



HEALTH PLAN NOTICES OF PRIVACY PRACTICES

THIS NOTICE SAYS HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED. IT SAYS HOW YOU CAN GET ACCESS TO THIS INFORMATION. READ IT CAREFULLY.

Effective January 1, 2024

By law, we must protect the privacy of your protected health information (“PHI”). We must send you this notice. It tells you:

- How we may use your PHI.
- When we can share your PHI with others.
- What rights you have for your PHI.

By law, we must follow the terms of this notice.

PHI is information about your health or health care services. We have the right to make changes to this notice of privacy practices. If we make important changes, we will notify you by mail or e-mail. We will also post the new notice at this website (optumhealthslco.com). Any changes to the notice will apply to all PHI we have. We will notify you of a breach of your PHI. We collect and keep your PHI to run our business. PHI may be oral, written or electronic. We limit employee and service provider access to your PHI. We have safeguards in place to protect your PHI.

How We Use or Share Your Information

We must use and share your PHI with:

- You or your legal or authorized representative.
- Certain Government agencies.

We have the right to use and share your PHI for certain purposes. This must be for your treatment, to pay for your care, or to run our business. We may use and share your PHI as follows.

- **For Payment.** We may use or share your PHI to process payments and pay claims. This may include coordinating benefits.
- **For Treatment or Managing Care.** We may share your PHI with your providers to help with your care.
- **For Health Care Operations.** We may use or share your PHI to run our business. We may talk to your provider to suggest a treatment option or wellness program. We may study data to improve our services.

- **To Tell You about Health Programs or Products.** We may tell you about other treatments, products, and services. These activities may be limited by law.
- **For Underwriting Purposes.** We may use your PHI to make underwriting decisions. We will not use your genetic information for underwriting purposes.
- **For Reminders on Benefits or Care.** We may use your HI to send you appointment reminders and information about your health benefits.
- **For Communications to You.** We may use the phone number or email or address you gave us to contact you about your benefits, healthcare or payments.

We may use or share your PHI as follows.

- **As Required by Law.** To follow the laws that apply to us.
- **To Persons Involved with Your Care.** This may be to a family member in an emergency. This may happen if you are unable to agree or object. If you are unable to tell us what you want, we will use our best judgment. If allowed, after you pass away, we may share PHI with family members or friends who helped with your care.
- **For Public Health Activities.** This may be to prevent diseases from spreading or to report problems with products or medicines.
- **For Reporting Abuse, Neglect or Domestic Violence.** We may only share with entities allowed by law to get this PHI. This may be a social or protective service agency.
- **For Health Oversight Activities** to an agency allowed by the law to get the PHI. This may be for licensure, audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings.** To answer a court order or subpoena.
- **For Law Enforcement.** To find a missing person or report a crime.
- **For Threats to Health or Safety.** This may be to public health agencies or law enforcement. An example is in an emergency or disaster.
- **For Government Functions.** This may be for military and veteran use, national security, or certain protection services.
- **For Research.** To study a behavioral health condition. We also may use PHI to help prepare a research study.
- **To Give Information on Decedents.** This may be to a coroner or medical examiner. To identify the deceased, find a cause of death, or as stated by law.
- **To Correctional Institutions or Law Enforcement.** For persons in custody: (1) to give health care; (2) to protect your health and the health of others; and (3) for the security of the institution.
- **To Our Business Associates.** If needed to give you services. These are companies that provide services to us. Our associates agree to protect your PHI. They are not allowed to use PHI other than as allowed by our contract with them.
- **Other Restrictions.** Federal and state laws may further limit our use of the PHI listed below. We will follow stricter laws that apply.
 1. Alcohol and Substance Use Disorder
 2. Biometric Information
 3. Child or Adult Abuse or Neglect, including Sexual Assault
 4. Communicable Diseases
 5. Genetic Information

6. HIV/AIDS
7. Mental Health
8. Minors' Information
9. Prescriptions
10. Reproductive Health
11. Sexually Transmitted Diseases

We will only use your PHI as described here or with your written consent. We will get your written consent to share psychotherapy notes about you, except in certain cases allowed by law. We will get your written consent to sell your PHI to other people. We will get your written consent to use your PHI in certain promotional mailings. If you let us share your PHI, the recipient may further share it. You may take back your consent. To find out how, call the Optum Tooele County call center at 1-877-370-8953, or TTY 711.

Your Rights

You have the following rights.

- **To ask us to limit** our use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.** Your request to limit our use or sharing must be made in writing.
- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request as allowed by state and federal law. We take verbal requests. You can change your request. This must be in writing. Mail it to the address below.
- **To see or get a copy** of certain PHI. You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. You can have your record sent to a third party. We may send you a summary. We may deny your request. If we deny your request, you may have the denial reviewed.
- **To ask to amend.** If you think your PHI is wrong or incomplete, you can ask to change it. You must ask in writing. You must give the reasons for the change. We will respond to your request in the time we must do so under the law. Mail this to the address below. If we deny your request, you may add your disagreement to your PHI.
- **To get an accounting** of PHI shared in the six years prior to your request. This will not include any PHI shared for the following reasons. (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does not require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website: optumhealthslco.com.

Using Your Rights

- **To Contact your Health Plan.** Call Optum at 1-877-370-8953 or TTY 711.

- **To Submit a Written Request. Mail to:**
Optum Salt Lake County
12921 S Vista Station Blvd, #200
Draper, UT 84020
- **To File a Complaint.** If you think your privacy rights have been violated, you may send a complaint at the address above.
- **You may also notify the Secretary of the U.S. Department of Health and Human Services.**
Phone: 1-800-368-1019, TDD: 1-800-537-7697
Email: OCRMail@hhs.gov
Complaint Portal Assistant: ocrportal.hhs.gov
Address: 200 Independence Avenue, SW
Washington, DC 20201

We will not take any action against you for filing a complaint.

FINANCIAL INFORMATION PRIVACY NOTICE

THIS NOTICE SAYS HOW YOUR FINANCIAL INFORMATION MAY BE USED AND SHARED. REVIEW IT CAREFULLY.

Effective January 1, 2024

We protect your “personal financial information” (“FI”). FI is non-health information. FI identifies you and is generally not public.

Information We Collect

- We get FI from your applications or forms. This may be name, address, age and social security number.
- We get FI from your transactions with us or others.

Sharing of FI

- We will only share FI as permitted by law.
- We may share your FI to run our business. We may share your FI with our Affiliates. We do not need your consent to do so.
- We may share your FI to process transactions.
- We may share your FI to maintain your account(s).
- We may share your FI to respond to court orders and legal investigations.
- We may share your FI with companies that prepare our marketing materials.

Confidentiality and Security

We limit employee and service provider access to your FI. We have safeguards in place to protect your FI.

Questions About This Notice

Call Optum at 1-877-370-8953 or TTY 711.