

# notice of privacy practices

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



Effective April 14, 2003  
Revised January 1, 2007

FCHP and the pronouns "we," "us" and "our" refer to Fallon Community Health Plan and Fallon Health & Life Assurance Company, which have been designated as affiliated entities for federal privacy law purposes.

At Fallon Community Health Plan, we follow strict policies to protect your privacy. To operate our programs, FCHP has information such as your name, address and Social Security number as well as health information about physician visits and medical history. This notice tells how we may use and share that information.

We are required by law to follow the terms of this notice. We may change this notice, and any changes will apply to information we already have about you, as well as any new information we may receive or create in the future. If we make any important changes, we will send you a new notice.

## consent

Your enrollment in FCHP gives us your consent to use and share your personal information for the following purposes:

- **Treatment**, to help coordinate and manage care with your providers (physicians, hospitals and other caregivers). For example, our case managers may discuss your treatment plan with your physician.
- **Payment**, to determine eligibility, review medical necessity, pay claims and respond to complaints. For example, we may use information from your health care providers to help decide the benefits we will pay.

- **Health care operations**, such as quality improvement, disease management, case management, administering pharmaceutical programs and payments, and general administrative activities. For example, a company we work with may contact you about participation in one of our chronic disease management programs.

We also may share your personal information with other plans or providers for their treatment, payment and certain health care operations such as coordination of benefits.

## collecting information

In order to operate our programs, we get information about you from you, your employer or plan sponsor, and our affiliates. This may include, for example, name, address, date of birth, marital status or dependent information. We also get information about you from health care providers. This may include, for example, health care claims, medical history or grievance information. Information may be received in writing, by telephone or electronically.

## sharing information

FCHP may use or share your personal information:

- with federal or state oversight agencies (such as the Massachusetts Division of Insurance)
- when required by court order or other legal process
- to tell you about treatment options or health-related benefits or services with your plan sponsors, as needed
- to manage your plan with research projects that meet privacy requirements. For example: we may share information with a researcher who is designing a research study or conducting records research when it isn't practical to use de-identified information or to get your authorization.
- with another adult on your policy involved in your care or payment for that care, unless you tell us otherwise in writing. For example, we mail explanations of benefits to the subscriber; another adult on the policy may change your PCP or address; also, if an adult family member on your policy calls with knowledge of your claim, we may confirm certain information about it.
- with other agencies who share financial responsibility for your benefits and/or participate in systems of care management and quality review with us (such as Fallon Clinic, if that is where you receive care)

- with others who work with us to provide benefits (such as your pharmacy benefits) and also meet privacy requirements
- to protect victims of abuse or neglect, to avert a serious threat to health or safety, to track diseases, with military or veteran authorities as required, with coroners, for workers' compensation, for national security, for law enforcement purposes, for public good activities and generally as required by law

Please note that we may limit the amount of information we share about you for these purposes in accordance with state laws about HIV/AIDS and mental health records.

## other disclosures

Except as described above, FCHP cannot use or share your personal information without your written permission. You may withdraw that permission in writing at any time and we will no longer use or share that personal information.

FCHP does not destroy personal information when you end your coverage with us, but we still safeguard it in the same way.

## your rights

The federal privacy regulations, as well as state law, give you the right to:

- request a limit on how we use or share your personal information. We will attempt to honor your request, but are not required to agree.
- request that we communicate with you at an alternative address or by alternative means
- review and get a copy of certain personal information. We may deny your request in some instances, but you may be able to request a review of the denial. (Fees will apply for copying, etc.)
- request changes to your record if you think it is inaccurate or incomplete. You must provide a reason for the change. We may not grant your request in some cases.
- a listing of disclosures made by FCHP after April 14, 2003, for reasons other than treatment, payment or health care operations. You must specify the time period you want. (Fees will apply for more than one request in a 12-month period.)
  - Under Massachusetts law, you may request a list of entities with which we normally shared personal information for up to two years prior to April 14, 2003.
  - Under federal law, you may request a listing of up to six years' worth of disclosures made after April 14, 2003.

- request a paper copy of this notice at any time

*To request any of the above information, please send a written request to Customer Service. You may call them at 800-868-5200 (TDD/TTY: 877-608-7677) for an official request form.*

## to file a complaint or receive more information

If you believe we have violated the terms of this notice, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. You will not be punished in any way for filing a complaint.

To file a complaint with us or to receive more information, contact:

Fallon Community Health Plan  
Customer Service Department  
10 Chestnut St.  
Worcester, MA 01608  
Phone: 800-868-5200  
(TDD/TTY: 877-608-7677)  
Fax: 508-831-1136



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Worcester, MA 01608  
[www.fchp.org](http://www.fchp.org)