

7 | Rights and responsibilities

Notice of privacy practice

Effective Date of this Notice

This notice has been updated and is effective June 10, 2026.

Why am I receiving this Notice?

Partnership HealthPlan of California (“**Partnership**”, “**we**”, “**our**”, or “**us**”) is required by law to maintain the privacy and confidentiality of your medical information and protected health information (collectively, “**PHI**” or “**health information**”), provide you with adequate written notice of our legal duties and privacy practices, and to notify you following a breach of your unsecured PHI. Any disclosure of PHI beyond the provisions of applicable law is prohibited.

Partnership agrees to follow the terms of this Notice of Privacy Practices (“**Notice**”). We also have the right to change the terms of this Notice if it becomes necessary and to make the new Notice effective for all health information we maintain. If we need to

 Call Member Services at 1-800-863-4155 (TTY 1-800-735-2929).

We are here Monday – Friday, 8 a.m. – 5 p.m. The call is free.

Or call the California Relay Line at 711. Visit online at www.partnershipHP.org.

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make any changes, we will post it on our website and notify you via mail in our next annual mailing to you at your address in our records. If you received this Notice electronically, you have the right to request a paper copy from us at any time.

What is PHI?

PHI is individually identifiable health information, such as your name, Social Security number, birthdate, medical condition or diagnosis, prescriptions, lab tests, and payment history. PHI also includes race/ethnicity, language, gender identity, sexual orientation, and pronoun data. Your disclosure of this type of information does not negatively affect how Partnership makes decisions about your benefits or impact your access to covered services. PHI may be in oral, written, or electronic form.

Partnership collects this information from you, your health care provider or other health care providers on your behalf, and the State of California.

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Partnership protects this information consistent with privacy laws, including the Health Insurance Portability and Accountability Act of 1996 (“**HIPAA**”) and the California Confidentiality of Medical Information Act (“**CMIA**”). Partnership ensures the confidentiality of your information, for example, by requiring Partnership staff to complete HIPAA and CMIA trainings, using password protections, and granting staff access to your information only at the level necessary to do their job.

How does Partnership HealthPlan of California use and disclose my health information?

Partnership stores health-related records about you, including your claims history, health plan enrollment information, case management records, and prior authorizations for

treatment you receive. We use this information and disclose it to others for the following purposes:

- **Treatment.** Partnership uses your health information to coordinate your health care, and

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we disclose it to hospitals, clinics, physicians, and other health care providers to enable them to provide healthcare services to you. For example, Partnership maintains your health information in electronic form and allows pharmacies to have on-line access to it to provide appropriate prescriptions for you.

- **Payment.** Partnership uses and discloses your health information to facilitate payment for healthcare services you receive, including determining your eligibility for benefits and your provider's eligibility for payment. For example, we inform providers that you are a member of our plan and tell them your eligible benefits.
- **Healthcare Operations.** Partnership uses and discloses your health information as necessary to enable us to operate our health plan. For example, we use our members' claims information for conducting quality assessment and improvement activities, patient safety activities, business management and general



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administrative activities, and reviewing competence or qualifications of healthcare professionals.

- **Underwriting.** For underwriting or related purposes, such as premium rating or other activities related to the creation, renewal or replacement of a contract of health insurance or benefits as required by law, but we are prohibited from using or disclosing genetic information for these purposes.
- **Business Associates.** Partnership may contract with business associates to perform certain functions or activities on our behalf, such as facilitating a health-information exchange, where your health information can be quickly accessed by your provider or to provide appointment reminders. When working to process payment, provide care to our members, or within our daily operations, Partnership may disclose your health information to our contractors. Before we make any disclosures for



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payment or operational purposes, we obtain a confidentiality agreement from each contractor. For example, companies that provide or maintain our computer services may have access to health information within the course of providing services. Partnership works to ensure that our contractors have as minimal contact with your health information as possible.

- **Health Information Exchange.** Partnership participates in multiple Health Information Exchanges (“**HIEs**”), which allow providers to coordinate care and provide faster access to our members. HIEs assist providers and public health officials in making more informed decisions, avoiding duplicate care (such as tests), and reducing the likelihood of medical errors. By participating in an HIE, Partnership may share your health information with other providers and participants as permitted by law. If you do not want your medical information shared in the HIEs, you must make this request directly



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to Partnership. The ‘Individual Rights’ section below tells you how.

(**Note:** In some circumstances, your health information may not be disclosed. For example, mental health diagnosis and treatment, diagnosis or treatment for substance use disorder, and STD, birth control, or HIV test results are all considered ‘Protected Records’ and require your direct authorization to be shared. Any identifiable information about abortion or abortion-related services will not be shared on an HIE or to an out-of-state individual, agency or department, unless you provide written authorization or a legal exception exists.)

- **Communication and Marketing:** Partnership will not use your health information for marketing purposes for which we receive payment without your prior written authorization. Partnership may use your health information for communications for case management or care coordination purposes and related functions without your



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authorization. Partnership may provide appointment or prescription refill reminders or describe a product or service that is included in your benefit plan, such as our health provider network. Partnership may also discuss health-related products or services available to you that add value but are not part of your benefit plan.

- **Sale of your health information:** We will not sell your health information without your prior written authorization.
- **Fundraising:** For fundraising for Partnership, you can tell us your choices about what we share. If you have a preference for how we share your information or contact you for fundraising purposes, talk to us. Tell us what you want us to do, and we will follow your instructions. You have both the right and choice to tell us not to contact you for fundraising purposes.

Can my health information ever be released

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without my permission?

Yes, Partnership may disclose health information without your authorization to government agencies and private individuals and organizations in a variety of circumstances in which we are required or authorized by law to do so. Certain health information may be subject to restrictions by federal or state law that may limit or prevent some uses or disclosures. For example, there are special restrictions on the disclosure of health information relating to HIV/AIDS status, genetic information, mental health treatment, developmental disabilities, and substance use disorder treatment. We comply with these restrictions in our use of your health information.

To the extent that we have your substance use disorder treatment records, subject to 42 CFR part 2, we will not use or disclose that information for investigations or civil, criminal, administrative, or legislative proceedings against you without (1) your written consent, or (2) a court order and a subpoena

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requiring the disclosure.

Examples of the types of disclosures Partnership may be required or allowed to make without your authorization include:

- **When legally required:** Partnership will disclose your health information when it is required to do so by any federal, state, or local law.
- **When there are risks to public health:** Partnership may disclose your health information:
 - To public health authorities or to other authorized persons in connection with public health activities, such as preventing or controlling disease, injury or disability or in the conduct of public health surveillance or investigations;
 - To collect information or report adverse events related to the quality, safety, or effectiveness of U.S. Food and Drug Administration regulated products or activities;



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- To report abuse, neglect, or domestic violence, Partnership is mandated to notify government agencies if we believe a member is the victim of abuse, neglect, or domestic violence.
- **In connection with judicial and administrative proceedings:** Partnership may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when Partnership makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information. Partnership may also use and disclose your health information to the extent permitted by law without your authorization to defend a lawsuit or arbitration.
- **For law enforcement purposes:** Partnership may disclose your health information for law

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enforcement purposes.

- As required by law pursuant to a search warrant lawfully issued to a governmental law enforcement agency.
- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena, summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness, or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if Partnership has a suspicion that your death was the result of criminal conduct including criminal conduct at Partnership.
- In an emergency in order to report a crime.



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- **To coroners and medical examiners:** Partnership may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.
- **To funeral directors:** Partnership may disclose your health information to funeral directors consistent with applicable law and, if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, Partnership may disclose your health information prior to, and in reasonable anticipation of, your death.
- **For organ, eye, or tissue donation:** Partnership may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of facilitating the donation and transplantation, if you so desire.



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- **In the event of a serious threat to health or safety:** Partnership may, consistent with applicable law and ethical standards of conduct, disclose your health information if Partnership, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.
- **For specified government functions:** Partnership may make disclosure to authorized federal officials in national security activities or for the provision of protective services to officials.
- **For workers' compensation:** Partnership may release your health information for workers' compensation or similar programs.
- **To a correctional institution or to a law enforcement official:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, Partnership may release health information about you to the institution or



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official.

- **For health oversight activities:** Partnership may disclose your health information to health oversight agencies for purpose of legally authorized health oversight activities, such as audits and investigations for oversight of the health care system and to agencies administering government health benefit programs, as authorized or required by law.
- **For immunization purposes:** To a school, about a member who is a student or prospective student of the school, but only if: (1) the information that is disclosed is

limited to proof of immunization; (2) the school is required by the state or other law to have such proof of immunization prior to admitting the member; and (3) there is

documented agreement by the member or the member's guardian.

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- **For disaster relief purposes:** Partnership may make disclosure to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.
- **For research purposes:** Partnership may use or disclose your health information for health research purposes.

Can others involved in my care receive information about me?

Yes, Partnership may release health information to a friend or family member who is involved in your care, or who is paying for your care, to the extent we judge it necessary for their participation unless you specifically ask us not to, and we agree to that request. This includes responding to telephone inquiries about eligibility and claim status.

OTHER THAN WHAT IS STATED ABOVE, PARTNERSHIP WILL NOT DISCLOSE YOUR HEALTH INFORMATION OTHER THAN WITH YOUR WRITTEN AUTHORIZATION. IF YOU OR

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YOUR PERSONAL REPRESENTATIVE AUTHORIZES PARTNERSHIP TO USE OR DISCLOSE YOUR HEALTH INFORMATION, YOU MAY REVOKE THAT AUTHORIZATION IN WRITING AT ANY TIME.

Are there instances when my health information is not released?

As required by applicable federal and California law, including the Confidentiality of Medical Information Act (CMIA), we will not permit other uses and disclosures of your health information without your written permission, or authorization which you may revoke at any time in the manner described in our authorization form. This applies to all medical information, including information relating to sensitive services such as reproductive health care, in accordance with applicable legal requirements. Please note that it is possible that information that Partnership has properly disclosed pursuant to this Notice will be redisclosed by the recipient and, if so, it is no longer protected by the policies in this Notice.

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Except as described above (How does Partnership HealthPlan of California use and disclose my health information), disclosures of psychotherapy notes, marketing and the sale of your information require your written authorization, and a statement that you may revoke the authorization at any time in writing.

As required by CMIA, we will not cooperate with any inquiry or investigation by or provide medical information to, any individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would disclose identifiable abortion, abortion-related services, gender-affirming health care, or gender-affirming mental health services care that are lawful under California law, unless you provide written authorization or disclosure is required by law.

We will not knowingly disclose, transmit, transfer, share, or grant access to medical information in an electronic health records system or through a health information

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exchange identifiable abortion or abortion-related services that is lawful under California law to any individual from another state, unless the individual provides written authorization or disclosure is required by law.

YOUR INDIVIDUAL RIGHTS

What rights do I have as a Partnership member?

As a Partnership member you have the following rights with respect to your health information:

- To ask us to restrict certain uses and disclosures of your health information for the purpose of carrying out treatment, payment, or health care operations, or if the disclosure is to a family member, relative, or close personal friend and is related to the person's involvement with your health care or payment for your health care or for notification purposes. Partnership is not required to agree to any restrictions requested by its members unless the disclosure is for the purpose of carrying out payment or healthcare

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operations and the request is solely for a healthcare item or service for which you or another person other than Partnership has paid for the service(s) out of pocket.

- To receive confidential communications from Partnership at a particular phone number, P.O. Box, or some other address that you specify to us.
- To see and copy your health records that Partnership maintains about you in a designated record set, including billing records, we must receive your request in writing. We will respond to your request within 30 days. Partnership may charge a fee to cover the cost of copying, assembling, and mailing your records, as applicable. You may also request Partnership to send the information directly to another person if your written request is signed by you and clearly identifies both the designated person and where to send the information. In some situations, Partnership may ask if you would agree to



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receive a summary or an explanation of the requested information and to any fees that might be imposed to create it. Under certain circumstances, Partnership may deny your request. If your request is denied, we will tell you the reason why in writing. You have the right to appeal a denial.

- If you feel the information in our records is wrong, you have the right to ask us to amend the records. Partnership may deny your request in certain circumstances, but we will tell you why in writing within 60 days. If your request is denied, you have the right to submit a statement disagreeing with the denial for inclusion in your record.
- You have the right to receive a list of disclosures that we have made of your health information, up to six years prior to the date of your request. We will include all the



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disclosures except those disclosures we made to carry out treatment, payment, or healthcare operations, or those disclosures made to you or with your authorization. You are entitled to one disclosure list in any 12-month period at no charge. If you request any additional lists less than 12 months later, Partnership may charge you a reasonable, cost-based fee.

- If you received this notice electronically, you have the right to request a paper copy from us at any time even if you agreed to receive it electronically.
- The right to choose someone to act for you with respect to your health information. If someone has authority to act as your personal representative, such as if someone has your 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



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this authority and can act for you before we take any action.

How do I exercise these rights?

You can exercise any of your rights by sending a written request to our Privacy Official at the address below. To facilitate processing of your request, we encourage you to use our request form called Health Information Restriction Request, which you can obtain from our Internet website at <https://edge.sitecorecloud.io/partnershipae75-partnership4b61-production30f9-46fc/media/Project/partnership-sites/partnershipphp/files/PDF/HIEMemberOptOutForm.pdf> or by calling us at the telephone number below. You can also obtain a complete statement of your rights, including our procedures for responding to requests to exercise your rights, by calling or writing to the Privacy Official at the address below.

How do I file a complaint if my privacy rights are violated?

 Call Member Services at 1-800-863-4155 (TTY 1-800-735-2929).

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As a Partnership member, you or your personal representative have the right to file a complaint with our Privacy Official if you believe your privacy rights have been violated. You or your representative must provide us with specific written information to support your complaint. You may file a complaint with our Privacy Official at the contact information below. You may also file a complaint with the Secretary of Health and Human Services on their website or use the contact information listed below:

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/>

Partnership encourages you to contact us with any concerns you have regarding the privacy of your information. Partnership will not retaliate against you in any way for filing a complaint. Filing a complaint will not adversely affect the quality healthcare services you receive as a Partnership member.

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Contact us at:

Mailing address:

Partnership HealthPlan of California

Attn: Privacy Officer

4665 Business Center Drive

Fairfield, CA 94534

Phone: **(800) 863-4155** or

TTY/TDD: **(800) 735-2929** or call **711**

Or visit

<https://www.partnershiphp.org/members/medical/notice-of-privacy-practices-hippa>

Partnership's Complaint Hotline is (800) 601-2146 and is operated 24 hours a day, 7 days a week.

California's Department of Health Care Services:

DHCS Privacy Officer

California Dept. of Health Care Services

1501 Capitol Avenue, MS 4721

PO Box 997413

Sacramento, CA 95899-7413

Email: Privacyofficer@dhcs.ca.gov



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Phone: (916) 445-4646 or
TTY: (877) 735-2929

Contact the Secretary of United States Departments of Health and Human Services at:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
Email: OCRComplaint@hhs.gov
Phone: (877) 696-6775
Or visit <http://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>

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