

Jefferson Health Plans CHIP 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.**

Who Are We?

Organized Health Care Arrangement Designation

This Notice describes the privacy practices of Jefferson Health Plans. Thomas Jefferson University, as well as the covered entities listed below, are participating in an Organized Health Care Arrangement ("TJU OHCA"). These separate corporate entities may share Protected Health Information (PHI) as necessary to carry out treatment, payment, and healthcare operations relating to the OHCA and for other purposes permitted or required by law.

- Jefferson Health Plans (Health Partners Plans, Inc., Partners Insurance Company, Inc., and Partners Insurance Company of NJ, Inc. as well as its subsidiaries)
- Jeffcare, Inc.
- Jefferson Alliance, LLC
- Einstein Care Partners, LLC

Our Privacy Commitment

At Jefferson Health Plans CHIP, we respect the confidentiality of your personal information and will protect your information in a responsible manner. In the normal course of doing business, we create, obtain, and/or maintain records about you and the services we provide to you. The information we collect is called Protected Health Information ("PHI") and includes your individually identifiable personal information such as your name, address, telephone number, and Social Security number as well as your health

information, such as health care diagnosis or claim information. We take our obligation to keep your PHI secure and confidential very seriously.

We are required by federal and state law to protect the privacy of your PHI and to provide you with this Notice of our legal duties and privacy practices as they relate to your PHI. We are required to maintain the privacy of your PHI and notify you in the event that you are affected by a breach of unsecured PHI. When we use or give out ("disclose") your PHI, we are bound by the terms of this Notice. This Notice applies to all electronic or paper records we create, obtain, and/or maintain that contain your PHI.

How We Use and Disclose Your PHI

Uses of PHI without your authorization

We may disclose your PHI without your written authorization, if necessary, while providing your health benefits. We may disclose your PHI for the following purposes:

- **Treatment**
 - To share with nurses, doctors, pharmacists, health educators, and other health care professionals so they can determine your plan of care.
 - To help you obtain services and treatment you may need (for example, ordering lab tests and using the results).
 - To coordinate your health care and related services with a different health care facility or professional.



Pennsylvania's Children's
Health Insurance Program
We Cover All Kids.



- **Payment**

- To obtain payment of premiums for your coverage.
- To make coverage determinations (for example, to speak to a health care professional about payment for services provided to you).
- To coordinate benefits with other coverage you may have (for example, to speak to another health plan or insurer to determine your eligibility or coverage).
- To obtain payment from a third party that may be responsible for payment, such as a family member.
- To otherwise determine and fulfill our responsibility to provide your health benefits (for example, to administer claims).

- **Health care operations**

- To provide customer service.
- To support and/or improve the programs or services we offer you.
- To assist you in managing your health (for example, to provide you with information about treatment alternatives to which you may be entitled).
- To support another health plan, insurer, or health care professional that has a relationship with you, to improve the programs it offers you (for example, for case management or in support of an accountable care organization [ACO] or patient-centered medical home arrangement).
- For underwriting, dues, or premium rating, or other activities relating to the creation, renewal, or replacement of a contract for health coverage or insurance. Please note, however, that we will not use or disclose your PHI that is genetic information for underwriting purposes: doing so is prohibited by federal law.

We may also disclose your PHI without your written authorization for other purposes, as permitted or required by law. This includes:

- **Disclosures to others involved in your health care**

- If you are present or otherwise available to direct us to do so, we may disclose your PHI to others (for example, a family member, a close friend, or your caregiver).
- If you are in an emergency situation, are not present, or are incapacitated, we will use our professional judgment to decide whether disclosing your PHI to others is in your best interests. If we do disclose your PHI in a situation where you are unavailable, we would disclose only information that is directly relevant to the person's involvement with your treatment or for payment related to your treatment. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, your general medical condition, or your death.
- We may disclose your child's PHI to your child's other parent.

- **Disclosure to your health plan sponsor**

- We may disclose your PHI to your health plan sponsor so that entity can audit and otherwise administer the health plan in which you are enrolled. For example, a company may contract with us to provide health benefits, and we may provide that company with certain statistics to explain the premiums we charge.

- **Disclosures to vendors and accreditation organizations**

We may disclose your PHI to:

- Companies that perform certain services we've requested. For example, we may engage vendors to help us provide information and guidance to customers with chronic conditions like diabetes and asthma.
- Accreditation organizations such as the National Committee for Quality Assurance (NCQA) for quality measurement purposes.

Please note that before we share your PHI, we obtain the vendor's or accreditation organization's written agreement to protect the privacy of your PHI.

- **Communications.** As permitted by law, we may send communications to describe health-related products or services provided by or included in a plan of benefits, including communications about enhancements to a health plan, or communications for case management, care coordination, or treatment alternatives.
- **Fundraising.** We may use or disclose your PHI for fundraising purposes. You have a right to opt-out of receiving such communications.
- **Health or safety.** We may disclose your PHI to prevent or lessen a serious and imminent threat to your health or safety, or the health or safety of the general public.
- **Public health activities.** We may disclose your PHI to:
 - Report health information to public health authorities authorized by law to receive such information for the purpose of preventing or controlling disease, injury or disability, or monitoring immunizations.

- Report child abuse or neglect, or adult abuse, including domestic violence, to a government authority authorized by law to receive such reports.
- Report information about a product or activity that is regulated by the U.S. Food and Drug Administration (FDA) to a person responsible for the quality, safety, or effectiveness of the product or activity.
- Alert a person who may have been exposed to a communicable disease, if we are authorized by law to give this notice.

- **Health oversight activities.** We may disclose your PHI to:

- A government agency that is legally responsible for oversight of the health care system or for ensuring compliance with the rules of government benefit programs, such as Medicare or Medicaid.
- Other regulatory programs that need health information to determine compliance.

- **Research.** We may disclose your PHI for research purposes, but only according to and as allowed by law.
- **Compliance with the law.** We may use and disclose your PHI to comply with the law.
- **Judicial and administrative proceedings.** We may disclose your PHI in a judicial or administrative proceeding or in response to a valid legal order.
- **Law enforcement officials.** We may disclose your PHI to the police or other law enforcement officials, as required by law or in compliance with a court order or other process authorized by law.
- **Government functions.** We may disclose your PHI to various departments of the government, such as the U.S. military or the U.S. Department of State as required by law.

- **Workers' compensation.** We may disclose your PHI when necessary to comply with workers' compensation laws.
- **Race, Ethnicity, Language, Gender Identity or Sexual Orientation.** We may use or disclose your race, ethnicity, language, gender identity, or sexual orientation data to help you, including identifying your specific needs, developing programs and educational materials and offering interpretation services. We do not use race, ethnicity, language, gender identity, or sexual orientation data to decide whether we will give you coverage, what kind of coverage, and the price of that coverage. We don't disclose this information to unauthorized individuals.
- **Phone Calls, Texting, and Email.** When you provide us with your telephone number, including your cell phone/mobile number, or e-mail you are consenting to give us permission to contact you via a phone call, text, or email for certain important messages related to your healthcare. These communications can include, but are not limited to, appointment reminders, change in office hours or office closings, billing and payment issues, care gaps, refill reminders, survey follow ups, and other healthcare related messages. Some of these messages may be generated by an automated dialing system or include a prerecorded voice. Be aware that text and messaging rates may apply.

When we contact you, we will provide you with the opportunity to opt out of similar communications in the future (such as by replying "STOP" to a text message). You may also opt out of these communications by contacting our Member Services at any time. Please be aware that SMS text messages are not encrypted, and the content may be accessible by third parties. We do not recommend sending sensitive information through SMS text message.

At any time, you may instruct us to stop all future texts by contacting Member Services. Communications with us, including phone calls, may be recorded, transcribed, and analyzed by third parties.

- **Appointment Reminders.** We may contact you via mail, telephone, text, or email to remind you of an upcoming appointment. We may leave you a message that includes the date, time, and general information about an upcoming appointment. If you do not wish to receive appointment reminders, notify us through Member Services. Emails and texts are not a substitute for professional medical advice, diagnosis, or treatment and should not be used in a medical emergency.

Uses of PHI that require your authorization

Other than for the purposes described above, we must obtain your written authorization to use or disclose your PHI in the following circumstances:

- To supply PHI to a prospective employer.
- For any sale involving your PHI, as required by law.
- To use your PHI for marketing purposes.
 - Special note about marketing: We will not share your PHI for marketing purposes. However, we may use or share your PHI for communications that are not considered marketing. For example, we may contact you:
 - With information about products or services related to your treatment,
 - To encourage you to maintain a healthy lifestyle, get recommended tests, and participate in a disease management program,
 - To provide you with promotional gifts of nominal value, or to remind you to take and refill your medications, or otherwise communicate with you about a drug or biologic that is currently prescribed to you.

Uses and disclosures of certain PHI deemed “Highly Confidential.” For certain kinds of PHI, federal and state law may require enhanced privacy protection. These would include PHI that is:

- Maintained in psychotherapy notes.
- About alcohol and drug abuse prevention, treatment, and referral.
- About HIV/AIDS testing, diagnosis or treatment.
- About venereal and/or communicable disease(s).
- About genetic testing.

We will obtain your authorization unless specifically permitted or required by law. Use or disclosure of SUD records in legal proceedings requires your written consent or a Part 2–compliant court order.

Any other uses and disclosures not described in this Notice will only be made with your prior written authorization.

Special Protections for Substance Use Disorder (SUD) Records (42 CFR Part 2)

Jefferson Health Plans CHIP is not itself a Part 2 program; however, we may receive Part 2 protected information from providers or programs during activities such as utilization management, case management, appeals, or care coordination. Certain records identifying you as receiving SUD diagnosis, treatment, or referral for treatment from a federally assisted “Part 2 program” are protected by 42 CFR Part 2 and are subject to heightened confidentiality rules. We will use or disclose Part 2 records only as permitted by your written consent that complies with Part 2 or as otherwise allowed by law. Your single consent may authorize future uses and disclosures for treatment, payment, and health care operations.

Once lawfully received with appropriate consent, HIPAA-regulated entities (like JHP) may redisclose SUD information in accordance with HIPAA, except where Part 2 provides additional protections (for example, certain counseling session notes).

SUD records may not be used or disclosed in legal proceedings without your written consent or a court order that complies with Part 2. In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

Cancellation of Authorization. You may cancel (“revoke”) a written authorization you previously gave us. The cancellation, submitted to us in writing, will apply to future uses and disclosures of your PHI. It will not impact disclosures made previously, while your authorization was in effect.

As a participant of Health Information Exchange (HIE) we may use or disclose your PHI to this HIE. You have a right to “opt-out” or decline to have your PHI accessed through an HIE.

Your Individual Rights

You have the following rights regarding the PHI that Jefferson Health Plans CHIP creates, obtains, and/or maintains about you.

- **Right to request restrictions.** You may ask us to restrict the way we use and disclose your PHI for treatment, payment and health care operations, as explained in this Notice. We are not required to agree to the restrictions, but we will consider them carefully. If we do agree to the restrictions, we will abide by them until you request or agree to terminate the restrictions.

- **Right to receive confidential communications.** You may ask to receive Jefferson Health Plans CHIP communications containing PHI by alternative means or at alternative locations. As required by law, and whenever feasible, we will accommodate reasonable requests. If your request involves a minor child, we may ask you to provide legal documents to support your request.
- **Right to access your PHI.** You may ask to review or receive a copy of certain PHI that we maintain about you in a “designated record set.” Your request must be in writing. Whenever possible, and as required by law, we will provide you, another individual, or entity with a copy of your PHI in the form (paper or electronic) and format you request. If you request copies, we may charge you a reasonable cost-based fee for providing your records. In certain limited circumstances permitted by law, we may deny you access to a portion of your records.
- **Right to amend your records.** You have the right to ask us to correct or amend PHI we maintain about you in a designated record set. Your request must be made in writing and explain your reason for the amendment. If we determine that the PHI is inaccurate, we will correct it if permitted by law. If a health care facility or other health professional created the PHI that you want to change, you should ask them to amend the information.
- **Right to receive an accounting of disclosures.** Upon your request, we will provide a list of the disclosures we have made of your PHI for a specified time period, up to six years prior to the date of your request.

However, the list will exclude:

- Disclosures you have authorized.
- Disclosures made earlier than six years before the date of your request.
- Disclosures made for treatment, payment, and health care operations purposes except when required by law.
- Certain other disclosures that are allowed by law to be excluded from the accounting.

If you request an accounting more than once during any 12-month period, we will charge you a reasonable cost-based fee for each accounting report after the first one.

- **Right to name a personal representative.** You may name another person to act as your personal representative. Your representative will be allowed access to your PHI, to communicate with the health care professionals and facilities providing your care, and to exercise all other HIPAA rights on your behalf. Depending on the authority you grant your representative, he or she may also have authority to make health care decisions for you.
- **Right to receive a paper copy of this Notice.** Upon your request, we will provide a paper copy of this Notice, even if you have already received one electronically. See the Notice Availability and Duration section later in this Notice.

Actions You May Take

Contact Jefferson Health Plans CHIP. If you have questions about your privacy rights, believe that we may have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact us in writing, by email or by phone:

**Jefferson Health Plans CHIP
Privacy Services
1101 Market Street, 30th Floor
Philadelphia, PA 19107**

Telephone Number: 1-888-477-9800

Email: PrivacyOfficial@jeffersonhealthplans.com

For certain types of requests, you must complete and mail to us the applicable form, which is available either by contacting Member Relations at the telephone number printed on your Member ID card or by going to our website at:
JeffersonHealthPlans.com/privacy

Contact a government agency. If you believe we may have violated your privacy rights, you may also file a complaint with the Secretary ("the Secretary") of the U.S. Department of Health and Human Services ("HHS"). For more information, you can visit the HHS Office for Civil Rights ("OCR") website at:
<http://www.hhs.gov/ocr/privacy/hipaa/complaints>.

You can file a complaint by sending a letter or by phone to the OCR as follows:

**U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, DC 20201**

Telephone: 1-877-696-6775

We will not retaliate or take any action against you if you exercise your right to file a complaint, either with us or with the Secretary.

Notice Availability and Duration

Notice availability. A copy of this Notice is available by calling Member Relations at the telephone number printed on your Member ID card or by going to our website at:
JeffersonHealthPlans.com/privacy

Right to change terms of this Notice. We may change the terms of this Notice at any time, and we may, at our discretion, make the new terms effective for your entire PHI in our possession, including any PHI we created or received before we issued the new Notice.

If we change this Notice, we will update the Notice on our website and, if you are enrolled in a Jefferson Health Plans CHIP benefit plan at that time, we will send you the new Notice when and as required by law.

Effective date. The original Notice was effective as of April 14, 2003 and updated as of July 1, 2026.

Discrimination is Against the Law

Jefferson Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Jefferson Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Jefferson Health Plans provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Jefferson Health Plans 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 Jefferson Health Plans at **1-888-888-1211 (TTY 1-877-454-8477)**.

If you believe that Jefferson Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

Jefferson Health Plans
Attn: Complaints, Grievances & Appeals Unit
1101 Market Street, Suite 3000
Philadelphia, PA 19107
Phone: 1-888-888-1211 (TTY 1-877-454-8477)
Fax: 1-215-991-4105

The Bureau of Equal Opportunity,
Room 223, Health and Welfare Building,
P.O. Box 2675,
Harrisburg, PA 17105-2675,
Phone: (717) 787-1127, TTY/PA Relay 711,
Fax: (717) 772-4366, or
Email: RA-PWBEOAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Jefferson Health Plans and the Bureau of Equal Opportunity are 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, phone or email 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).
OCRMail@hhs.gov

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

Notices of Availability

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-888-1211 (TTY 1-877-454-8477) or speak to your provider.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-888-1211 (TTY 1-877-454-8477) o hable con su proveedor.

Chinese; Mandarin

注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-888-888-1211（文本电话：1-877-454-8477）或咨询您的服务提供商。

Nepali

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि गि: शुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि नि: शुल्क उपलब्ध छन्। 1-888-888-1211 (TTY 1-877-454-8477) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

Russian

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-888-888-1211 (TTY: 1-877-454-8477) или обратитесь к своему поставщику услуг.

Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. إننا نتوفر وسائل مساعدة وخدمات مجانية لتوفير المعلومات بوسائل بديلة. اتصل على الرقم 1-888-888-1211 (1-877-454-8477) أو تحدث إلى مقدم الخدمة.

Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan 1-888-888-1211 (TTY: 1-877-454-8477) oswa pale avèk founisè w la.

Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-888-1211 (Người khuyết tật: 1-877-454-8477) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Ukrainian

УВАГА: Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-888-888-1211 (TTY: 1-877-454-8477) або зверніться до свого постачальника.

Chinese; Cantonese

注意：如果您說中文，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-888-888-1211 (TTY: 1-877-454-8477) 或與您的提供者討論。

Portuguese

ATENÇÃO: Se você fala português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-888-888-1211 (TTY: 1-877-454-8477) ou fale com seu provedor.

Bengali

মনোযোগ দি: দি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-888-888-1211 (TTY: 1-877-454-8477) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

French

ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-888-1211 (TTY: 1-877-454-8477) ou parlez à votre fournisseur.

Cambodian

សូមយកចិត្តទុកដាក់: ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដល់សមាជិក ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-888-888-1211 (TTY: 1-877-454-8477) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Korean

주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-888-1211 (TTY: 1-877-454-8477)번으로 전화하거나 서비스 제공업체에 문의하십시오.

Gujarati

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસિલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-888-888-1211 (TTY: 1-877-454-8477) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.