

Your Information. Your Rights. Our Responsibilities.

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.**

Your rights

You have the right to:

- Get a copy of your health and claims records.
- Correct your health and claims records.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

See page 2 for more information on these rights and how to exercise them.

Your choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends.
- Provide disaster relief.
- Communicate through mobile and digital technologies.
- Market our services and sell your information with your written authorization.

See page 3 for more information on these rights and how to exercise them.

Our uses and disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive.
- Run our organization.
- Pay for your health services.
- Administer your health plan.
- Coordinate your care among various health care providers.
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director.
- Address worker's compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.

See pages 3, 4, and 5 for more information on these uses and disclosures.

Please note information on page 6 about your civil rights. You can learn about aids and services for those with disabilities. You can learn about language services.



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.

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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. Ask us how to do this. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee. |
| <p>Ask us to correct health and claims records</p> | <ul style="list-style-type: none"> You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days. |
| <p>Request confidential communications</p> | <ul style="list-style-type: none"> You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests, and 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 operations. We are not required to agree to your request, and we may say “no” if it would affect your care. |
| <p>Get a list of those with whom we’ve shared information</p> | <ul style="list-style-type: none"> You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why. We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. |
| <p>Get a copy of this privacy notice</p> | <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 receive the notice electronically. We will provide you with a paper copy promptly. |
| <p>Choose someone to act for you</p> | <ul style="list-style-type: none"> If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action. |
| <p>File a complaint if you feel your rights are violated</p> | <ul style="list-style-type: none"> You can complain if you feel we have violated your rights by contacting us at 1-888-276-2020. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint. |



Your choices

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

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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| <p>In these cases, you have both the right and choice to tell us to:</p> | <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. • Share information with you through mobile and digital technologies (such as sending information to your email address or to your cell phone by text message or through a mobile app). <p>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information with others (such as to your family or to a disaster relief organization) if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. However, we will not use mobile and digital technologies to send you health information unless you agree to let us do so.</p> <p>The use of mobile and digital technologies (such as text message, email, or mobile app) has a number of risks that you should consider. Text messages and emails may be read by a third party if your mobile or digital device is stolen, hacked, or unsecured. Message and data rates may apply.</p> |
| <p>In these cases we never share your information unless you give us written permission:</p> | <ul style="list-style-type: none"> • Marketing purposes. • Sale of your information. |



Our uses and disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

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| <p>Help manage the health care treatment you receive</p> | <p>We can use your health information and share it with professionals who are treating you.</p> | <p>Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.</p> |
| <p>Run our organization</p> | <p>We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.</p> | <p>Example: We use health information about you to develop better services for you.</p> |
| <p>Pay for your health services</p> | <p>We can use and disclose your health information as we pay for your health services.</p> | <p>Example: We share information about you to coordinate payment for your health services.</p> |

Our Uses and Disclosures (continued)

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| Administer your plan | <p>We may disclose your health plan information for plan administration.</p> | <p>Example: We share health information with others who we contract with for administrative services.</p> |
| Coordinate your care among various health care providers | <p>Our contracts with various programs require that we participate in certain electronic Health Information Networks (“HINs”) and/or Health Information Exchanges (“HIEs”) so that we are able to more efficiently coordinate the care you are receiving from various health care providers.</p> <p>If you are enrolled/enrolling in a government-sponsored program, such as Medicaid or Medicare, please review the information provided to you by that program to determine your rights with respect to participating in an HIN or HIE.</p> | <p>Example: We share health information through an HIN or HIE to provide timely information to providers rendering services to you.</p> |

How else can we use or share your health information? We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

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| Help with public health and safety issues | <p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> • Preventing disease. • Helping with product recalls. • Reporting adverse reactions to medications. • Reporting suspected abuse, neglect or domestic violence. • Preventing or reducing a serious threat to anyone’s health or safety. |
| Do research | <ul style="list-style-type: none"> • We can use or share your information for health research. |
| Comply with the law | <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’re complying with federal privacy law. |
| Respond to organ and tissue donation requests and work with a medical examiner or funeral director | <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. |

Our Uses and Disclosures (continued)

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| Address workers' compensation, law enforcement and other government requests | <p>We can use or share health information about you:</p> <ul style="list-style-type: none">• For workers' compensation claims.• For law enforcement purposes 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. |
| Respond to lawsuits and legal actions | <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. |
| Additional restrictions on use and disclosure | <ul style="list-style-type: none">• Certain federal and state laws may require greater privacy protections. Where applicable, we will follow more stringent federal and state privacy laws that relate to uses and disclosures of health information concerning HIV/AIDS, cancer, mental health, alcohol and/or substance abuse, genetic testing, sexually transmitted diseases, and reproductive health. |

Our responsibilities

First Choice by Select Health takes our members' right to privacy seriously. To provide you with your benefits, First Choice creates and/or receives personal information about your health. This information comes from you, your physicians, hospitals and other health care services providers. This information, called protected health information, can be oral, written or electronic.

- We are required by law to maintain the privacy and security of your protected health information.
- We are required by law to ensure that third parties who assist with your treatment, our payment of claims or health care operations maintain the privacy and security of your protected health information in the same way that we protect your information.
- We are also required by law to ensure that third parties who assist us with treatment, payment, and operations abide by the instructions outlined in our Business Associate Agreement.
- We will let you know promptly if a breach occurs that may have compromised 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.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our website, and we will mail a copy to you.

Effective date of this notice: January 2017

Notice of Non-Discrimination

First Choice by Select Health of South Carolina complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. First Choice does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

First Choice provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, Braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact First Choice at **1-888-276-2020** (TTY **1-888-765-9586**). We are available Monday – Friday (8 a.m. – 9 p.m.) and Saturday – Sunday (8 a.m. – 6 p.m.).

If you believe that First Choice has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

- Grievance Supervisor First Choice Member Services
P.O. Box 40849, Charleston, SC 29423-0849
1-888-276-2020 (TDD/TTY **1-888-765-9586**)
Fax: **1-800-575-0419**
- You can file a grievance by mail, fax, or phone. If you need help filing a grievance, First Choice Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (TDD: **1-800-537-7697**)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Privacy Office

PO Box 40849, Charleston, SC 29423
1-888-276-2020

FirstChoice
by Select Health of South Carolina
Your Hometown Health Plan

Healthy Connections 

www.selecthealthofsc.com

SHSC_1757597 | FC-01052017-M-1

Language services

English: If your primary language is not English, language assistance services are available to you, free of charge. Call: **1-888-276-2020** (TTY: **1-888-765-9586**).

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-276-2020** (TTY: **1-888-765-9586**).

Arabic:

إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-888-276-2020** (رقم هاتف الصم والبكم: **1-888-765-9586**).

Portuguese: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-888-276-2020** (TTY: **1-888-765-9586**).

Russian: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-276-2020** (TTY: **1-888-765-9586**).

Vietnamese: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-276-2020** (TTY: **1-888-765-9586**).

Brazilian Portuguese: Se você fala português do Brasil, os serviços de assistência em sua língua estão disponíveis para você de forma gratuita. Chame **1-888-276-2020** (TTY : **1-888-765-9586**).

Chinese: 如果您說中文，您可以免費獲得語言援助服務。請致電 **1-888-276-2020** (TTY: **1-888-765-9586**)。

Falam: Falam tawng thiam tu na si le tawng let nak asi mi **1-888-276-2020** (TTY: **1-888-765-9586**) ah tang ka pek tul lo in na ko thei.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ उपलब्ध हैं। काल करें: **1-888-276-2020** (TTY: **1-888-765-9586**)।

Korean: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-276-2020** (TTY: **1-888-765-9586**)번으로 전화해 주십시오.

Chin: Hakha holh a hmanngmi na si ahcun man lo in holh leh piaknak lei bawmchanh khawh na si. Auh khawhnak: **1-888-276-2020** (TTY: **1-888-765-9586**).

French: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-888-276-2020** (ATS : **1-888-765-9586**).

Karen:

နမ့်ကတိ ကညိ ကျိအယိ, နမန့် ကျိအတိမတလါ တလါဘျုးလါဘျုး နိတမံ ဘျုးသ့န့လိ. ကိ: **1-888-276-2020** (TTY: **1-888-765-9586**).

Amharic: ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች: በነጻ ሊያግዝዎት ተዘጋጅተዋል: ወደ ሚክተለው ቁጥር ይደውሉ **1-888-276-2020** (መስማት ለተሳናቸው: **1-888-765-9586**)::

Burmese: အကယ်၍ သင်သည်မြန်မာစကား ကို ပြောပါက ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ငဲ့အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် **1-888-276-2020** (TTY: **1-888-765-9586**) သို့ ခေါ်ဆိုပါ။