

Member Rights & Privacy Notice

This notice explains how your medical information can be used and disclosed, as well as how you can access your medical information. Please review it carefully.

Your Rights:

You have the right to:

- Consent to most uses and disclosures of your health information.
- Request that we limit the health information we use or disclose.
- Receive a copy of this privacy notice.
- Discuss this notice with someone in our program.
- Receive a list of those with whom we have shared your electronic records*
- File a complaint if you believe your privacy rights have been violated.

Your Choices:

With your consent, we can use and share your information as we:

- Coordinate your care needs.
- Operate our organization.
- Bill for our services
- Fulfill your requests to share information with your consent.
- Coordinate and Support your care needs.
- Prevent duplicate or multiple program enrollment.
- Make referrals to appropriate services and resources.

Our Uses and Disclosures:

We can use or disclose your health information without your consent when permitted by law including to:

- Communicate within our program and with our contractors.
- Respond to medical emergencies and help protect your health and safety.
- Help with public health.

* The compliance date for this requirement will be set when the same right is revised in the HIPAA Privacy Rule.

- Report crimes (and threats of crimes) on our premises and suspected child abuse and neglect.
- Respond to program audits, review, and evaluations of our program.
- With inquiries related to cause of death inquiries
- Respond to court orders.

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.

Provide consent for the use or disclosure of your information for most purposes.

- You may provide single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.
- 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 after you have provided consent for all those purposes.
- We are not required to agree to your request, and we may say “no” if, for example, it could affect your care.
- If we agree to your request, we may still share this information in the event that you need emergency treatment.

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 receive the notice electronically. We will provide you with a paper copy promptly.

Discuss this notice with someone in our program.

You can ask questions or obtain more information about this Privacy Notice and our privacy practices by calling or emailing the contact person at the top of this notice.

File a complaint if you feel your rights are violated.

- You have the right to file a grievance/complaint if you have any concerns about the services or care. If you are not satisfied with the quality of your care, please let us know. We have a fair and transparent process to help resolve the issues you bring to our attention.

You may locate the Grievance form on Titanium Healthcare website <https://tihealthcare.com/> under member resources.

- You can file a complaint with the U.S. Department of Health and Human Services’ Office for Civil Rights by sending a letter to: **200 Independence Avenue, S.W., Washington, D.C. 20201**, calling **1-877-696-6775**, or visiting hhs.gov/hipaa/filing-a-complaint/index.html

Your Choices:

How do we typically use or share your health information?

With your consent, we typically use or share your health information in the following ways.

Treat you:

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you to chronic condition asks a doctor at our program about your health condition and medications you are taking, for example, to avoid complications.

Operate our organization:

We can use and share your health information to run our program, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services:

We can use and share your health information to bill and receive payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

With your consent, we may also use and share your information in the following ways:

- To whomever you name in a consent to share your information
- To prevent multiple enrollments in withdrawal management or maintenance treatment programs

You can choose someone to act on your behalf:

- You have the right to choose a trusted family member, friend, caregiver, or other representative to speak with Titanium Healthcare on your behalf. If you would like someone else to help you with your care, ask questions, or receive information.
- Your privacy is important to us. We will only share your information

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with the person(s) you authorize, and you may change or revoke your permission at any time.

- If someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- Before taking action, we will verify that the individual has the legal authority to act on your behalf.

Our Uses and Disclosures:

How else can we use or share your health information?

We are allowed or required to share your information in certain ways without your consent – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes.

To communicate within our program and with contractors

We can share your information within our program, with an organization that has administrative control over our program, and with contractors who help us run our program.

For medical emergencies

We can share your information during a genuine medical emergency with the personnel and health care providers responding to your emergency, even when you are unable to consent because of the emergency.