


HEALTH PLAN NOTICES OF
**privacy
practices**

NOTICE FOR MEDICAL INFORMATION

NOTICE FOR FINANCIAL INFORMATION





THIS SAYS
HOW MEDICAL
INFORMATION
ABOUT YOU MAY BE
USED AND SHARED.
IT SAYS HOW YOU CAN
GET ACCESS TO THIS
INFORMATION. READ
IT CAREFULLY.

MEDICAL INFORMATION privacy notice

Effective January 1, 2010

We must by law protect the privacy of your **health information (“HI”)**. We must send you this notice. It tells you:

- **How we may use your HI.**
- **When we can share your HI with others.**
- **What rights you have to your HI.**

We must by law follow the terms of this notice.

“Health information” (or HI) in this notice means information that can be used to identify you. And it must relate to your health or health care.

We have the right to change our privacy practices. If we change them, we will mail a notice within 60 days. We will post the new notice on our Web site at www.americhoice.com. We have the right to make changes apply to HI that we have and future information.

HOW WE USE OR SHARE INFORMATION

We **must** use and share your HI if asked for by:

- You or your legal representative.
- The Secretary of the Department of Health and Human Services to make sure your privacy is protected.

We **have the right** to use and share HI. This must be for your treatment, to pay for care and to run our business. For example, we may use and share it:

- **TO PAY** premiums, determine coverage, and process claims. This also may include coordinating benefits. For example, we may tell a doctor you have coverage. We may tell a doctor how much of the bill may be covered.
- **FOR TREATMENT** or managing care. For example, we may share your HI with providers to help them give you care.
- **FOR HEALTH CARE OPERATIONS** related to your care. For example, we may suggest a disease management or wellness program. We may study data to see how we can improve our services.
- **TO TELL YOU ABOUT HEALTH PROGRAMS OR PRODUCTS** This may be other treatments or products and services. These activities may be limited by law as of February 17, 2010.
- **FOR PLAN SPONSORS** We may give enrollment and summary HI to an employer plan sponsor. We may give them other HI if they agree to limit its use per federal law.
- **FOR REMINDERS** on benefits or care, such as appointment reminders.

We **may** use or share your HI as follows:

- **AS STATED BY LAW**
- **TO PERSONS INVOLVED WITH YOUR CARE** This may be to a family member. This may happen if you are unable to agree or object, such as in an emergency or when you agree or fail to object when asked. If you are not able to object, we will use our best judgment.
- **FOR PUBLIC HEALTH ACTIVITIES** This may be to prevent disease outbreaks.
- **FOR REPORTING ABUSE, NEGLECT OR DOMESTIC VIOLENCE** We may only share with entities allowed by law to get this HI. This may be a social or protective service agency.
- **FOR HEALTH OVERSIGHT ACTIVITIES** to an agency allowed by the law to get the HI. This may be for licensure, audits and fraud and abuse investigations.
- **FOR JUDICIAL OR ADMINISTRATIVE PROCEEDINGS**, such as to answer a court order or subpoena.
- **FOR LAW ENFORCEMENT**, such as 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, such as in an emergency or disaster.
- **FOR GOVERNMENT FUNCTIONS** This may be for military and veteran use, national security, or the protective services.
- **FOR WORKERS' COMPENSATION** To comply with labor laws.
- **FOR RESEARCH**, such as to study disease or disability, as allowed by law.
- **TO GIVE INFORMATION ON DECEDENTS** This may be to




using YOUR RIGHTS

a coroner or medical examiner, such as to identify the deceased, find a cause of death or as stated by law. We may give HI to funeral directors.

- **FOR ORGAN TRANSPLANT** To help get, bank or transplant organs, eyes or tissue.
- **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. (3) For the security of the institution.
- **TO OUR BUSINESS ASSOCIATES** if needed to give you services. Our associates agree to protect your HI. They are not allowed to use HI other than as per our contract with them. As of February 17, 2010, our associates will be subject to federal privacy laws.
- **TO NOTIFY OF A DATA BREACH** To give notice of unauthorized access to your HI. We may send notice to you or to your plan sponsor.
- **OTHER RESTRICTIONS** Federal and state laws may limit the use and sharing of highly confidential HI. If stricter laws apply, we try to meet those laws. This may include state laws on:
 1. HIV/AIDS
 2. Mental health
 3. Genetic tests
 4. Alcohol and drug abuse
 5. Sexually transmitted diseases and reproductive health
 6. Child or adult abuse or neglect or sexual assault

Except as stated in this notice, we use your HI only with your written consent. If you allow us to share your HI, we do not promise that the person who gets it will not share it. You may take back your consent, unless we have acted on it. To find out how, call the phone number on the back of your ID card.

YOUR RIGHTS

You have a right:

- **TO ASK US TO LIMIT USE OR SHARING** for treatment, payment, or health care operations. You can ask to limit sharing with family members or others involved in your care or payment for it. We may allow your dependents to ask for limits. *We will try to honor your request, but we do not have to do so.*
- **TO ASK A PROVIDER NOT TO SEND HI** to us if you paid for the care in full.
- **TO ASK TO GET CONFIDENTIAL COMMUNICATIONS** in a different way or place. (For example, at a PO box instead of your home.) We will agree to your request when a disclosure could endanger you. We take verbal requests. You can change your request. This must be in writing. Mail it to the address at right.
- **TO SEE OR GET A COPY OF HI** that we use to make decisions about you. You must ask in writing. Mail it to the address below. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed. As of February 17, 2010, if we keep an electronic record, you may ask for an electronic copy to be sent to you or a third party. We may charge a fee for this.
- **TO ASK TO AMEND** If you think your HI is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. Mail this to the address at right. If we deny your request, you may add your disagreement to your HI.
- **TO GET AN ACCOUNTING OF HI SHARED** in the six years prior to your request. This will not include any HI shared: (i) Prior to April 14, 2003. (ii) For treatment, payment, and health care operations. (iii) With you or with your consent. (iv) With correctional institutions or law enforcement. This will not list disclosures if federal law does not make us keep track of them.
- **TO GET A PAPER COPY OF THIS NOTICE** You may ask for a copy at any time. Even if you agreed to get this notice electronically, you have a right to a paper copy. You may also get a copy at our Web site at www.americhoice.com.

TO CONTACT YOUR HEALTH PLAN

Call the phone number on the back of your ID card. Or you may contact the UnitedHealth Group Call Center at 1-866-799-1328.

TO SUBMIT A WRITTEN REQUEST

Mail to:
UnitedHealth Group
PSMG Privacy Office
MN006-W800
P.O. Box 1459
Minneapolis, MN
55440

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

This Medical Information Notice of Privacy Practices applies to the following health plans that are affiliated with UnitedHealth Group: ACN Group of California, Inc.; All Savers Insurance Company; All Savers Insurance Company of California; American Medical Security Life Insurance Company; AmeriChoice of Connecticut, Inc.; AmeriChoice of Georgia, Inc.; AmeriChoice of New Jersey, Inc.; AmeriChoice of Pennsylvania, Inc.; Arizona Physicians IPA, Inc.; Arnett HMO, Inc.; Dental Benefit Providers of California, Inc.; Dental Benefit Providers of Illinois, Inc.; Evercare of Arizona, Inc.; Evercare of New Mexico, Inc.; Evercare of Texas, LLC; Golden Rule Insurance Company; Great Lakes Health Plan, Inc.; Health Plan of Nevada, Inc.; IBA Health and Life Assurance Company; MAMSI Life and Health Insurance Company; MD - Individual Practice Association, Inc.; Midwest Security Life Insurance Company; National Pacific Dental, Inc.; Neighborhood Health Partnership, Inc.; Nevada Pacific Dental; Optimum Choice, Inc.; Oxford Health Insurance, Inc.; Oxford Health Plans (CT), Inc.; Oxford Health Plans (NJ), Inc.; Oxford Health Plans (NY), Inc.; Pacific Union Dental, Inc.; PacifiCare Behavioral Health of California, Inc.; PacifiCare Behavioral Health, Inc.; PacifiCare Dental; PacifiCare Dental of Colorado, Inc.; PacifiCare Insurance Company; PacifiCare Life and Health Insurance Company; PacifiCare Life Assurance Company; PacifiCare of Arizona, Inc.; PacifiCare of California; PacifiCare of Colorado, Inc.; PacifiCare of Nevada, Inc.; PacifiCare of Oklahoma, Inc.; PacifiCare of Oregon, Inc.; PacifiCare of Texas, Inc.; PacifiCare of Washington, Inc.; Sierra Health & Life Insurance Co., Inc.; Spectera, Inc.; U.S. Behavioral Health Plan, California; Unimerica Insurance Company; Unimerica Life Insurance Company of New York; Unison Family Health Plan of Pennsylvania, Inc.; Unison Health Plan of Delaware, Inc.; Unison Health Plan of Ohio, Inc.; Unison Health Plan of Pennsylvania, Inc.; Unison Health Plan of South Carolina, Inc.; Unison Health Plan of Tennessee, Inc.; Unison Health Plan of the Capital Area, Inc.; United Behavioral Health; UnitedHealthcare Insurance Company; UnitedHealthcare Insurance Company of Illinois; UnitedHealthcare Insurance Company of New York; UnitedHealthcare Insurance Company of the River Valley; UnitedHealthcare Insurance Company of Ohio; UnitedHealthcare of Alabama, Inc.; UnitedHealthcare of Arizona, Inc.; UnitedHealthcare of Arkansas, Inc.; UnitedHealthcare of Colorado, Inc.; UnitedHealthcare of Florida, Inc.; United HealthCare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare of Kentucky, Ltd.; United HealthCare of Louisiana, Inc.; UnitedHealthcare of Mid-Atlantic, Inc.; UnitedHealthcare of the Midlands, Inc.; UnitedHealthcare of the Midwest, Inc.; United HealthCare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Tennessee, Inc.; UnitedHealthcare of Texas, Inc.; United HealthCare of Utah; UnitedHealthcare of Wisconsin, Inc.; UnitedHealthcare Plan of the River Valley, Inc.



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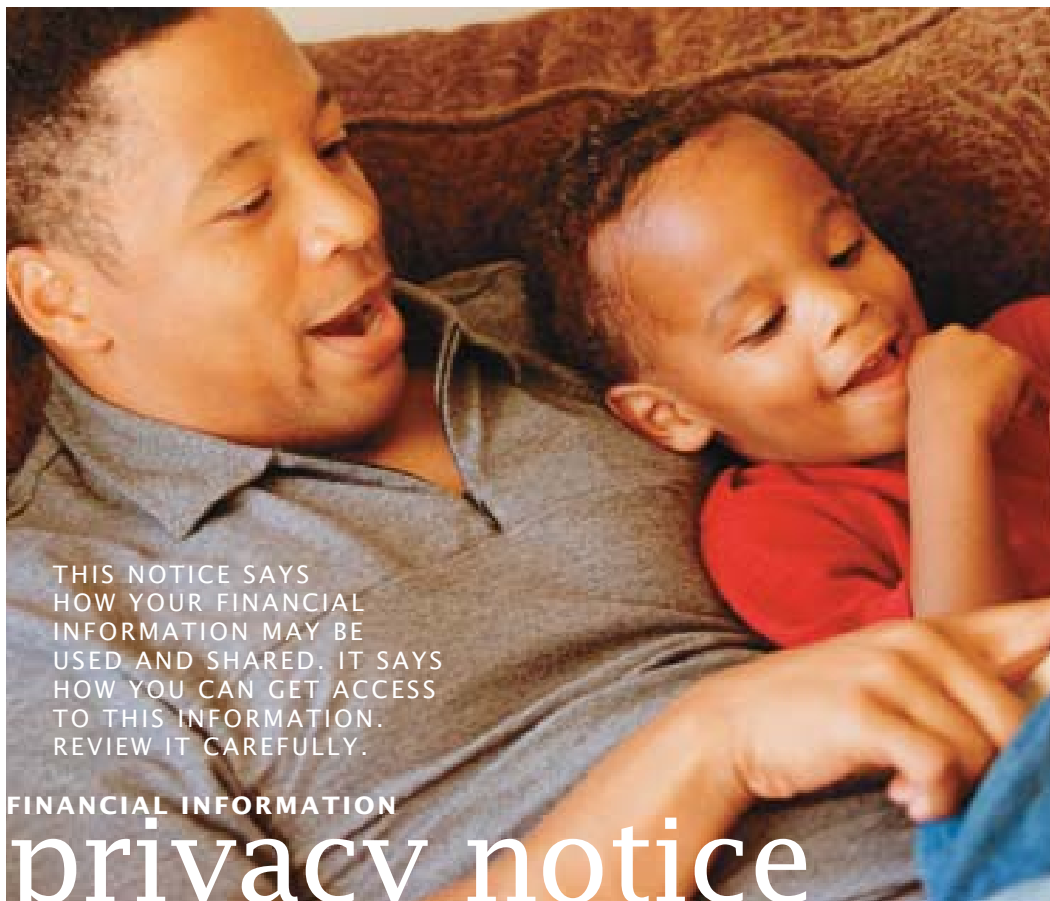
Send a request in writing with your name, address, social security number, phone, and the FI you want to access. State if you want access in person or a copy sent. When we get your request, we will contact you within 30 business days.

TO CORRECT, AMEND, OR DELETE ANY OF YOUR FI

Send a request in writing with your name, address, social security number, phone, the FI in dispute, and the identity of the document or record. Upon receipt of your request, we will contact you within 30 business days. We will tell you if we have made the correction, amendment or deletion. Or we will tell you we refuse to do so and the reasons why. You may challenge this.

TO SEND A REQUEST

United Healthcare
Customer Service -
Privacy Unit
PO Box 740815
Atlanta, GA 30374-0815



THIS NOTICE SAYS HOW YOUR FINANCIAL INFORMATION MAY BE USED AND SHARED. IT SAYS HOW YOU CAN GET ACCESS TO THIS INFORMATION. REVIEW IT CAREFULLY.

FINANCIAL INFORMATION privacy notice

Effective January 1, 2010

We protect your **“personal financial information” (FI)**. This means non-health information about an enrollee or an applicant obtained to provide coverage. It is information that identifies the person and is not public.

INFORMATION WE COLLECT

We get FI about you from:

- **APPLICATIONS OR FORMS** This may be name, address, age and social security number.
- **YOUR TRANSACTIONS** with us or others. This may be premium payment data.

SHARING OF FI

We do not share FI about our enrollees or former enrollees, except as required or permitted by law.

To run our business, we may share FI without your consent to our affiliates. This is to tell them about your transactions, such as premium payment.

CONFIDENTIALITY AND SECURITY

We limit access to your FI to our employees and providers who manage your coverage and provide services. We have physical, electronic and procedural safeguards per federal standards to guard your FI. We do regular audits to ensure secure handling.

YOUR RIGHT TO ACCESS AND CORRECT FI

In some states*, you may have a right to ask for access to your FI. You can ask:

- For the source of the FI.
- For a list of disclosures made in the two years before your request.
- To view and copy your FI in person.
- For a copy to be sent. (We may charge a fee.)
- For corrections, amendments or deletions.

* California and Massachusetts

For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in the footnote on page 3, plus the following UnitedHealthcare affiliates: ACN Group IPA of New York, Inc.; ACN Group, Inc.; Administration Resources Corporation; AmeriChoice Health Services, Inc.; Behavioral Health Administrators; Behavioral Healthcare Options, Inc.; DBP Services of New York IPA, Inc.; DCG Resource Options, LLC; Dental Benefit Providers, Inc.; Disability Consulting Group, LLC; HealthAllies, Inc.; Innoviant, Inc.; MAMSI Insurance Resources, LLC; Managed Physical Network, Inc.; Mid Atlantic Medical Services, LLC; Midwest Security Care, Inc.; National Benefit Resources, Inc.; OneNet PPO, LLC; OptumHealth Bank, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; PacifiCare Health Plan Administrators, Inc.; PacificDental Benefits, Inc.; ProcessWorks, Inc.; RxSolutions, Inc.; Sierra Nevada Administrators, Inc.; Sierra Nevada Administrators, Inc.; Spectera of New York, IPA, Inc.; UMR, Inc.; Unison Administrative Services, LLC; United Behavioral Health of New York I.P.A., Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; United Healthcare Service LLC; UnitedHealthcare Services Company of the River Valley, Inc.; UnitedHealthOne Agency, Inc.