

## Plan Year 2022

### Dear Ventura County Health Care Plan Member,

Under a federal law called the Health Insurance Portability and Accountability Act, commonly known as “HIPAA”, health care plans across the nation, including ours, must have a “Notice of Privacy Practices” readily available to all our members.

#### What is the “Notice” about?

The primary purpose of the notice is to describe how your medical information, referred to in the HIPAA legislation as “protected health information” (or “PHI”), may be used and disclosed by our health plan, and how you can get access to this information.

#### What is “protected health information”?

Your protected health information (PHI) is health information that contains personal identifiers, such as your name, Social Security number, or other information that could reveal who you are. For example, your medical record is PHI because it includes your name and other identifiers.

#### Is there anything I need to do about this notice?

Yes. We encourage you to please carefully review our Notice of Privacy Practices. It provides important information about your rights concerning your protected health information. If you still have questions after reading this information, please call our Member Services department at **(805) 981-5050** or toll free at **(800) 600-8247**. A copy of this letter and notice is also being made available to you on our website at [vchealthcareplan.org](http://vchealthcareplan.org)

**We take our responsibility to protect your personal health information seriously and, as in the past, we will continue to take appropriate steps to safeguard that information.**

As always, thank you for entrusting your health care needs to the Ventura County Health Care Plan.

Sincerely,

Dee Pupa  
Ventura County Health Care Plan Administrator

**VENTURA COUNTY HEALTH CARE PLAN**  
**NOTICE OF PRIVACY PRACTICES**  
*Effective Date: April 14, 2003*

**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**

**THE PRIVACY OF PROTECTED HEALTH INFORMATION**

Each individual's health information is protected under a federal law called the Health Insurance Portability and Accountability Act (HIPAA) and under state laws when they are stricter than HIPAA. These laws require various health care organizations, including the Ventura County Health Care Plan (VCHCP), to keep protected health information private except under certain circumstances, and to provide this Notice of our legal duties and the privacy practices we use to protect your health information.

"Protected health information" is information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. We maintain physical, electronic, and procedural safeguards in the handling and maintenance of your protected health information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction, or misuse. We are required by law to notify you of any breach of unsecured protected health information that affects you.

This notice describes different ways that we may use and disclose your protected health information. Some information such as certain drug, alcohol or other substance abuse information, HIV/AIDS information, sexually transmitted disease and reproductive health information, and mental health records, is subject to special or additional restrictions regarding its use or disclosure. Additionally, in the event that VCHCP gets underwriting from another entity as part of our business function, we may need to share PHI with the underwriter but are prohibited from sharing any genetic information.

VCHCP abides by all applicable federal and state laws related to the protection of this information. If a use or disclosure of protected health information described in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent laws. The examples contained herein are not intended to be all inclusive.

**HOW VCHCP USES AND DISCLOSES PROTECTED HEALTH INFORMATION**

In order to provide you with insurance coverage, we need personal information about you, and we obtain that information from many different sources – in particular, from you, your employer (or benefits plan sponsor) and your health care providers. In administering your health benefits and providing mail order pharmacy services, we may use and disclose protected health information about you without your authorization, in various ways. These uses include:

- **Health Care Operations:** We may use and disclose protected health information during the course of running our health business - that is, during operational activities such as quality assessment and improvement; licensing; accreditation by independent organizations; performance measurement and outcomes assessment; health services research; and preventive health, disease management, case management and care coordination. For example, we may use the information to provide disease management programs for members with specific conditions, such as diabetes, asthma or heart failure. Other operational activities requiring use and disclosure include administration of reinsurance and stop loss; underwriting and rating (we are prohibited from disclosing any genetic testing or other genetic information); detection and investigation of fraud; administration of pharmaceutical programs and payments; transfer of policies or contracts from and to other health plans; and other general administrative activities, including data and information systems management, and member services.

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- **Payment:** To help pay for your covered services, we may use and disclose protected health information in a number of ways - in conducting utilization and medical necessity reviews; coordinating care; determining eligibility; determining formulary compliance; collecting premiums; calculating cost-sharing amounts; and responding to complaints, appeals and requests for internal review. For example, we may use your medical history and other protected health information about you to decide whether a particular treatment is medically necessary and what the payment should be - and during the process, we may disclose information to your provider. We also mail Explanation of Benefits forms and other information to the address we have on record for the subscriber (i.e., the primary insured). We also use protected health information to obtain payment for any mail order pharmacy services provided to you.
- **Treatment:** We may disclose protected health information to doctors, dentists, pharmacies, hospitals, and other health care providers who take care of you. For example, doctors may request medical information from us to supplement their own records.

We also may use protected health information in providing mail order pharmacy services and by sending certain information to doctors for patient safety or other treatment-related reasons.
- **Disclosures to Other Covered Entities:** We may disclose protected health information to other covered entities, or business associates of those entities for treatment, payment, and certain health care operations purposes. For example, we may disclose protected health information to other health plans if it has been arranged for use to do so in order to have certain expenses reimbursed. Whenever an arrangement between us and a business associate involves the use and disclosure of protected health information, we will have a written contract that contains terms that will protect the privacy of the protected health information. In addition, we may disclose your protected health information to another provider, health plan, or health care clearing house for limited operational purposes of the recipient, as long as the other entity has, or has had, a relationship with you. Such disclosure shall be limited to the following purposes: quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, case management, conducting training programs, accreditation, certification, licensing, credentialing activities, and health care fraud and abuse detection and compliance programs.
- **Other Uses and Disclosure That Do Not Require Your Authorization:** We may use or disclose protected health information about you for the following purposes without obtaining an authorization from you:
  - Plan Administration - We may share summary health information and enrollment and disenrollment information with your employer (or other plan sponsor), or for other plan administration purposes when we have been informed that appropriate language has been included in your plan documents.
  - Information About Products or Services - We may use or disclose your protected health information, as necessary, to provide you with information about a product or a service to encourage you to purchase or use the product or service for the following limited purposes: (1) to describe our participation in a health care provider network or health plan network, or to describe if, and the extent to which, a product or service (or payment for such product or service) is provided by the practice or included in a plan of benefits; (2) for your treatment; or (3) for your case management or care coordination, or to direct or recommend alternative treatments, therapists, health care providers, or settings of care.
  - Reminders: We may use or disclose your protected health information to send you reminders about your benefits or care, such as appointment reminders with providers who provide medical care to you.
  - Fundraising - We may use or disclose to a business associate or other institutionally related foundation, the dates you received treatment, department of service information, treating physician information, information about your outcome, and your health insurance status, as necessary, in order to contact you for fundraising activities supported by us. You have the right to opt out of receiving these fundraising requests. If you do not want to receive these materials, please call the Member Services Number on your ID card and request that these fundraising materials not be sent to you. Your rights regarding treatment and payment will not be conditioned on your choice with respect to the receipt of fundraising materials.

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- Required by Law - We may use or disclose your protected health information to the extent such use or disclosure is required by federal, state, or local law. This includes disclosures to the Secretary of Health and Human Services to ensure compliance with privacy practices and disclosures to your personal representative (if applicable) to administer your rights as described in this notice.  
If you cease to be enrolled with the Ventura County Health Care Plan, we will provide your contact information, such as name, address, and email to Covered California. Covered California will use this information to help you obtain other health coverage. You have the right to opt out of this process by contacting the Plan's Member Services Department at (805) 981-5050.
- Research - In certain circumstances, we may use or disclose your protected information for research. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to strict internal review and a stringent approval process. This process evaluates a proposed research project and its use of medical information in order to balance the research needs with patients' rights to privacy. When approved through this special review process, your protected health information may be used without your authorization. We may also disclose your protected health information to researchers to review in preparation for their research as long as the information is necessary for the research purposes and the protected health information will not leave our premises or when the research is based solely on the protected health information of decedents.
- Law Enforcement - We may disclose your protected health information to federal, state and local law enforcement officials in compliance with a warrant, subpoena, summons or other request authorized by law or for the following authorized purposes: (i) to identify or locate a suspect, fugitive, material witness, or missing person (ii) about a suspected victim of a crime, under certain limited circumstances, (iii) about a death suspected to be the result of a crime, (iv) if criminal conduct occurred on VCHCA's premises, (v) in case of medical emergency to report the commission of a crime, the location of the victim(s), the identity, description, or location of the perpetrator.
- Judicial or Administrative Proceedings - We may disclose your protected health information in response to a court or administrative order, subpoena, discovery request or other lawful process.
- Public Health Activities - We may disclose your protected health information to a public health authority for the purpose of preventing or controlling disease, injury, or disability, reporting child abuse or neglect, reporting vital events such as births or deaths, or monitoring and tracking products and activities regulated by the Food and Drug Administration, including reporting adverse events or product defects or notifying persons of recalls, repairs, or replacements of products they may be using, notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease, reporting to your employer findings concerning a work-related illness or injury or workplace-related medical surveillance, or if you are a student or prospective student of a school, we may disclose proof of your immunization to the school.
- Abuse, Neglect, Domestic Violence - In compliance with applicable laws, if we reasonably believe you to be a victim of abuse, neglect, or domestic violence, we may use or disclose your protected health information to appropriate government authority.
- Health Oversight Activities - In accordance with applicable law, we may disclose your protected health information to government agencies tasked with oversight of the health care system including for activities such as audits, investigations, licensure, or disciplinary actions, and with regard to programs in which protected health information is necessary to determine eligibility and compliance.
- Coroners, Medical Examiners, and Funeral Directors - We may disclose your protected health information to a coroner or medical examiner to identify a deceased person, determine cause of death, or other duties authorized by law. We may also disclose protected health information to funeral directors, as necessary, to carry out their duties.

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- Organ and Tissue Donation - We may use or disclose your protected health information to organ procurement or similar organizations for the purpose of facilitating organ, eye, or tissue donation or transplantation. To Avert a Serious Threat to Health or Safety - Except in certain limited circumstances, we may disclose your protected health information to prevent or lessen a serious and imminent threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or lessen the threat.
- Military and Veterans - If you are a member of the Armed Forces, we may disclose your protected health information to appropriate military command authorities if deemed necessary to assure the proper execution of a military mission. We may also use and disclose the protected health information of foreign military personnel as authorized and required by law.
- National Security and Intelligence Activities - We may use or disclose your protected health information to authorized federal officials for the conduct of lawful intelligence, counterintelligence, and national security purposes.
- Protective Services for the President and Others: As authorized or required by law, we may disclose your protected health information to authorized federal officials so that they may conduct certain authorized investigations or provide protection to the President or other authorized foreign persons or foreign heads of state.
- Inmates - If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official for the purpose of providing health care to you, protecting your health and safety and that of other inmates, officers/employees of the correctional institute, or officers responsible for transporting inmates between facilities, or for purposes of providing law enforcement or security on the premises of the correctional institution.
- Workers' Compensation - We may disclose your protected health information for workers' compensation purposes in accordance with applicable law.
- Decedents - We may use or disclose the protected health information of a deceased individual after the individual has been deceased for 50 years, unless otherwise requested not to do so by the member. If you would like to place a restriction on descendant notification, please contact Members Services at (805) 981-5050.
- Data Breach Notification - We may use your contact information to provide legally required notice of unauthorized acquisition, access, or disclosure of your protected health information. You have the right to be informed of any breach to your PHI.
- **Disclosures to Others Involved in Your Health Care:** Unless you object, we may disclose protected health information about you to a relative, a friend, the subscriber of your health benefits plan or any other person you identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure by calling the Member Services number on your ID card.  
If you are a minor, you also may have the right to block parental access to your health information in certain circumstances, if permitted by state law. You can contact us using the Member Services number on your ID card—or have your provider contact us.
- **Assurance to Our Members:** We want to assure you that although disclosures of your personal health information are permitted by law without your prior authorization for many reasons, VCHCP maintains very stringent privacy practices and will only disclose information in very specific circumstances, as permitted or required by law.

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- **Uses and Disclosures Requiring Your Written Authorization:** In all situations other than those described above, we will ask for your written authorization before using or disclosing personal information about you, unless otherwise permitted or required by law. Without your authorization we are expressly prohibited from using or disclosing your protected health information for marketing purposes unless the marketing involves a face-to-face communication between us, and you are receiving a promotional gift of nominal value from us. The authorization must explicitly inform you that financial remuneration is involved. We may not sell your protected health information without your authorization. Such authorization must explicitly inform you that the disclosure will result in remuneration to us. We will not use or disclose your psychotherapy notes without your authorization except for (i) use by the originator of the notes for treatment, (ii) our mental health training programs, (iii) to defend ourselves in any legal proceeding brought by you, or (iv) other uses or disclosures required by law. If you have given us an authorization (for the purposes described above or for any other purpose), you may revoke it in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the purposes covered by your written authorization. The revocation of your authorization will not apply to disclosures already made in reliance to your prior authorization. If you have questions regarding authorizations, please call the Member Services number on your ID card.

**OTHER ACTIVITIES FOR WHICH PHI MAY BE USED**

It is possible that PHI could be disclosed as a result of making contact with our members for activities such as providing appointment reminders, describing or recommending treatment alternatives, and providing information to you about health-related benefits and services.

**YOUR LEGAL RIGHTS**

Federal and State privacy regulations give you the right to make certain requests regarding health information about you. You may ask us:

- **For Confidential Communication.** You have the right to designate an alternative mailing address, email address, or telephone number. The confidential communication request shall apply to all communications that disclose medical information or provider name and address related to receipt of medical services by the individual requesting the confidential communication. The confidential communication request shall be valid until the subscriber or enrollee submits a revocation of the request or a new confidential communication request is submitted. A confidential communications request shall be implemented by VCHCP within 7 calendar days of receipt of an electronic transmission or telephonic request or within 14 calendar days of receipt by first-class mail. VCHCP shall acknowledge receipt of the confidential communications request and advise the subscriber or enrollee of the status of implementation of the request if a subscriber or enrollee contacts VCHCP. Any enrollee may at any time request a confidential communication by telephone, fax, email, or mail at the following:

Ventura County Health Care Plan  
2220 E. Gonzales Road, Suite 210-B  
Oxnard, CA 93036  
Phone Number (805) 981-5050 or (800) 600-8247  
Fax Number: (805) 981-5051  
[vchcp.memberservices@ventura.org](mailto:vchcp.memberservices@ventura.org)

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- To restrict the way we use or disclose health information about you in connection with health care operations, payment, and treatment. You also have the right to ask us to restrict disclosures to persons involved in your health care. In your request for a restriction, you must include (i) what information you want restricted, (ii) whether you want to limit the use, disclosure, or both, and (iii) to whom you want the limits to apply (for example, limit disclosures to your spouse only). Although we will consider your requests for restrictions, we are not required to agree to the restriction you request, except to the extent you request us to restrict disclosure to a health plan or insurer if the disclosure is for the purpose of carrying out payment or health care operations and you or someone else on your behalf has paid for the item or service out of pocket in full. Except with respect to restrictions on disclosures to a health plan or insurer where the purpose of the disclosure is to carry out payment or health care operations and you or someone else has paid for the item or service out of pocket in full, we may terminate any restriction we had previously agreed to. Any such termination will only be effective for information created or received after we inform you of the termination of the restriction.
- To inspect and obtain a copy of health information that is contained in a “designated record set” (including protected health information that is maintained electronically)—medical records and other records maintained and used in making enrollment, payment, claims adjudication, medical management, and other decisions. You are entitled to access your protected health information in the format requested by you (including electronically) unless it is not readily producible in such format, in which case it will be provided to you in another readable form. We may ask you to make your request in writing, may charge a reasonable fee (not to exceed our cost) for producing and mailing the copies.  
Under certain circumstances, your request to inspect or obtain a copy of your protected health information may be denied. If your request is denied, you may request that the decision be reviewed.
- To amend health information that is in a “designated record set.” Your request must be in writing and must include the reason for the request. We may deny your request for an amendment if the information sought to be amended was not created by us, is not part of a “designated record set”, is not part of the information which you would be permitted to inspect or copy, or if we determine that the information sought to be amended is accurate and complete. If we deny the request, you may file a written statement of disagreement disagreeing with the denial and stating the basis for such disagreement. Your written statement of disagreement shall not exceed 250 words per alleged incomplete or incorrect item in your record. We will include your statement of disagreement with your “designated record set” that is the subject of the requested amendment.
- To provide a list of certain disclosures we have made about you, other than for our own uses for treatment, payment, and health care operations, and other exceptions authorized under law. Your request must be in writing and must state a time period which may not go back more than six years from the date of the request. If you request such an accounting more than once in a 12-month period, we may charge a reasonable fee for the cost of compiling the accounting. We will notify you of the cost involved and you may modify or withdraw your request at that time before any costs are incurred.

You may make any of the requests described above or may request a paper copy of this notice (even if you have agreed to accept this notice electronically), by calling the Member Services number on your ID card.

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**THIS NOTICE IS SUBJECT TO CHANGE**

We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all the information that we already have about you, as well as any information that we may receive or hold in the future. If we make a material change to our privacy practices, we will provide to you a revised notice in accordance with applicable law. We will post the revised notice on VCHCP's website, [vhealthcareplan.org](http://vhealthcareplan.org).

Please note that we do not destroy personal information about you when you terminate your coverage with us. It may be necessary to use and disclose this information for the purposes described above even after your coverage terminates, although policies and procedures will remain in place to protect against inappropriate use or disclosure.

If you have any questions regarding this notice, you may also contact the Ventura County Health Care Agency's (VCHCA) Privacy Office by phone at (805) 677-5241 or mail at:

Ventura County Health Care Agency HCA Compliance Office  
Attn: HCA Compliance and Privacy Office  
5851 Thille St., Ventura CA 93003

**COMPLAINTS**

You may register a complaint with us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying the VCHCA Compliance and Privacy Office, at 5851 Thille St., Ventura CA 93003, (805) 677-5241. We will not retaliate against you for filing a complaint. For further information about the complaint process you may contact the VCHCA Privacy Office.

*This notice was published and became effective on September 23, 2013.*

*This privacy policy was last updated on April 7, 2022.*