

Alabama Maternity, Inc. Notice of Health Information Practices for Steps Ahead Members

This notice tells how medical information about you may be used and shared and how you can get access to this information. Please review it carefully.

Our Pledge About Medical Information: This notice tells about the health information practices of Alabama Maternity, Inc. (AMI), the company that offers the Steps Ahead Program through its agreement with the Alabama Medicaid Agency. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice will tell you about the ways in which we may use and share medical information about you. We also describe your rights and certain obligations we have about the use and sharing of medical information. We are required by law to: (1) make sure that medical information that identifies you is kept private, (2) give you this notice of our legal duties and privacy practices with respect to medical information about you, and (3) follow the terms of the notice that is currently in effect.

How We May Use And Disclose Medical Information About You. The following categories describe different ways that we use and share medical information. Not every use or disclosure in a category will be listed. Any other uses and disclosures will be made only with your written authorization.

- **For Treatment and Treatment Alternatives.** For example, we may give medical information about you to your doctor for your treatment by him or use your medical information to tell you about health-related benefits or services that may be of interest to you.
- **For Payment.** For example, we may use and share medical information about you to process claims for covered health care services, to coordinate benefits with other benefit plans, to pursue recoveries from third parties, or to give eligibility information to a health care provider.
- **For Health Care Operations.** For example, we may use and share medical information about you to conduct quality assessment and improvement activities, to engage in care coordination or case management, and to manage, plan or develop AMI's business.
- **Individuals Involved in Your Care or Payment for Your Care.** For example, we may share medical information about you to a friend or family member who is involved in your medical care or with payment for your health care and to your personal representatives appointed by you or designated by applicable law.
- **Business Associates.** There are some services provided by AMI through contracts with business associates. Examples include consultants, accountants, and lawyers. When services are contracted, we may give your health information to our business associate so that they can perform the job we've asked them to do. We require the business associate to appropriately protect your health information.
- **Medicaid.** AMI may give to the Alabama Medicaid Agency, its designees, or other regulatory agencies claims history, enrollment information, and other similar information.
- **As Required By Law.** We will share medical information about you when required to do so by federal, state or local law.
- **Certain Marketing Activities.** We may use medical information about you to forward promotional gifts of nominal value, to communicate with you about services offered by AMI, to communicate with you about case management and care coordination and to communicate with you about treatment alternatives.
- **Other Permitted Uses and Disclosures:**
 - To public health or legal authorities charged with preventing or controlling disease, injury, or disability.
 - To a governmental agency authorized to oversee the health care system or government programs.
 - To comply with legal proceedings, such as a court or administrative order or subpoena.
 - To law enforcement officials for law enforcement purposes as required by law.
 - To a coroner, medical examiner, or funeral director about a deceased person.
 - To an organ procurement organization in limited circumstances.
 - For research purposes in limited circumstances.
 - To avert a serious threat to your health or safety or the health or safety of others.
 - To appropriate military authorities, if you are a member of the armed forces.

- To federal officials for lawful intelligence, counterintelligence and other national security purposes and so they may provide protection of the President or other authorized persons or foreign heads of state or conduct special investigations.
- To workers' compensation or similar programs providing benefits for work-related injuries or illness.
- To the correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official.

Your Rights Regarding Medical Information About You. You may make a written request to the Privacy Officer at the address at the end of this notice to do one or more of the following concerning your medical information we maintain:

- **Right to Inspect and Copy** medical information that may be used to make decisions about your care. In limited cases AMI does not have to agree to your request. We may charge a fee for the costs of copying, mailing or other supplies.
- **Right to Amend** if you feel that medical information we have about you is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by AMI. You must provide a reason that supports your written request. We may deny your request if you ask us to amend information that: was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the medical information we keep; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.
- **Right to an Accounting of Disclosures.** This is a list of the disclosures we made of medical information about you. Your written request must state a time period not longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions** or limitation on the medical information we use or share about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we share about you to someone who is involved in your care or the payment for your care, like a family member or friend. *We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. In your written request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- **Right to Request Confidential Communications** with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate reasonable requests to the extent possible. Your request must specify how or where you wish to be contacted.
- **Right to Revoke Authorization** to use or disclose you medical information except to the extent that action has already been taken in reliance on your authorization.
- **Right to a Paper Copy of This Notice.** You may ask us to give you a paper copy of this notice at any time.

Changes To This Notice. We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. If we make a material change to this notice, AMI will send a new notice to all persons covered by AMI at that time. **The currently effective notice will be posted on the Steps Ahead web site at abcstepsahead.com at all times.**

For More Information Or To Report A Problem. If you have questions or would like additional information, you may contact AMI's Privacy Officer at 1400 21st Place South, Birmingham, AL 35205 or by telephone at (205) 558-7439. For TTY services, please call the Alabama Relay Service at 1-800-548-2546. Office hours are Monday-Friday, 8:00 a.m.– 5:00 p.m. If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer in writing at the address above or the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.