



## 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

**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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#### Get a copy of your health and claims records

- 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 will charge you \$0.75 (75 cents) for each page of copies you request.

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#### Ask us to correct health and claims records

- 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.
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**Request confidential communications**

- 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.

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Your Rights (continued)

**Ask us to limit what we use or share**

- 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.

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**Get a list of those with whom we’ve shared information**

- 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.
  - To ask for confidential communications, call our Member Services Department at 1-800-303-9626 (TDD 1-800-881-2812 or 711). Requests to change or modify this type of confidential communication request must be made in writing to the address listed below.

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**Get a copy of this privacy notice**

- 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. You may get a paper copy of this notice at any time by calling our Member Services Department at 1-800-303-9626 (TDD 1-800-881-2812 or 711).

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**Choose someone to act for you**

- 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.

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**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- 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/](http://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.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in payment for your care

## 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.

**Help manage the health care treatment you receive**

- We can use your health information and share it with professionals who are treating you.
  - Health Related Products or Programs: MetroPlus may provide you information on medical treatments, programs products and services. The information provided to you is subject to any limits imposed by the law.
  - Reminders: MetroPlus may use and disclose PHI about you (for example, by calling you or sending you a letter) to remind you of an appointment for treatment or that it's time for you to schedule an appointment for a regular check-up or immunization, or to provide information about treatment alternatives ("choices") or other health-related benefits and services that may be of interest to you.
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**Example:** A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

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**Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.

**Example:** We use health information about you to develop better services for you.

MetroPlus' Quality Management Department may use your health information to help improve the quality of the Plan's programs, data and business processes. As an example, your medical record may be reviewed by our quality management staff or contracted nurse reviewers to evaluate the quality of care provided to you and all Plan members.

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**Pay for your health services**

- We can use and disclose your health information as we pay for your health services.

**Example:** We share information about you with your dental plan to coordinate payment for your dental work.

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**Administer your plan**

- We may disclose your health information to your health plan sponsor for plan administration.
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**Help with public health and safety issues**

- We can share health information about you for certain situations such as:
    - Preventing disease
    - Reporting suspected abuse, neglect, or domestic violence
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**Comply with the law**

- 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.
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**Address workers' compensation, law enforcement, and other government requests**

- We can use or share health information about you:
    - 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
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**Respond to lawsuits and actions**

- We can share health information about you in response to a court or legal administrative order, or in response to a subpoena.
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**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- 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](http://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, on our web site, and we will mail a copy to you.

### **Privacy Officer Contact Information**

If you have questions about our privacy practices, or if you want to file a complaint or exercise rights described above, please contact:

**Customer Services – MetroPlus Health Plan**

**160 Water Street, 3<sup>rd</sup> Floor**

**New York, NY 10038**

**General Phone:** 1-800-303-9626, 7 days per week 8:00 a.m. to 8:00 p.m.

**Medicare Members:** 1-866-986-0356, 7 days per week, 8:00 a.m. to 8:00 p.m.

**FIDA Members:** 1-844-288-3432, 7 days per week, 8:00 a.m. to 8:00 p.m.

**TTY:** 711

**E-mail:** [PrivacyOfficer@metroplus.org](mailto:PrivacyOfficer@metroplus.org)

### **VIII. Multi-Language Interpreter Services and Non-Discrimination**

MetroPlus Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MetroPlus Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

MetroPlus Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
  - TTY Services
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact MetroPlus Member Services at 1-800-303-9626. We are happy to take your calls from Mon. - Sat., 8 am - 8 pm. After 8 pm, Sundays & Holidays: 24/7 Medical Answering Service at 1-800-442-2560. The call is free. For persons who have trouble hearing or speaking, please use our TTY number: **711**

**If you believe that MetroPlus Health Plan 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:**

**MetroPlus Health Plan, Attn: Complaints Manager  
160 Water Street, 3rd Floor  
New York, NY 10038  
Phone: 1-800-303-9626 • Fax: 1-212-908-5196**

**You can file a grievance by mail, or by fax. If you need help filing a grievance, the MetroPlus Health Plan Grievance Department 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, DC 20201  
1-800-368-1019, 800-537-7697 (TDD).**

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

**Spanish: ATENCIÓN: Si usted habla español, tiene a su disposición servicios de asistencia con el idioma.** Llame a Servicios al Miembro de MetroPlus al 1-800-303-9626. Con gusto responderemos sus llamadas de lunes a sábado, de 8 a. m. a 8 p. m. Después de las 8 p.m., los domingos y días festivos: Servicio de Recepción de Llamadas Médicas, las 24 horas, 7 días a la semana llamando al 1-800-442-2560. La llamada es gratuita.

**Chinese: 收件人：如果您说普通话，我们可为您提供语言协助服务。请拨打 MetroPlus 会员服务部电话**  
1-800-303-9626。我们欢迎您以下时间拨打电话：周一至周六，早 8 点至晚 8 点晚 8 点后、周日及节假日：每周 7 天、每天 24 小时：医疗问题应答服务：1-800-442-2560。该电话免费。

**Russian: ВНИМАНИЕ: Если вы говорите на России, вы можете воспользоваться помощью переводчика.** Звоните в Службу поддержки участников MetroPlus по номеру 1-800-303-9626. Мы работаем с понедельника по субботу с 8 утра до 8 вечера. После 8 вечера по воскресеньям и праздничным дням: круглосуточно: Медицинская справочная служба по номеру 1-800-442-2560. Звонок бесплатный.

**French Creole: ATANSYON: Si w pale kreyòl ayisyen, w ap jwenn sèvis asistans lang.** Rele Sèvis Manm MetroPlus nan 1-800-303-9626. Nou kontan resevwa apèl ou soti lendi rive samdi, 8 am - 8 pm. Apre 8 pm, dimanch & jou ferye: 24/24: Sèvis Repondè Medikal nan 1-800-442-2560. Apèl la gratis.

## **Multi-Language Interpreter Services / Non-Discrimination Notice**

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**Korean: 주의: 귀하가 한국어를 사용하는 경우, 귀하에게 언어 지원 서비스가 제공됩니다. MetroPlus 가입자 서비스로 문의하십시오. 1-800-303-9626. 통화 가능 시간은 월요일-토요일 오전 8 시-오후 8 시입니다. 오후 8 시 이후, 일요일과 휴일: 1-800-442-2560 번호로 24 시간 의료 응답서비스가 제공됩니다. 통화는 무료입니다.**

**Italian: ATTENZIONE: Se Lei parla italiano, sono disponibili servizi di assistenza linguistica.**

Telefonare ai servizi per i membri al numero 1-800-303-9626. Siamo felici di rispondere alle vostre richieste da lunedì a sabato, dalle 8 alle 20. Dopo le 20, la domenica e i festivi: 24/7 segreteria telefonica medica al numero 1-800-442-2560 La telefonata è gratuita.

**Yiddish: אויפמערקזאם: אויב איר רעדט אידיש, זענען שפראך הילף סערוויסעס גרייט פאר איך.**  
רופט MetroPlus מעמבער סערוויסעס אויף 1-800-303-9626 מיר זענען צופרידן צו נעמען אייערע רופן פון מאנטאג ביז שבת 8, אזייגער אינדערפרי ביז 8 אזייגער אוונט. נאך 8 אזייגער אוונט, זונטאג און גאזות: 24/7: מעדיצינישע ענסערינג סערוויס אויף 1-800-442-2560 דער רוף איז פריי פון אפצאל.

**Bengali: মনোযোগ দিন: যদি আপনি ভাষার নাম তে কথা বলেন, তবে ভাষা সহায়তা পরিষেবা আপনার জন্য উপলব্ধ রয়েছে।**  
মেট্রোপ্লাস মেম্বার সার্ভিসে 1-800-303-9626 নম্বরে ফোন করুন। আমরা সোম - শনিবার, সকাল ৪টা - সন্ধ্যা ৪টা পর্যন্ত সানন্দে আপনার ফোন গ্রহণ করি। সন্ধ্যা ৪টার পরে, রবিবার এবং ছুটির দিন: 24/7:  
1-800-442-2560 নম্বরে মেডিকাল অ্যানসারিং সার্ভিস। এই ফোনটি বিনামূল্যে।

**Polish: UWAGA: Jezeli mówisz po polsku, z mysla o Twoich potrzebach udostepnione zostaly usługi w Twoim jezyku.** Zadzwon do Punktu usług dla uczestników programu MetroPlus pod numer 1-800-303-9626. Czekamy na Twój telefon od poniedziałku do soboty w godzinach 8:00-20:00. Po godzinie 20:00, w niedziele i swieta: Punkt przyjmowania zgłoszen medycznych, dostepny 24/7 pod numerem telefonu 1-800-442-2560. Połączenia telefoniczne sa bezpłatne.

**Arabic: ملحوظة: إذا كنت تتحدث العربية، فيمكنك الحصول على خدمات المساعدة اللغوية. يمكنك الاتصال بخدمات أعضاء MetroPlus على الرقم 1-800-303-9626 يسعدنا تلقي مكالماتكم من الاثنين إلى السبت، من 8 صباحًا إلى 8 مساءً. ويوم الأحد وأيام العطلات بعد 8 مساءً: خدمة على مدار الأسبوع وطوال ساعات اليوم: تتوفر خدمة الاستجابة الطبية على الرقم 1-800-442-2560. تتوفر المكالمات مجانًا.**

**French: ATTENTION : Si vous parlez français, un service d'assistance vous est proposé.** Appelez le service membre de MétroPlus au 1-800-303-9626 Nous serons heureux de vous répondre du lundi au samedi, de 8 h à 20 h Après 20 h, les dimanche & jours fériés : 24 h / 24, 7 j / 7 Service répondeur téléphonique médical au 1-800-442-2560. L'appel est gratuit.

**Urdu: دھیان دیں: اگر آپ، اردو زبان بولتے ہیں تو، آپ کے لیے زبان سے متعلق مدد کی خدمات دستیاب ہیں۔**  
MetroPlus ممبر سروسز کو 1-800-303-9626 پر کال کریں۔ ہم آپ کی کالیں بخوشی پیر - ہفتہ، صبح 8 تا شام 8 بجے تک وصول کرتے ہیں۔ شام 8 بجے کے بعد اور اتوار اور تعطیلات: 24/7: میڈیکل انسرنگ سروس-1-800-442-2560 دستیاب ہے۔ کال مفت ہے۔

**Tagalog: PAUNAWA: Kung nakapagsasalita kayo ng Tagalog, may magagamit kayong mga serbisyong tulong sa lengguwahe.** Tawagan ang Mga Serbisyo sa Miyembro ng MetroPlus sa 1-800-303-9626. Nagagalak kaming sagutin ang mga tawag ninyo mula Lunes - Sabado, 8 am - 8 pm. Makalipas ang 8 pm, mga araw ng Linggo at Pista Opisyal: 24/7: Medikal na Serbisyong Pagsagot sa Telepono sa 1-800-442-2560. Libre ang tawag.

**Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε Ελληνικά, υπάρχουν στη διάθεσή σας υπηρεσίες βοήθειας στη γλώσσα σας.** Αποταθείτε στις Υπηρεσίες για Μέλη της MetroPlus καλώντας τον αριθμό 1-800-303-9626. Είμαστε στη διάθεσή σας για να απαντήσουμε στις κλήσεις σας από Δευτέρα έως Σάββατο, 8 π.μ. - 8 μ.μ. Καθημερινές μετά τις 8 μ.μ., Κυριακές & αργίες: Όλο το 24ωρο επί 7 ημέρες την εβδομάδα: Υπηρεσία Απαντήσεων για Ιατρικά Θέματα, 1-800-442-2560. Η κλήση σας δεν χρεώνεται.

**Albanian: VINI RE: Nëse fshni shqip, shërbimet e ndihmës së gjuhës janë në dispozicionin tuaj.** Telefononi Shërbimet e Anëtarit të MetroPlus në 1-800-303-9626. Jemi të gëzuar t'u përgjigjemi telefonatave tuaja nga e hëna – të shtunën, 8 paradite - 8 pasdite. Pas 8 pasdite, të dielave dhe festave: në çdo orë të çdo dite: Shërbimi i Përgjigjeve Mjekësore në 1-800-442-2560. Telefonata është falas.

