



Notice of Privacy Practices

This notice describes how medical information about you may be used

The California Health Benefits Exchange, known as the Exchange or Covered California, may get your personal information when you ask us for information about health care insurance or when you apply for health care insurance through the Exchange. We are required by law to maintain the privacy of your personal information, to give you notice of our legal duties and privacy practices and to notify you following a breach of unsecured protected health information. We must follow the law when we use or share your information. This Notice of Privacy Practices tells you what your rights are and how we use and share your information. We must follow this Notice of Privacy Practices. We have the right to change our Notice of Privacy Practices. If we make changes to our Privacy Practices, we will send a new Notice of Privacy Practices to all the people who are applying for health insurance at that time or whose information we may have.

INFORMATION WE MAY COLLECT

When you visit our website, talk to a representative or send us an application for insurance, the personal information we collect may include, but is not limited to:

- Name
- Address
- Email address
- Phone number
- Social Security Number
- Demographic information
- Health information
- Financial information

HOW WE MAY USE AND SHARE YOUR INFORMATION

We will use your information to help you see what health insurance is available for you and to refer you to health plans and other governmental entities that can help you get health insurance. We will share your information if we are required by law to do so. We may also share your information for these purposes:

- **Treatment:** We may share your information with health care providers to make sure you get health care;
- **Program purposes:** Information will be shared with private health plans and government agencies, such as the IRS, Department of Homeland Security and the Social Security Administration, for use in determining eligibility for insurance programs and providing health insurance to eligible applicants;
- **Payment:** We will share information with the health plans or programs that you enroll with for payment purposes, such as billing you for insurance or submitting bills to these entities;
- **Health care operations:** Information may be shared with health plans and

government agencies to oversee how the insurance is being provided, for quality assurance, audits, for fraud and abuse prevention programs, and for planning and management purposes;

- **Appeals:** If you appeal any of the decisions about your eligibility for health insurance or the insurance provided to you, the information we have may be used in deciding the appeals;
- **Health care oversight:** Information may be shared for audits, inspections, civil, criminal or administrative investigations, and for licensing or discipline activities,
- **Judicial or administrative proceedings:** Your information may be shared with a court, investigator or lawyer if there is an investigation or litigation about the insurance programs, payment for insurance, fraud or abuse. If a court orders us to share your information, we will do so;
- **Planning and research:** We may share your information with other government agencies and researchers for planning and research programs. Information for research will only be shared if the researcher is from a non-profit organization and meets federal and state requirements for research projects;
- **Other limited purposes:** Information will be shared for other purposes when we are required by law to do so, such as for workers' compensation, public health activities and risks, health oversight activities, law enforcement activities, coroners, medical examiners and funeral directors, military and veterans affairs, national security and intelligence activities, protective services for the president and others, and for inmates.
- **CMS:** Information will be disclosed to the U.S. Department of Health Services, Centers for Medicare and Medicaid Services, when requested and when disclosure is required by law;

Some information, such as mental health, substance abuse, services for the developmentally disabled, or HIV/AIDS status, are protected by additional laws and we will follow those laws. Other uses and disclosures of information that are not described here will be made only with your written authorization, and that authorization can be revoked by you.

YOUR PRIVACY RIGHTS

You have the rights listed below:

- **Inspect and copy your records:** You can look at the records we have with your information and for a fee you can get a copy of your records. You may not see all parts of your records if it is allowed or required by law to keep you from seeing them. If your request is denied, you have a right to have the denial reviewed. Your personal representative who has the legal right to act for you can look at your records and get a copy. You can contact us to get a form for requesting a copy of your records or you can go to our website to request a copy of your records.
- **Amend your records:** You can ask us to change or correct information in your records. We may decline to change the information if we did not create or keep it, or if it is already complete and correct. You can ask us to review the denial or you can send a letter disagreeing with the denial and the letter will be kept as part of your records;
- **Accounting of disclosures:** You can ask us to send you a report of who we have shared your information with, when it was shared, and why.
- **Restrictions on uses and disclosures:** You can ask us not to use or share your information in the ways we listed above. We may not be able to agree with your request. If your request is about an item or service that you paid for, we must agree with your request.
- **Confidential communications:** You have the right to ask that we contact you confidentially, at a different address or phone number, a post office box, or in writing or by telephone only, and we will meet all reasonable requests. We may ask you to explain why disclosing some of the information could endanger someone.
- **Copy of Notice of Privacy Practices:** You may get a paper copy of this Notice of Privacy Practices by contacting us at the address below. A copy is also on our

website.

- **Complaint:** You have the right to file a complaint with us and with the Secretary of the U.S. Department of Health Services if you believe your privacy rights have been violated. You can get a copy of a complaint form by contacting us, or you can send us a letter telling us about your complaint. You will not be retaliated against in any way if you file a complaint.

Health Insurance Portability and Accountability Act: HIPAA is the acronym for the Health Insurance Portability and Accountability Act that was passed by congress in 1996. HIPAA does the following:

- Provides the ability to transfer and continue health insurance coverage for millions of American workers and their families when they change or lose their jobs;
- Reduces health care fraud and abuse;
- Mandates industry-wide standards for health care information on electronic billing and other processes; and
- Requires the protection and confidential handling of protected health information.

Please visit the [Department of Health Care Services website](#) for more information about HIPAA and Medi-Cal.

Contacting Us

If you would like a copy of our Privacy Policy, please contact us at the address or web site below. You can ask for a copy in another language, Braille or large print.

You can get a form for requesting copies of your records, to amend your records, to get an accounting of disclosures, to request restrictions on disclosures or confidential communications, or a complaint form at the address or web site below.

Phone: (888) 975-1142

Email: privacyofficer@covered.ca.gov

Mailing Address:

ATTN: Privacy Officer (Information Security Office)
560 J Street, Suite 290
Sacramento CA 95814

Website: www.coveredca.com

Programs & Partners

Outreach & Education
Enrollment Assistance
Program
Health Insurance
Companies
SHOP Health Insurance
Companies
Certified Insurance Agents
California Tribes

The Board

Board Members
Board Meetings

Resources

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counselor
Regulations
Federal Guidance
Notice of Privacy Practices
Programs Toolkit
Link to Us
Fact Sheets
Register to Vote

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