Notice of Privacy Practices

Effective: April 14, 2003 | Updated: July 31, 2026

CalOptima Health offers you access to health care through our Medi-Cal plan, our One Care (HMO D-SNP) Medicare Advantage Special Needs Plan and our Program of All-Inclusive Care for the Elderly (PACE). We are required by state and federal law to protect your health information. After you become eligible and enroll in one of our health plans, Medicare or Medi-Cal sends your information to us. We also get medical information from your doctors, clinics, labs and hospitals to approve and pay for your health care.

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

Your rights

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

How we protect your information	• We have controls in place for physical and electronic access to your information, which include race, ethnicity, language, disability status, including function and identity, gender identity and sexual orientation. • Our policies and procedures outline what is allowed and what is not allowed when using your personal health information, including race, ethnicity, language, gender identity and sexual orientation. • Electronic access may include media formats, devices and hardware, and data storage. • We do not discriminate against members based on any sensitive information.

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Get a copy of your health and claims records	• You can ask to see or get a copy of your health and claims records and other health information we have about you. You must make this request in writing. We will send you a form to fill out, and we may charge a fair fee for the costs of copying and mailing records. You must provide a valid form of ID to view or get a copy of your health records. • We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. • We may keep you from seeing certain parts of your records for reasons allowed by law. • **CalOptima Health does not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.**
Ask us to correct health and claims records	• You have the right to send a written request to change information in your records if it's not correct or complete. You must make your request in writing. • We may refuse your request if the information is not created or kept by CalOptima Health, or if we believe it is correct and complete, but we will tell you why in writing within 60 days. • If we don't make the changes you asked for, you may ask us to review our decision. You may also send a statement saying why you disagree with our records, and your statement will be kept with your records.
Request confidential communications	• You can ask us to contact you by your preferred method of contact (for example, home or work phone) or to send mail to a different address. • We will consider all fair requests. We must say "yes" if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	• You can ask us **not** to use or share certain health information for treatment, payment or our health care operations. • We are not required to agree to your request, and we may say "no" if it would affect your care.

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Get a list of who we shared information with	• You can ask for a list of the times we shared your health information during the past 6 years before the date you asked. • You have the right to request a list of what information was shared, who it was shared with, when it was shared and why. • We will include all disclosures, except for those about your treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
Get a copy of this privacy notice	• You can ask for a paper copy of this notice at any time, even if you have agreed to accept the notice electronically. We will offer you a paper copy in good time. • You can also find this notice on our website at www.caloptimahealth.org.
Choose someone to act for you	• If you have given someone medical power of attorney or if someone is your legal guardian, this person can use your rights and make choices about your health information. • We will make sure this person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	• If you feel we have violated your rights, you can complain by contacting us using the information in this notice. • We will not retaliate against you for filing a complaint.
Use a self-pay restriction	• If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us. If you or your provider submits a claim to CalOptima Health, we do not have to agree to a restriction. If a law requires the disclosure, CalOptima Health does not have to agree to your restriction.
Electronic sharing of your health information	• CalOptima Health may share your information through secure computer systems when the law allows or requires it. We may share your information with your doctors and other health care providers, other health plans, mental health and substance use treatment providers, county agencies and others helping with your care. We may share your information to provide and manage your care, pay your health care, review requests for services, help you move between health plans or providers, improve the quality of care and follow the law. • You may ask us to send certain health information to a health app or another person or company you choose. Before using an app, read its privacy and security rules. Some apps are not covered by the Health Insurance Portability and Accountability Act (HIPPA). After your information is sent to an app, the app may use or share it in ways that are different from CalOptima Health rules. Some consumer health apps are not covered by HIPAA, although other federal or state laws

	may apply. Before choosing an app, you must review its privacy and security practices. • When the law allows or requires it, CalOptima Health may make certain claims, encounters, clinical and prior authorization information available electronically to an eligible provider with whom you have a treatment relationship through the Provider Access Application Program Interface (API), when allowed by law. This may help with your treatment, care planning, service approvals, changes in health coverage, and moving your health information to a new plan or provider. You may opt out and opt in. Opting out will not affect your eligibility, benefits or the care you receive. You may have the right to say "no" to some types of electronic sharing. To learn more or to change your choices, including opting in or opting out, call CalOptima Health Customer Service toll-free at **1-888-587-8088** (TTY **711**).

For certain health information, you can tell us your choices about what we share.
If you have a preference for how we share your information in the situations below, please contact us. In most cases, if we use or share your Protected Health Information (PHI) outside of treatment, payment or health care operations, we must get your written permission first. If you give us your permission, you may take it back in writing at any time. We cannot take back what we used or shared when we had your written permission, but we will stop using or sharing your PHI in the future.

In these cases, you have both the right and choice to tell us to:	• Share information with your family, close friends or others involved in payment for your care. • Share information in a disaster-relief situation.
In these cases, we *never* share your information unless you give us written permission	• Some health information has extra privacy protection. This may include records about treatment for alcohol or drug use, known as substance use disorder information (SUD), and other sensitive information. SUD information is protected by the Federal Part 2 Rules (42 C.F.R. Part 2). When the law requires written permission, CalOptima Health may use the California Department of Health Care Services' Authorization to Share Confidential Member Information Form, also called the ASCMI Form. This form lets you choose what information may be shared, who may receive it, why it may be shared, and how long your permission will last. Signing the form is your choice. If you choose not to sign the form, it will not affect your CalOptima Health benefits or your right to receive care. It may make it harder for CalOptima Health to share some information or help manage some of your care or services. You can cancel your permission in writing at any time. This will stop the future sharing of your information. It will not affect information you already gave us permission to share.

	• Psychotherapy notes: We must get your permission for any use or disclosure of psychotherapy notes, except to carry out certain treatment, payment or health care operations. • Your race, ethnicity, language, gender identity and sexual orientation information, except to carry out treatment, payment or health care operations. • Your race, ethnicity, language, gender identity and sexual orientation information for underwriting, denial of services and coverage, or for benefit determinations. • Marketing needs. • Sale of your information.
Share your information with other health plans when your coverage changes	• If you join CalOptima Health from another health plan or have coverage with more than one plan, we can ask your other plan for your recent health information, such as claims, encounters and clinical information in the United States Core Data for Interoperability and certain prior authorization decisions, so that your care is not stopped. We can also share this information with a new plan if you leave us. • We will only share or request this information when you or your personal representative gives us permission to do so. We will ask if you want us to share your information at enrollment and at least once a year while you are a member. Certain protected information, such as substance use disorder records and California sensitive services information, is shared only as described in this notice and as separately approved by you. • To give or take back your permission, call CalOptima Health Customer Service toll-free at **1-888-587-8088** (TTY **711**).

Our responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know as soon as possible if a breach happens that may have affected the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Our uses and disclosures

Your information may be used or shared by CalOptima Health only for treatment, payment and health care operations related to the Medi-Cal, Medicare (OneCare) or PACE programs in which you are enrolled. We may use and share your information in health information exchanges, including statewide exchange networks, with providers involved in your care. The information we use and share includes, but is not limited to:

- Your name
- Address
- History of care and treatment given to you
- Cost or payment for care

Some examples of how we share your information with those involved with your care:

Help manage the health care treatment you receive	• We can use your health information and share it with professionals who are treating you. This may include your race, ethnicity, language, gender identity and sexual orientation to provide services that best fit your needs.	**Example:** A doctor sends us information about your diagnosis and treatment plan so we can set up additional services. We will share this information with doctors, hospitals and others to get you the care you need.
Run our organization (health care operations)	• We can use and share your information to run our organization and contact you when needed. • **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.**	**Example:** We use your health information to develop better services for you, which may include reviewing the quality of care and services you receive. We may also use this information in audits and fraud investigations.
Pay for your health services	• We can use and share your health information as we pay for your health services.	**Example:** We share information with the doctors, clinics and others who bill us for your care. We may also forward bills to other health plans or organizations for payment.

Administer your plan	• We may share your health information with the Department of Health Care Services (DHCS) or the Centers for Medicare & Medicaid Services (CMS) for plan administration.	**Example:** DHCS contracts with us to provide a health plan, and we provide DHCS with certain information.

How else can we use or share your health information?

We are allowed or required to share your information in other ways, usually to promote the public good, like public health and research. We have to meet many conditions in the law before we can share your information for these reasons.

Help with public health and safety issues	We can share health information about you for certain situations like: • Preventing disease. • Helping with product recalls. • Reporting adverse reactions to medicines. • Reporting suspected abuse, neglect or domestic violence. • Preventing or reducing a serious threat to anyone's health or safety.
Comply with the law	• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	• We can share health information about you with organ procurement organizations. • We can share health information with a coroner, medical examiner or funeral director when an individual dies.
Address workers' compensation, law enforcement and other government requests	We can use or share health information about you: • For workers' compensation claims. • For law enforcement reasons or with a law enforcement official. • With health oversight agencies for activities authorized by law. • For special government functions, such as military, national security and presidential protective services.
Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Comply with special laws	• There are special laws that protect some types of health information, such as mental health services, treatment for substance use disorders and HIV/AIDS testing and treatment. We will obey these laws when they are stricter than this notice. • There are also laws that limit our use and disclosure to reasons directly connected to the administration of CalOptima Health's programs.

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Confidentiality of sensitive services

CalOptima Health is committed to protecting the privacy and confidentiality of information related to sensitive services you receive. Sensitive services are any health care services related to mental or behavioral health care; substance use disorder; gender-affirming care; sexual and reproductive health; sexually transmitted infections; rape or sexual assault; infectious, contagious, or communicable diseases; HIV/AIDS-related care; or intimate partner violence, as defined in California Civil Code § 56.05(s). CalOptima Health will send communications about sensitive services to a mailing address, email address or phone number of your choice, or we will use the mailing address, phone number, or email address on file if you did not give us a different one. CalOptima Health will not share medical information about your sensitive services with any other person without your written approval.

You may tell us which of your sensitive and confidential information may be shared with your care partners, including providers, county agencies, and social services organizations, by completing the DHCS Authorization to Share Confidential Member Information (ASCMI) Form. The ASCMI Form lets you choose the types of information you want to share, and you can take back your permission at any time by submitting the ASCMI Revocation Form. Your sharing choices are recorded and, as the statewide Consent Management Platform becomes available, may be used to confirm your permission before your information is shared. Using the ASCMI Form is your choice; it is not required to receive care or services.

CalOptima Health will honor your requests for confidential communication in the form and format you want if it can be done in your requested form and format. Your request for confidential communication related to sensitive services will be valid until you take back the request or make a new request for confidential communications. Please call us toll-free at **1-888-587-8088** (TTY **711**), or write to us to find out how to request sensitive services information. You will need to submit your request in writing and give us certain information. We can send you the form(s) for the request. We will carry out your request within 7 calendar days after we receive your phone call or within 14 calendar days after we get your request by first-class mail.

Changes to the terms of this notice

CalOptima Health reserves the right to change its privacy notice and the ways we keep your PHI safe. If this happens, we will update the notice and notify you. We will also post the updated notice on our website.

Potential for redisclosure

Information disclosed by CalOptima Health, either authorized by you (or your personal representative) or permitted by applicable privacy laws, may be redisclosed by the person, including third-party apps not covered by HIPAA, receiving your information if they are not required by law to protect your information.

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How to contact us to use your rights

If you want to use any of the privacy rights explained in this notice, please write to us at:

CalOptima Health
Privacy Officer
505 City Parkway West
Orange, CA 92868
1-888-587-8088 (TTY **711**)

Or call CalOptima Health Customer Service **toll-free at 1-888-587-8088** (TTY **711**).
We have staff who speak your language.

If you believe that we have not protected your privacy and wish to file a complaint or grievance, you may write or call CalOptima Health at the address and phone number above. You may also contact these agencies:

California Department of Health Care Services
Privacy Officer
C/O: Office of HIPAA Compliance
P.O. Box 997413 MS 4721
Sacramento, CA 95899-7413
Email: DHCSPrivacyOfficer@dhcs.ca.gov
Phone: 1-916-445-4646
Fax: 1-916-440-7680

U.S. Department of Health and Human Services
Office for Civil Rights
Regional Manager
90 Seventh Street, Suite 4-100
San Francisco, CA 94103
Email: ocrcomplaint@hhs.gov
Phone: 1-800-368-1019
Fax: 1-202-619-3818
TDD: 1-800-537-7697

California Department of Managed Health Care
Privacy Coordinator
C/O Office of Legal Services
908 Ninth Street, Suite 500
Sacramento, CA 95814
Email: privacycoordinator@dmhc.ca.gov
Phone:1-888-466-2219
Fax:916-255-5241

Use your rights without fear

CalOptima Health cannot take away your health care benefits, nor do anything to hurt you in any way, if you choose to file a complaint or use any of the privacy rights in this notice. This notice applies to all CalOptima Health's health care programs.