation not mentioned above (or as otherwise permitted or required by law). Once you provide us with such written authorization, you have the right to revoke it at any time. However, if we have already used or shared your PHI based on your authorization, we cannot undo any actions we took before you revoked it. For more information regarding written authorizations, please contact our Member Services Department at 1-866-634-2247, TTY/TDD 711.

Your Health Information Rights:

The law ensures that you have certain rights with regard to the privacy of your protected health information. These include:

- **Request a restriction on certain uses and disclosures of PHI-**You have the right to ask us to not disclose parts of your protected health care information. We are not required to agree to those restrictions. We cannot agree to restrictions on uses or disclosures that are legally required, or which are necessary to administer our business. If we do not agree to make the changes you want, we will send you a letter telling you why. You may ask that we review our decision if you disagree with it.

- **Additional Restrictions on Use and Disclosure.** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information:
 1. HIV/AIDS;
 2. Mental health (psychotherapy notes);
 3. Genetic tests;
 4. Alcohol and drug abuse;
 5. Sexually transmitted diseases and reproductive health information; and
 6. Child or adult abuse or neglect, including sexual assault.
- **Inspect and obtain a copy of PHI-** In most cases, you have the right to access and copy the PHI that we maintain about you. We may charge you a fee for the costs of copying, mailing, and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances. If we maintain your information on an electronic format, and if producible, we must provide you with the information in the same format. If not readily producible, in a readable electronic form and format agreed by you and AHC. If no agreement is reached, a hard copy will be provided.
- **Request an amendment of PHI-** If you feel the PHI we maintain about you is incomplete or incorrect; you may request that we amend it. To request an amendment, you must include a reason that supports your request. In certain cases, we may deny your request for amendment.
- **Receive an accounting of disclosures of PHI-** The right to request to be told when, to whom, for what reasons and what protected health information about you we have disclosed, for most purposes other than treatment, payment, or health care operations. The right to receive a list (accounting) is subject to certain exceptions, restrictions, and limitations.
- **Request communication of PHI by alternative means or at alternative locations-** For instance, you may request that we contact you only in certain ways, at a different residence or post office box. Your request must tell us how or where you would like to be contacted. AHC will try to accommodate all reasonable requests.
- **Obtain a paper copy of the Notice upon request-**The right to a paper or electronic copy of our Notice of Privacy Practices.
- **Notification if a breach occurs.** The right to be notified if a breach of unsecured PHI occurred, only if you were affected.

If You Have A Question, Complaint, or Believe your Privacy Rights Have Been Violated

If you have a question or complaint regarding our privacy practices, please call our Member Services Department at 1-866-634-2247, TTY/TDD 711

If you believe your privacy rights have been violated, you may call, email or write to us as follows:

Alignment Healthcare
Attention: Privacy Officer
1100 W Town and Country Rd, Suite 1600
Orange, CA 92868

Report Online 24/7: www.reportlineweb.com/ahc

Compliance Hotline toll-free and available 24/7: 844-215-2444

When you report, you may choose to disclose your identity or report anonymously.

You may also file a complaint with the Office for Civil Rights ("OCR"). You may send your written complaint to:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D. C. 0201

Voice Phone (877) 696-6775

PLEASE NOTE: We will not take retaliatory action against you if you file a complaint about our privacy practices.