

## PRIVACY NOTICE

Notice of Privacy Practices  
Effective April 14, 2003

The following notice describes how your medical information may be used and disclosed as well as how you can get access to this information. The minimum amount of information necessary will be disclosed to accomplish the purposes described in this notice. **Please review the information carefully.**

- Your confidential health care information may be released to other health care professionals associated with Capstone Health Plan for the purpose of providing you with treatment and quality health care. Examples of these professionals include, but are not limited to: doctors, nurses, pharmacists, home health care agencies, durable medical equipment companies and hospitals.
- Your confidential healthcare information may be released to other third party payers (other organizations that may be responsible for paying your medical bills) for the purposes of coordination of benefits and claims payment. Examples of these organizations include, but are not limited to: private insurance companies, Children's Rehabilitative Services (CRS) and the Northern Arizona Regional Behavioral Health Authority (NARBHA).
- Your confidential healthcare information may be released to other healthcare organizations, health care providers, state or federal agencies or other entities or individuals that may be involved in Capstone Health Plan operations. These activities are those that are necessary for Capstone Health Plan functions. These include, but are not limited to: quality management, utilization management, concurrent review, and grievance resolution.
- Your confidential health information may be released to other healthcare entities, healthcare professionals and business associates when necessary to authorize services or process payment of claims for the services provided to you.
- Your confidential healthcare information may be released to law enforcement officials in the event of an investigation in which you are a victim of abuse, neglect, crime, domestic violence or for any other purpose as required by law.
- Your confidential healthcare information may be released to public health organizations or state or federal agencies as required by law or in the event of a communicable disease or to report a defective device or side effects of a food or medication.
- Your confidential healthcare information may be released to other health care providers in the event of an emergency.
- Unless you object, your confidential healthcare information may be released to a member of your family, a relative, a close friend or any other person directly involved in your care.
- You may be contacted by Capstone Health Plan or network providers to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you.

- You have the right to restrict the use of your confidential healthcare information. To do so, you must submit details regarding these restrictions in writing to Capstone Health Plan via mail or fax using the contact information provided on page two of this document. However, Capstone Health Plan may choose to refuse your restriction if it is in conflict with our ability to provide you with quality healthcare.
- You have the right to review and photocopy your confidential healthcare information created by Capstone Health Plan. This right is not absolute and may be limited, restricted or denied.
- You have the right to amend any of your confidential health care information created by Capstone Health Plan. This right is in effect as long as Capstone Health Plan maintains this information. You must submit a written statement containing the information that you wish amended as well as the reason that you wish to take this action. This right is not absolute and may be limited, restricted or denied.
- You have the right to know who has accessed your confidential healthcare information for purposes other than treatment, payment or healthcare operations. Not included under this right is the disclosure of confidential health information made at your request, made available to others with your authorization or as required by law.
- You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- Capstone Health Plan will abide by the terms of this notice but reserves the right to make changes to this notice and to continue to maintain the confidentiality of all healthcare information. Members will receive a mailed copy of any changes to this notice within sixty (60) days of making any changes.
- You have the right to receive this information via alternative means if you are unable to understand this communication. Alternative means include, but are not limited to: verbal explanation, sign language or translation into a foreign language. Capstone Health Plan reserves the right to choose the alternative method of communication.
- You have the right to complain to Capstone Health Plan if you believe your rights to privacy have been violated. If you feel that your privacy rights have been violated, please mail your complaint to the address listed below. The letter should be sent to the attention of:

Ron Preston, CEO  
Plan Administrator  
Chief Privacy Officer

- You may direct all questions or communications regarding this privacy notice to Capstone Health Plan using the following contact information:

Capstone Health Plan, Inc.  
914 N. San Francisco St., Suite A  
Flagstaff, AZ 86001  
(928) 779-2113 or Toll free (800) 336-3874  
Fax (928) 779-5108 or Toll free (888) 779-3251

- This notice was published March 27, 2003 and becomes effective on April 14, 2003. Notice Revised February 1, 2007.