



CarePartners of Connecticut 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.

CarePartners of Connecticut values your privacy rights and is committed to safeguarding your demographic, medical, and financial information we may receive or collect when providing services to you. The information we collect includes protected health information (“PHI”) and personal information (“PI”). PHI is information that relates to your physical or behavioral health condition, your health care, or the payment for your health care. PHI includes information and records like diagnoses, dates and types of services, medical records, and authorizations. PI includes information like your name and Social Security number. PHI and PI are referred to as “information” elsewhere in this notice.

We may obtain your information from a number of sources, such as through your enrollment in a plan or from doctors and hospitals who submit claim forms containing your information so that we may pay them for services they provided to you.

HOW WE PROTECT YOUR INFORMATION

We are required by law to maintain the privacy of all forms of your information including electronic, written, and verbal information. To support this, CarePartners of Connecticut has documented privacy and security policies and procedures which include physical and technical safeguards for protecting, using, and disclosing information in compliance with applicable state and federal laws. CarePartners of Connecticut protects electronic information through private networks, passwords and authentication requirements, and ongoing monitoring of security threats. Access to your information is limited to employees who require it to do their job. In addition, all employees must complete annual privacy and security training. CarePartners of Connecticut also requires its business partners who assist with administering your health care coverage to protect your information in accordance with applicable laws.

CarePartners of Connecticut is required by the Health Insurance Portability and Accountability Act (known as the “HIPAA” statute) to provide you with notice of our legal duties and privacy practices with respect to your information, and to follow the duties and practices described in the notice currently in effect. We may change the terms of this notice at any time and apply the new notice to any information we already maintain. If we make an important change to our notice, we will publish the updated notice on our website at www.carepartnersct.com.

HOW WE USE AND DISCLOSE YOUR INFORMATION

In order to administer your health care coverage, including paying for your health care services, we need to use and disclose your information in a number of ways. CarePartners of Connecticut’s policies require that we only use or disclose the minimum amount of information necessary for the intended purpose. In



certain circumstances, Care Partners of Connecticut is permitted or required by law (including the HIPAA statute) to use or disclose your information without your written authorization. The following are examples of the types of uses and disclosures we are permitted or required by federal law to make without your written authorization. Where state or other federal laws offer you greater privacy protections, including 42 C.F.R. Part 2 (“Part 2”), we will follow the more stringent requirements.

For Payment

CarePartners of Connecticut may use or disclose your information for payment purposes to administer your health benefits, which may involve obtaining premiums, determination of eligibility, claims payment, and coordination of benefits. Examples include:

- Paying claims that were submitted to us by physicians and hospitals.
- Providing information to a third party to administer an employee- or employer-funded account, such as a Flexible Spending Account (“FSA”) or Health Reimbursement Account (“HRA”), or another benefit plan, such as a dental benefits plan.
- Performing medical necessity reviews.
- Sharing information with third parties for Insurance Liability Recovery (“ILR”) or subrogation purposes.

For Health Care Operations

CarePartners of Connecticut may use or disclose your information for operational purposes, such as care management, customer service, coordination of care, or quality improvement. Examples include:

- Assessing and improving the quality of service, care and outcomes for our members.
- Learning how to improve our services through internal and external surveys.
- Reviewing the qualifications and performance of physicians.
- Evaluating the performance of our staff, such as reviewing our customer service representatives’ phone conversations with you.
- Seeking accreditation by independent organizations, such as the National Committee for Quality Assurance.
- Engaging in wellness programs, preventive health, early detection, disease management, health risk assessment participation initiatives, case management, and coordination of care programs, including sending preventive health service reminders.
- Providing you with information about a health-related product or service included in your plan of benefits.
- Using information for underwriting, establishing premium rates and determining cost sharing amounts, as well as administration of reinsurance policies. (CarePartners of Connecticut will not use or disclose any genetic information it might otherwise receive for underwriting purposes.)
- Facilitating transition of care from and to other insurers, health plans or third-party administrators.

- Communicating with you about your eligibility for public programs, such as Medicare.
- Other general administrative activities, including data and information systems management, risk management, auditing, business planning, and detection of fraud and other unlawful conduct.

For Treatment

CarePartners of Connecticut may use and disclose your information for health care providers (doctors, dentists, pharmacies, hospitals, and other caregivers) to treat you. Examples include:

- Our care managers providing your information to a home health care agency to make sure you get the services you need after discharge from a hospital.
- Quality improvement programs, safety initiatives, and clinical reminders sent to your primary care provider.
- Disclosing a list of medications you've received using your CarePartners of Connecticut coverage to alert your treating providers about any medications prescribed to you by other providers and help minimize potential adverse drug interactions.
- Receiving your test results from labs you use, from your providers, or directly from you, using the results to develop tools to improve your overall health, and sharing the results with providers involved in your care.

For other Permitted or Required Purposes

The following are examples of the additional types of uses and disclosures CarePartners of Connecticut is permitted or required by law to make without your written authorization:

- To **you, your family, and others involved in your care** when you are unavailable to communicate (such as during an emergency), when you are present prior to the disclosure and agree to it, or when the information is clearly relevant to their involvement in your health care or payment for health care.
- Sharing eligibility information and copayment, coinsurance, and deductible information for dependents with the **subscriber of the health plan** in order to facilitate management of health costs and Internal Revenue Service verification.
- To your **Personal Representative** (including parents or guardians of a minor, so long as that information is not further restricted by applicable state or federal laws) or to an individual you have previously indicated is your Designated Representative or is authorized to receive your information. Information related to any care a minor may receive without parental consent remains confidential unless the minor authorizes disclosure.
- To our **business partners and affiliates**. CarePartners of Connecticut may contract with other organizations to provide services on our behalf. In these cases, CarePartners of Connecticut will enter into an agreement with the organization explicitly outlining the requirements associated with the protection, use and disclosure of your information. The following corporate affiliates of CarePartners of Connecticut designate themselves as a

single affiliated covered entity and may share your information among them: Tufts Associated Health Maintenance Organization, Inc., Tufts Health Public Plans, Inc., Tufts Insurance Company, CarePartners of Connecticut, Inc., Point32Health Services, Inc. Group Health Plan, Harvard Pilgrim Health Care, Inc., Harvard Pilgrim Health Care of New England, Inc., and HPHC Insurance Company, Inc.

- To your **plan sponsor**, when sharing information used for enrollment, plan renewal, or plan administration purposes. This is your employer or the employer of your subscriber if you are enrolled through an employer. When sharing detailed information, your plan sponsor must certify that they will protect the privacy and security of your information and that the information will not be used for employment decisions.
- To **government entities**, such as the Centers for Medicare & Medicaid Services, the Health Connector, HealthSourceRI, or MassHealth, if you are enrolled in a government-funded plan.
- To provide information for **health research** to improve the health of our members and the community in certain circumstances, such as when an Institutional Review Board or Privacy Board approves a research proposal with protocols to protect your privacy, or for purposes preparatory to research.
- To **comply with laws** and regulations, such as those related to **workers' compensation** programs.
- For **public health activities**, such as assisting public health authorities with disease prevention or control and pandemic response efforts.
- To report suspected cases of **abuse, neglect, or domestic violence**.
- For **health oversight activities**, such as audits, inspections, and licensure or disciplinary actions. For example, CarePartners of Connecticut may submit information to government agencies such as the U.S. Department of Health and Human Services or a state insurance department to demonstrate its compliance with state and federal laws.
- For **judicial and administrative proceedings**, such as responses to court orders, subpoenas, or discovery requests.
- For **law enforcement purposes**, such as to help identify or locate a victim, suspect, or missing person.
- Disclosures to **coroners, medical examiners, and funeral directors** about decedents. CarePartners of Connecticut may also disclose information about a **decedent** to a person who was involved in their care or payment for care, or to the person with legal authority to act on behalf of the decedent's estate.
- To **organ procurement** organizations for cadaveric organ, eye, or tissue donation purposes, only after your prior authorization.
- To **prevent a serious threat** to your health or safety, or that of another person.
- For **specialized government functions**, such as national security and intelligence activities.
- Disclosures by employees for **whistleblower** purposes.



Other than the permitted or required uses and disclosures described above, CarePartners of Connecticut will only use and disclose your information, including medical records with your written authorization. For example, we require your authorization if we intend to sell your information, use or disclose your information for marketing or fundraising purposes, or, in most cases, use or disclose your psychotherapy notes. We will also require your authorization or a court order before disclosing your substance use disorder (“SUD”) data from a SUD treatment program that meets the definition of a Part 2 facility under federal regulations in a civil, criminal, administrative, or legislative proceeding against you.

You may give us written authorization to use or disclose your information to any individual or organization for any purpose by submitting a completed authorization form. The form can be found at **www.carepartnersct.com**, or you may obtain a copy by calling Member Services at the phone number listed on your CarePartners of Connecticut ID card.

You may revoke such an authorization at any time in writing, except to the extent we have already made a use or disclosure based on a previously executed authorization. You may elect not to receive any fundraising communications before CarePartners of Connecticut uses your information related to a SUD for fundraising purposes for their own benefit.

Please be aware that when your information is disclosed in accordance with the HIPAA statute, it may be subject to redisclosure by the recipient and no longer protected by the HIPAA statute.

REPRODUCTIVE HEALTH CARE INFORMATION

CarePartners of Connecticut is prohibited from using or disclosing your reproductive health care information for any of the following purposes:

- to assist in a criminal, civil, or administrative investigation into or proceeding against you for seeking or obtaining lawful reproductive health care services. For example, if law enforcement officials from a state that criminalizes reproductive health services request information related to reproductive health services you obtained in a state where such services are legal, CarePartners of Connecticut will not provide that information.
- To assist in an investigation into or proceeding against your health care provider for providing or facilitating lawful reproductive health care services. For example, CarePartners of Connecticut will not provide law enforcement and/or other law officials with information pertaining to a provider that provides reproductive health services in a state where such services are legal.

If CarePartners of Connecticut receives a request for your reproductive health care information, the requestor will be required to sign an attestation in certain scenarios to confirm they will not use your information for a non-permitted purpose. For example, we will require the requestor to sign an attestation if the request is related to health oversight activities or law enforcement purposes.

YOUR RIGHTS WITH RESPECT TO YOUR INFORMATION

The following are examples of your rights under federal law with respect to your information. You may also be entitled to additional rights under state law.



Request a Restriction

You have the right to request we restrict the way we use and disclose your information for treatment, payment, or health care operations, to individuals involved in your care, or for notification purposes, including asking that we not share your information for health research purposes. We are not, however, required by law to agree to your request.

Request Confidential Communications

You have the right to request we send communications to you at an address of your choice or that we communicate with you by alternative means. For example, you may ask us to mail your information to an address that is different than your subscriber's address. We will accommodate reasonable requests.

Access Your Information and Receive a Copy

You have the right to access, inspect, and obtain a copy of your information, including any medical records maintained by CarePartners of Connecticut (with certain exceptions). We have the right to charge a reasonable fee for the cost of producing and mailing copies of your information.

Amend Your Information

You have the right to request we amend your information if you believe it is incorrect or incomplete. We may deny your request in certain circumstances, such as when we did not create the information. For example, if a provider submits medical information to CarePartners of Connecticut that you believe is incorrect, the provider will need to amend that information.

Receive an Accounting of Disclosures

You have the right to request an accounting of those instances in which we disclosed your information, except for disclosures made for treatment, payment, or health care operations, or for other permitted or required purposes. Your request must be limited to disclosures in the six years prior to the request. If you request an accounting more than once in a 12-month period, we may charge you a reasonable fee.

Receive a Copy of this Notice of Privacy Practices

You have the right to receive a paper copy of this notice from us at any time upon request.

Be Notified of a Breach

You have the right to be notified if there is a breach of your unsecured information by us or our business partners. We will provide you written notice via mail unless we do not have up-to-date contact information for you. In these cases we will notify you by a substitute method, such as posting the notice on our public website.

You may exercise any of your privacy rights described above by contacting Member Services at the phone number listed on your CarePartners of Connecticut ID card. In some cases, we may require you to



submit a written request. CarePartners of Connecticut will not require you to waive your rights as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

WHOM TO CONTACT WITH QUESTIONS OR COMPLAINTS

If you believe your privacy rights have been violated or you would like more information, you may send a question or complaint to:

**Privacy Officer
Point32Health
1 Wellness Way
Canton, MA 02021**

Or, you may call our Compliance Hotline at **(877) 824-7123** or Member Services at the phone number listed on your CarePartners of Connecticut ID card.

You also have the right to submit a complaint to the Secretary of the Department of Health and Human Services. You can find more information at **www.hhs.gov/ocr**.

CarePartners of Connecticut will not take retaliatory action against you for filing a complaint.

THIS NOTICE IS EFFECTIVE JUNE 30, 2025, AND REPLACES THE VERSION DATED SEPTEMBER 1, 2022.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-341-1507 (HMO)/1-866-632-0060 (PPO)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-341-1507 (HMO)/1-866-632-0060 (PPO)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-341-1507 (HMO)/1-866-632-0060 (PPO)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، سيقوم شخص ما يتحدث العربية **1-888-341-1507 (HMO)/1-866-632-0060 (PPO)** ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-341-1507 (HMO)/1-866-632-0060 (PPO)にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

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CarePartners of Connecticut complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). CarePartners of Connecticut does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

CarePartners of Connecticut

- 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)
- 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 CarePartners of Connecticut at **1-888-341-1507** (HMO)/**1-866-632-0060** (PPO)/**TTY: 711**.

If you believe that CarePartners of Connecticut has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, or gender identity), you can file a grievance with:

CarePartners of Connecticut, Attention:

Civil Rights Legal Coordinator
1 Wellness Way, Canton, MA 02021-1166
Phone: **1-844-301-4010** ext. 48000 (TTY: 711)
Fax: **1-617-668-2754**
Email: OCRCoordinator@point32health.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the CarePartners of Connecticut Civil Rights Coordinator is 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 or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (TDD: 1-800-537-7697)

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

carepartnersct.com | **1-888-341-1507** (HMO)/**1-866-632-0060** (PPO)/**TTY: 711**