



## Notice of Privacy Practices

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 information is personal and private.**

We receive information about you from Federal, State and local agencies after you become eligible and enroll in our health plan. We also receive medical information from your doctors, clinics, labs, and hospitals in order to approve and pay for your health care.

### **CHANGES TO NOTICE OF PRIVACY PRACTICES**

IFMG must obey the Notice currently in effect. If changes are made to this notice, a revised Notice will be sent to you right away.

### **How We May Use and Share Information About You**

Your information may be used or shared by IFMG only for treatment, payment and health care operations. The information we use and share includes, but is not limited to:

- Your name,
- Address,
- Personal facts,
- Medical care given to you, and
- Your medical history.

Some actions we take when we act as your medical group include:

- Checking your eligibility, enrollment
- Approving and paying for health care services
- Checking the quality of care that you receive
- Coordinating the care you receive

### **Some examples of why we would share your information with others involved in your health care:**

- 1. For treatment:** You may need medical treatment that requires us to approve care in advance. We will share information with doctors, hospitals and others in order to get you the care you need.
- 2. For payment:** IFMG reviews, approves, and pays for health care claims sent to us for your medical care. When we do this, we share information with the doctors, clinics, and others who bill us for your care. And we may forward bills to other health plans or organizations for payment.
- 3. For health care operations:** We may use information in your health record to judge the quality of the health care you receive. We may also use this information in audits, fraud and abuse programs, planning, and general administration.

We may also contact you to provide information about other health-related benefits and services that may be of interest to you, such as health education programs and management of certain health conditions.

### **Other Uses For Your Health Information**

1. Sometimes a court will order us to give out your health information. We will also give information to a court, investigator, or lawyer if it is about the operation of one of the other programs. This may involve fraud or actions to recover money from others, when the Federal, State, Commercial entity or IFMG has paid your medical claims.
2. You or your doctor, hospital, and other health care providers may appeal decisions made about claims for your health care. Your health information may be used to make these appeal decisions.
3. We may also share your health information with agencies and organizations, which check how our health plan is providing services.
4. We must share your health information with the federal government when it is checking on how we are meeting privacy rules.

### **When Written Permission is Needed**

If we want to use your information for any purpose not listed above, we must get your written permission. If you give us your permission, you may take it back in writing at any time.

### **What Are Your Privacy Rights?**

You have the right to ask us not to use or share your protected health care information in the ways described above. We may not be able to agree to your request.

You have the right to ask us to contact you only in writing or at a different address, post office box, or by telephone. We will accept reasonable requests when necessary to protect your safety.

You and your personal representative have the right to inspect and get a paper or electronic copy of your health information. You will be sent a form to fill out and may be charged a fee for the costs of copying and mailing records. (We may keep you from seeing certain parts of your records for reasons allowed by law.)

You have the right to ask that information in your records be amended if it is not correct or complete. We may refuse your request if:

- The information is not created or kept by IFMG,  
or
- We believe it is correct and complete.

If we don't make the changes you ask, you may ask that we review our decision. You may also send a statement saying why you disagree with our records and your statement will be kept with your records.

You have the right to be notified of a breach of unsecured protected health information in the event that you are affected by the breach.

You have the right to restrict certain disclosures of protected health information to IFMG where you pay, or another person on your behalf pays, out of pocket in full for the health care item or service.

You have the right to receive an account of instances where your protected health information was shared.

**\*\*\*\*\* IMPORTANT \*\*\*\*\***

**IFMG DOES NOT HAVE COMPLETE COPIES OF YOUR MEDICAL RECORDS. IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE YOUR MEDICAL RECORDS, PLEASE CONTACT YOUR DOCTOR OR CLINIC.**

When we share your health information you have the right to request a list of:

- Whom we shared the information with,
- When we shared it,
- For what reasons, and
- What information was shared.

You have a right to request a paper copy of this Notice of Privacy Practices.

You can also find this Notice on our website at: <https://portal.ifmgipa.com>

### **How do you Contact us to Use Your Rights?**

If you want to use any of the privacy rights explained in this Notice, please call us at:

IFMG Compliance Officer 1-877-371-7547

Or, you can call IFMG Member Services at 1-888-371-7547; TTY/TDD users should call 711.

### **Complaints**

If you believe that we have not protected your privacy and wish to complain, you may file a complaint by writing:

INLAND FACULTY MEDICAL GROUP  
1860 Colorado Blvd. #200  
Los Angeles, CA 90041

Or, you can call IFMG Member Services at 1-888-371-7547; TTY/TDD users should call 711. Or, you may

contact the agencies below:

**Privacy Officer**

c/o: Office of HIPAA Compliance  
Department of Health Care Services  
P.O. Box 997413, MS 4722  
Sacramento, CA 95899-7413  
Email: [Privacyofficer@dhcs.ca.gov](mailto:Privacyofficer@dhcs.ca.gov)  
Telephone: (916) 445-4646  
Fax: (916) 440-7680

**Secretary of the U.S. Department of Health and Human Services**

Office for Civil Rights

Attention: Regional Manager

90 Seventh St.; Federal Bldg., St. 5-100

San Francisco, CA 94103

For additional information, call (800) 368-1019 or U.S. Office for Civil Rights at (866) OCR-PRIV (866-627-7748) or (866) 788-4989 TTY

**Use Your Rights Without Fear**

IFMG cannot take away your health care benefits or do anything to hurt you in any way if you choose to file a complaint or use any of the privacy rights in this Notice.

IFMG has always been committed to protecting Members' privacy and maintaining the confidentiality of their personal and medical information in all settings in accordance with and in compliance with HIPAA and all other state and federal laws. All IFMG employees are required to have education and training upon hire and annually thereafter about ways to protect your health information from being looked at and/or talked about by others who are not a part of your healthcare delivery system. We have, and enforce, policies about limiting building access and visitors to IFMG. Electronic records are protected by administrative, physical and technical safeguards. Our Business Associates are required to have the same privacy protections that IFMG has in place.

**Questions**

If you have any questions about this Notice and want further information, please contact the IFMG Privacy Officer at the address and phone number listed on page 3.

IFMG complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-696-6775.