



Notice of Privacy Practices

HIPPA Notice of Privacy Practices

PLEASE REVIEW THE FOLLOWING DOCUMENT CLOSELY. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Effective October 1, 2024.

Solis Health Plans, Inc. (HMO) provides your health care benefit. We are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out, or “disclose,” that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice. The terms “information” or “health information” in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

Changes to This Notice:

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide these changes to you in our next annual distribution. This will be either a revised notice, information about the material change, or how to obtain a revised notice. We will provide you with this information either by direct mail or electronically, in accordance with applicable law. In all cases, we will post the revised notice on the Solis website at www.solishealthplans.com. We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

Solis Health Plans collects and maintains oral, written, and electronic information to administer our business and to provide products, services, and information of importance to our enrollees. We maintain physical, electronic, and procedural security safeguards in the handling and maintenance of our enrollees’ information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction, or misuse.

How We Use or Disclose Information:

We must use and disclose your health information to provide that information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to use and disclose health information for your treatment, to pay for your health care, and to operate our business.

For example, we may use or disclose your health information:

- **For Health Care Operations:** We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, we might talk to your physician to suggest a disease management or wellness program that could help improve your health, or we may analyze data to determine how we can improve our services. We may also de-identify health information in accordance with applicable laws. After that information is de-identified, the information is no longer subject to this notice and we may use the information for any lawful purpose.
- **For Treatment:** We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.
- **For Payments:** We may use or disclose your health information for payment of premiums due to us, if applicable, to determine your coverage, and to process claims for health care services you receive, including for subrogation or coordination of other benefits you may have. For example, we may tell a doctor whether you are eligible for coverage and what percentage of the bill may be covered.
- **For Reminders:** We may use or disclose health information to send you reminders about your benefits or care, such as appointment reminders with providers who provide medical care to you.
- **To Others Involved in Your Care:** Unless you tell us not to, we may release your health information to a member of your family, a close friend, or any other person you request, if they are involved in your health care or payment of your health care.
- **To Provide You Information on Health-Related Programs or Products:** Such as alternative medical treatments and programs or about health-related products and services, subject to limits imposed by law.

Other Permitted Uses and Releases of Your Information:

- **Although certain rules apply,** we may use or release your health information as required by law for public health activities; to a health oversight agency for activities authorized by law, such as inspections of our offices by the government; to a governmental authority if we reasonably believe that you have been a victim of abuse, neglect, or domestic violence; as required by the Food and Drug Administration; in the course of judicial or administrative proceedings (for example, in response to an order of a court or subpoena); in response to certain law enforcement requests; for organ, eye, or tissue donation purposes; for workers' compensation purposes; for national security and intelligence activities; and to avert a serious and immediate threat to the health or safety of a person or the public. We may disclose your health information to researchers in limited circumstances, if the researchers use privacy protections required by law. We must also release your health information when required by the Department of Health and Human Services to investigate our compliance with the privacy laws.

- **As Required by Law:** We may disclose information when required to do so by law.
- **To Business Associates:** We may disclose information to associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us and pursuant to federal law, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract and as permitted by federal law.
- **To Correctional Institutions or Law Enforcement Officials:** We may disclose information if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To Provide Information Regarding Decedents:** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.

Additional Restrictions on Use and Disclosure:

Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information:

- HIV/AIDS;
- Mental health;
- Genetic tests;
- Alcohol and drug abuse;
- Sexually transmitted diseases and reproductive health information; and
- Child or adult abuse or neglect, including sexual assault.

If a use or disclosure of health information described above in this notice is prohibited, or if a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law. Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. This includes, except for limited circumstances allowed by federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others, or using or disclosing your health information for certain promotional communications that are prohibited marketing communications under federal law, without your written authorization. Once you give us authorization to release your health information, we cannot guarantee that the recipient to whom the information is provided will not disclose the information. You may take back, or "revoke," your written authorization at any time in writing, except if we have already acted based on your authorization. To find out where to mail your written authorization and how to revoke an authorization, call the phone number listed on your health plan ID card.

What Are Your Rights?

The following are your rights with respect to your health information:

- **You have the right to ask to restrict uses or disclosures of your information for treatment, payment, or health care operations.** You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that authorize your dependents to request certain restrictions. Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.
- **You have the right to ask to receive confidential communications of information in a different manner or at a different place.** For example, by sending information to a P.O. Box instead of your home address. We will accommodate reasonable requests where a disclosure of all or part of your health information otherwise could endanger you. In certain circumstances, we will accept your verbal request to receive confidential communications; however, we may also require you confirm your request in writing. In addition, any requests to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.
- **You have the right to see and obtain a copy of certain health information** we maintain about you, such as claims and case or medical management records. You must make a written request to inspect and copy your health information. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. You may be charged a fee for the cost of copying your records.
- **You have the right to ask to amend certain health information** we maintain about you, such as claims and case or medical management records, if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting of certain disclosures** of your information, upon written request by you to Solis Health Plans, Inc., made by Solis Health Plans, Inc., from October 1, 2023 through present. This accounting will not include disclosures of information made: (1) for treatment, payment, and health care operations purposes; (2) to you or your family or pursuant to your authorization; and (3) to correctional institutions or law enforcement officials; and (4) other disclosures for which federal law does not require us to provide an accounting.
- **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. We will post a copy of the revised notice on our website. You may also visit the website at www.solishealthplans.com to obtain a copy.

Text Messaging

Mobile information will not be shared with third parties/affiliates for marketing/promotional purposes. By providing your phone number and selecting the check box, you consent to receive account notification, customer care and marketing text messages from Solis Health Plans at the number provided, including messages sent by autodialer. Consent is not a condition of purchase. Msg & data rates may apply. Msg frequency varies. Unsubscribe at any time by replying STOP. Reply HELP for help.

Exercising Your Rights

If you want to exercise your rights under this notice, including modifying or canceling a confidential communication, requesting copies of your records, or requesting amendments to your record, communicate with us about privacy issues, or if you wish to file a complaint about us, you can write to us at the following address:

Solis Health Plans, Inc.
Attention: Member Services
9250 NW 36th Street, Suite 400
Doral, FL 33178

Or you may call our Member Services Department toll free at **1-844-447-6547 (TTY 711)**.

Filing a Complaint

If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. They can be reached via the following methods:

Office of Civil Rights, Department of Health and Human Services
200 Independence Avenue, S.W.
Washington DC, 20201

Phone: 1-866-627-7748, TTY: 1-866-788-4989

Email: ocrprivacy@hhs.gov

You will not be penalized for filing a complaint with the federal government or directly with Solis Health Plans, Inc.



Solis Health Plans, Inc., is an HMO plan with a Medicare contract. Enrollment in Solis Health Plans, Inc., depends on contract renewal. Solis Health Plans, Inc. complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-447-6547 (TTY: 711).

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