

# **Jai Medical Systems**

## **Notice of Privacy Practices**

### **Safeguarding Your Protected Health Information**

Jai Medical Systems Managed Care Organization, Inc. (Jai Medical Systems) is committed to protecting your health information. In order to help coordinate or to pay for your health care, Jai Medical Systems will ask for certain health information. This information will be put into your health information record. Your health information may contain your symptoms, examination and test results, diagnoses, and treatment. Protected health information may also include your race/ethnicity, language(s) spoken, language(s) preferred, gender identity, sexual orientation, and social needs. Your health information may be used for a variety of purposes and is regulated by law. Jai Medical Systems protects your PHI in several ways, such as restricting physical and electronic access, by requiring appropriate member authorization for release of information as required by law, and by requiring all employees to sign confidentiality agreements. Jai Medical Systems is required to maintain the privacy of your oral, written, and electronic health information, to give you this Notice of our legal duties and privacy practices with respect to your health information, and to follow the privacy practices described in this Notice. However, Jai Medical Systems reserves the right to change our privacy practices and the terms of this Notice at any time and to make the new provisions effective for all health information we have about you and any information we receive in the future. You may request a copy of the current Notice from Jai Medical Systems at any time. This Notice can be found in your Member Handbook and is mailed to all members once a year. The current Notice is also posted on our website, and we will mail a copy to you upon request.

### **How Jai Medical Systems May Use and Disclose Your Protected Health Information**

Jai Medical Systems employees will only use your health information to do their jobs. Certain types of protected health information such as race/ethnicity, language, sexual orientation, and gender identity may have additional restrictions for uses and disclosures described later in this notice. For uses and disclosure beyond what Jai Medical Systems normally does (as described in this Notice), Jai Medical Systems must have your written authorization unless the law permits or requires otherwise. Many uses of psychotherapy notes, certain uses and disclosures of your health information for marketing purposes, and any sale of your health information require your authorization. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization. (You also cannot revoke an authorization that was obtained as a condition of obtaining insurance coverage and other law provides Jai Medical Systems with the right to contest a claim under the policy or the policy itself.) The following are some examples of our possible uses and disclosures of your health information:

### **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations:**

- **For Treatment:** Jai Medical Systems may use or share your health information for the provision, coordination, or management of health care. For example, Jai Medical Systems' employees may need to review your treatment plan with your health care provider for coordination of care.
- **To Obtain Payment:** Jai Medical Systems may use and share your health information in order to bill and collect payment for your health care services and to determine your eligibility to participate with our services. For example, your health care provider may

send claims for payment of medical services provided to you, or Jai Medical Systems may need to use or share your health information to determine if your treatment is medically necessary, appropriate, or otherwise covered.

- **For Health Care Operations:** Jai Medical Systems may use and share your health information for health care operations, including to evaluate the quality of services provided, to provide case management and care coordination, to engage in underwriting and enrollment activities, and/or as requested by State or Federal auditors. Jai Medical Systems will not use or share any genetic information about you for underwriting purposes, including determinations of eligibility.
- **Use of Unsecure Electronic Communications:** If you choose to communicate with Jai Medical Systems via unsecure electronic communications, such as regular email or text message, we may respond to you in the same manner in which the communication was received and to the same email address or account from which you sent your original communication. In addition, if you provide your email address or phone number to us, you may receive emails, text messages and/or automated phone calls from us from time to time, including those related to preventative healthcare reminders, surveys, or other general informational communications. For your convenience, these messages may be sent unencrypted. Before using or agreeing to the use of any unsecure electronic communication to communicate with us, note that there are several risks, such as interception by others, misaddressed or misdirected messages, shared accounts, messages forwarded to others, or messages stored on unsecured portable electronic devices. By choosing to correspond with us via unsecure electronic communication, you are acknowledging and agreeing to accept these risks. Additionally, you should understand that use of email or other electronic communication is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Electronic communications such as email or text should never be used in a medical emergency. You may opt out of receiving information in these forms from Jai Medical Systems at any time.
  - Text: You may “Opt Out” of text message reminders by responding “STOP” to any text message sent by Jai Medical Systems.
  - Email: You may “Unsubscribe” from email reminders by double-clicking on the “Unsubscribe” button at the bottom of any email reminder sent by Jai Medical Systems.
  - Automated Phone Calls: You may “Opt Out” of automated phone reminders by selecting the option within the automated phone call reminder.
- **CRISP:** Jai Medical Systems has chosen to participate in the Chesapeake Regional Information System for Our Patients (CRISP), a statewide internet-based health information exchange approved but not operated by a State of Maryland agency. As permitted by law, some of your health information will be shared with this exchange in order to facilitate the secure exchange of your electronic health information between health care providers and other health care entities for your treatment, payment, or other health care operation purposes. Jai Medical Systems will receive notifications when active patients that we have identified experience certain hospital-related encounters (e.g. admissions, discharges, and transfers). You may “opt-out” and prevent the searching of your health information available through CRISP by calling 1-877-952-7477 or by completing and submitting an opt-out form to CRISP by mail or fax or online at [www.crisphealth.org](http://www.crisphealth.org). **Jai Medical Systems cannot submit this opt-out form to CRISP on your behalf should you decide to opt-out.**

## **Other Uses and Disclosures of Health Information Required or Allowed by Law:**

- **Business Associates:** Jai Medical Systems may disclose health information to those with whom we contract to provide certain services (called business associates) so that they may perform the job we have asked them to do. Jai Medical Systems requires business associates to appropriately safeguard your information.
- **Required by Law:** Jai Medical Systems may disclose health information when state or federal laws require us to do so. We may also share information with the Department of Health and Human Services if there is a need to verify that we are compliant with privacy laws.
- **Public Health Activities:** Jai Medical Systems may disclose health information for certain public health activities, including when Jai Medical Systems is required to collect or report information about disease or injury or to report vital statistics to public health authorities.
- **Health Oversight Activities:** Jai Medical Systems may disclose your health information to health oversight agencies for oversight activities required by law, including audits, reports, inspections, investigations, and licensure actions.
- **Coroners, Medical Examiners, Funeral Directors, and Organ Donations:** Jai Medical Systems may disclose health information relating to a death to coroners, medical examiners, or funeral directors, and to authorized organizations relating to organ, eye, or tissue donations or transplants.
- **Research Purposes:** In certain circumstances, and under supervision of our designated privacy board, Jai Medical Systems may disclose health information to assist medical research.
- **Avert Threat to Health or Safety:** In order to avoid a serious and imminent threat to health or safety, Jai Medical Systems may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
- **Abuse and Neglect:** Jai Medical Systems may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence.
- **Specific Government Functions:** Jai Medical Systems may disclose health information for certain specialized government functions, including those relating to military personnel and veterans, correctional institutions, government benefit programs relating to eligibility and enrollment, national security, and protection of the President.
- **Families, Friends, or Others Involved in Your Care:** Jai Medical Systems may share your health information with certain people, including family members, friends, and other identified individuals, as it is directly related to their involvement in your care or payment of your care. Jai Medical Systems may also share health information with certain people, including family members, personal representatives, and entities assisting in disaster relief efforts, to notify them about your location, general condition, or death. Except in emergencies, you have the opportunity to object to these uses and disclosures. If you have a preference on how we share your information, please tell us and we will follow your instructions. If you are not able to tell us your preference, we may share your information if we believe it is in your best interest.
- **Worker's Compensation:** Jai Medical Systems may disclose health information to worker's compensation (or similar) programs that provide benefits for work-related injuries or illnesses without regard to fault as permitted by law.
- **Patient Directories:** The health plan under which you are enrolled does not maintain a directory for disclosure to callers or visitors who ask for you by name. You will not be identified to an unknown caller or visitor without authorization.
- **Lawsuits, Disputes, and Claims:** If you are involved in a lawsuit, a dispute, or a claim, Jai Medical Systems may disclose your health information in response to a court or administrative order, subpoena, discovery request, or other lawful process.

- Law Enforcement:** Jai Medical Systems may disclose your health information to a law enforcement official for certain law enforcement purposes, including when required by law or when asked.
- Special Note:** We will never sell your personal information or use it for certain marketing purposes unless you give us written permission to do so as required by law.

## Additional Uses and Disclosures Relating to Race/Ethnicity, Language, Sexual Orientation, and Gender Identity:

- Coverage, Services, and Benefits:** If provided, your race/ethnicity, language(s) spoken, language(s) preferred, sexual orientation, and gender identity will not be used by Jai Medical Systems for denial of coverage, services, or benefits.
- Internal Analysis:** If provided, your race/ethnicity, language information, sexual orientation, and gender identity may be used by Jai Medical Systems for internal analysis in order to provide culturally and linguistically appropriate services.
- Sharing with providers:** Jai Medical Systems may share your preferred or spoken language(s) with your provider to ensure that you have appropriate language services provided to you. Jai Medical Systems will not share your race/ethnicity, sexual orientation, or gender identity with providers, if provided.
- CRISP:** If provided, Jai Medical Systems will not share your sexual orientation or gender identity with CRISP.

## You Have a Right To:

- Request Restrictions:** You have a right to request a restriction or limitation on the health information that Jai Medical Systems uses or discloses about you for certain purposes. Jai Medical Systems will accommodate your request, if possible, but is not legally required to agree to the requested restriction. If Jai Medical Systems agrees to a restriction, Jai Medical Systems will follow the requested restrictions except in emergency situations.
- Request Confidential Communications:** You have the right to ask Jai Medical Systems to send your information to another address or by another method. Jai Medical Systems must agree to your request as long as it is reasonably easy for us to do so and if you clearly state that the disclosure of all or part of the information to which the request pertains could endanger you.
- Inspect and Copy:** With certain exceptions, you have a right to see and copy your health information upon your written request usually within 30 days. You may request an electronic copy of your health information that Jai Medical Systems maintains in electronic designated record sets, and we will provide access in the electronic form and format requested if it is readily reproducible in that format. If not, Jai Medical Systems will discuss the issue with you and provide a copy in a mutually agreed upon readable electronic form and format, depending on the information and our capabilities at the time. You may also request that Jai Medical Systems send your information directly to a person you designate if your request is in writing, is signed, and clearly identifies the designated person and an address to send the requested information. If you want copies of your health information (or agree to a summary or explanation of the information), you may be charged a fee for the cost of labor for copying the information (in paper or electronic form), supplies for creating the paper copy or electronic media (if you request that the electronic copy be provided on portable media), postage (if you request that the copy, summary, or explanation be mailed) and preparing an explanation or summary of the information (if you agree). You have a right to choose what portions of your information you want copied and to have prior information on the cost. Jai Medical

Systems may deny your request to inspect and copy your information in certain limited circumstances. If the denial is subject to review, you can request that the denial be reviewed. A licensed health care professional that we choose (who was not directly involved in the denial) will review your request and the denial. We will comply with the outcome of the review.

- **Request Amendment:** You may request in writing that Jai Medical Systems correct or add information to your health information record if you provide a reason for the request. Jai Medical Systems may deny the request if it is not in writing or does not include a supporting reason, or if Jai Medical Systems determines that the health information is: (1) correct and complete; (2) not created by us and/or not part of our records; or (3) not permitted to be disclosed. If we deny your request, we will tell you the reason why your request was denied usually within 60 days. In the event of a denial, you may submit a written statement of disagreement. Jai Medical Systems will distribute your statement (or an accurate summary) with future disclosures of the information to which it relates. If Jai Medical Systems approves the request for amendment, Jai Medical Systems will change the health information and inform you, and may tell others that need to know about the change in the health information.
- **Accounting of Disclosures:** You have a right to request a list of the disclosures made of your health information after April 14, 2003, for a period of up to 6 years from the date of the request. Some exceptions include disclosures of information (1) for treatment, payment, and operations purposes, (2) made to you, (3) based on your written authorization, (4) for national security, or (5) to law enforcement officials or correctional facilities with lawful custody of you at the time of the disclosure. There will be no charge for the first request made in each 12 month period. Jai Medical Systems may charge a reasonable, cost-based fee for extra requests.
- **Notice:** You have the right to receive a paper copy of this Notice and/or an electronic copy by email upon request at any time.
- **Breach:** You have the right to receive prompt notice of breaches that compromise the privacy or security of your health information, which Jai Medical Systems will send to our last known address for you.
- **Legal Guardian/Representative:** If you have given someone medical power of attorney or if you have a legal guardian, that person is entitled to make decisions about your health information and its use. We will verify that the party has the authority and can make decisions on your behalf before we take any action.

## For More Information

This document is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act. If you have questions and would like more information, you may contact the Privacy Officer at 1-888-JAI-1999.

## To Report a Problem About Our Privacy Practices

If you believe your privacy rights have been violated, you may file a complaint.

- You can file a complaint with the Jai Medical Systems Managed Care Organization Privacy Officer by calling 1-888-JAI-1999.
- You can file a complaint with the U. S. Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington D.C. 20201, calling 1-877-696-6775, or visiting the Department of Health and Human Services [website](#).

***Jai Medical Systems Managed Care Organization will take no retaliatory action against you if you make such complaints.***

***Effective Date: This notice became effective on April 14, 2003. Updated: 11/2024***