

Message From

INLAND EMPIRE HEALTH PLAN (IEHP)

**Notice of Privacy Practices**

Effective: April 14, 2003

Revised: January 1, 2024

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.

IEHP provides health care to you through Federal, State and Commercial programs. We are required by state and federal law to protect your health information. And we must give you this Notice that tells how we may use and share your information and what your rights are.

**Your information is personal and private.**

We receive information about you from Federal, State, and local agencies after you become eligible and enroll in our health plan. We also receive medical information from your doctors, clinics, labs, and hospitals in order to approve and pay for your health care.

CHANGES TO NOTICE OF PRIVACY PRACTICES

IEHP must obey the Notice currently in effect. 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. If we do make changes, we will revise this Notice and send it to you right away.

**How We May Use and Share Information About You**

Your information may be used or shared by IEHP only for treatment, payment, and health care operations associated with the particular program in which you are enrolled. The information we use and share includes, but is not limited to:

• Your name,

• Address,

• Personal facts,

• Medical care given to you, and

• Your medical history.

Some actions we take when we act as your Health Plan include:

• Checking your eligibility, enrollment, and amount of medical aid

• Approving, giving, and paying for health care services

• Investigating or prosecuting cases (like fraud)

• Checking the quality of care that you receive

• Coordinating the care you receive

**Some examples of why we would share your information with others involved in your health care:**

**1. For treatment:** You may need medical treatment that requires us to approve care in advance. We will share information with doctors, hospitals, and others in order to get you the care you need.

**2. For payment:** IEHP reviews, approves, and pays for health care claims sent to us for your medical care. When we do this, 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.

**3. For health care operations:** We may use information in your health record to judge the quality of the health care you receive. We may also use this information in audits, fraud, and abuse investigations, planning, and general administration.

We may also contact you to provide information about other health-related benefits and services that may be of interest to you, such as health education programs and management of certain health conditions.

**Other Uses for Your Health Information**

1. Sometimes a court will order us to give out your health information. We will also give information to a court, investigator, or lawyer if it is about the operation of one of the other programs. This may involve fraud or actions to recover money from others, when the Federal, State, Commercial entity, or IEHP has paid your medical claims.

2. You or your doctor, hospital, and other health care providers may appeal decisions made about claims for your health care. Your health information may be used to make these appeal decisions.

3. We may also share your health information with agencies and organizations, which check how our health plan is providing services.

4. We must share your health information with the federal government when it is checking on how we are meeting privacy rules.

**When Written Permission is Needed**

If we want to use your information for any purpose not listed above, we must get your written permission. If you give us your permission, you may take it back in writing at any time.

**What Are Your Privacy Rights?**

You have the right to ask us not to use or share your protected health care information in the ways described above. We may not be able to agree to your request.

You have the right to ask us to contact you only in writing or at a different address, post office box, or by telephone. We will accept reasonable requests when necessary to protect the safety of your information.

You and your personal representative have the right to inspect and get a paper or electronic copy of your health information. You will be sent a form to fill out and may be charged a fee for the costs of copying and mailing records. (We may keep you from seeing certain parts of your records for reasons allowed by law.)

You have the right to ask that information in your records be amended if it is not correct or complete. We may refuse your request if:

• The information is not created or kept by IEHP, or

• We believe it is correct and complete.

If we don’t make the changes you ask, you may ask that we 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.

You have the right to be notified of a breach of unsecured protected health information in the event that you are affected by the breach.

You have the right to restrict certain disclosures of protected health information to IEHP where you pay, or another person on your behalf pays, out of pocket in full for the health care item or service.

You have the right to receive an account of instances where your protected health information was shared.

\*\*\*\*\* IMPORTANT \*\*\*\*\*

IEHP 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.

When we share your health information you have the right to request a list of:

• Whom we shared the information with,

• When we shared it,

• For what reasons, and

• What information was shared.

You have a right to request a paper copy of this Notice of Privacy Practices. You can also find this Notice on our website at: [www.iehp.org](http://www.iehp.org/)

**How do you Contact us to Use Your Rights?**

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

**IEHP Director of Compliance and Regulatory Affairs**

INLAND EMPIRE HEALTH PLAN P.O. Box 1800

Rancho Cucamonga, CA 91729

Email: [compliance@iehp.org](mailto:compliance@iehp.org)

Or, you can call IEHP Member Services at 1-800-440-IEHP (4347); TTY/TDD users should call 1-800-718-4347.

**Complaints**

If you believe that we have not protected your privacy and wish to complain, you may file a complaint by writing: INLAND EMPIRE HEALTH PLAN

P.O. Box 1800

Rancho Cucamonga, CA 91729

Or, you can call IEHP Member Services at 1-800-440-IEHP (4347); TTY/TDD users should call 1-800-718-4347.

Or, you may contact the agencies below:

**Privacy Officer**

c/o: Office of HIPAA Compliance

Department of Health Care Services

P.O. Box 997413, MS 4722

Sacramento, CA 95899-7413

Email: [Privacyofficer@dhcs.ca.gov](mailto:Privacyofficer@dhcs.ca.gov)

Telephone: (916) 445-4646

Fax: (916) 440-7680

**Secretary of the U.S. Department of Health and Human Services**

Office for Civil Rights

Attention: Regional Manager

90 Seventh St.; Federal Bldg., St. 5-100

San Francisco, CA 94103

For additional information, call (800) 368-1019 or

U.S. Office for Civil Rights at (866) OCR-PRIV (866-627-7748) or (866) 788-4989 TTY

**Use Your Rights Without Fear**

IEHP cannot take away your health care benefits or 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.

IEHP has always been committed to protecting Members’ privacy and maintaining the confidentiality of their

personal and medical information in all settings in accordance with and in compliance with HIPAA and all other state and federal laws. All IEHP employees are required to have education and training upon hire and annually thereafter about ways to protect your health information from being looked at and/or talked about by others who are not a part of your healthcare delivery system. We have, and enforce, policies about limiting building access and visitors to IEHP. Electronic records are protected by administrative, physical, and technical safeguards. Our Business Associates are required to have the same privacy protections that IEHP has in place.

**Questions**

If you have any questions about this Notice and want further information, please contact the IEHP Privacy Officer at the address and phone number listed on page 3.

Inland Empire Health Plan (IEHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. IEHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

IEHP:

* + 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 IEHP Member Services at 1-800-440-4347 (TTY: 1-800-718-4347).

If you believe that IEHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator

Inland Empire Health Plan

10801 Sixth Street, Suite 120

Rancho Cucamonga, CA 91730

**Telephone**: 1-800-440-4347 (TTY: 1-800-718-4347)

**Fax**: 1-909-890-5748

**Email**: [CivilRights@iehp.org](mailto:CivilRights@iehp.org)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance the 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, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Inland Empire Health Plan (IEHP) cumple con las leyes Federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. IEHP no excluye a las personas ni las trata de forma diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo.  
IEHP:

* Proporciona asistencia y servicios gratuitos a personas con discapacidad para que se comuniquen de manera eficaz con nosotros, como los siguientes:
  + Intérpretes de lenguaje de señas calificados
* Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
* Proporciona servicios lingüísticos gratuitos a personas que prefieren comunicarse en un idioma diferente al inglés, como los siguientes servicios:
* Intérpretes calificados
  + - Información escrita en otros idiomas

Si necesita recibir estos servicios, comuníquese con Servicios para Miembros de IEHP al 1-800-440-4347 (TTY: 1-800-718-4347).

Si considera que IEHP no le proporcionó estos servicios o lo discriminó de otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja formal ante el Coordinador de Derechos Civiles:

Civil Rights Coordinator

Inland Empire Health Plan

10801 Sixth Street, Suite 120

Rancho Cucamonga, CA 91730

**Teléfono:** 1-800-440-4347 (TTY: 1-800-718-4347)  
**Fax:** 1-909-890-5748 **Correo electrónico:** [CivilRights@iehp.org](mailto:CivilRights@iehp.org)

Puede presentar una queja formal en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, el Coordinador de Derechos Civiles está a su disposición para ayudarle.

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los Estados Unidos de manera electrónica a través del Portal de Quejas de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Puede obtener los formularios de queja en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.

**ARABIC**

يلتزم IEHP بقوانين الحقوق المدنية الفدرالية المعمول بها ولا يميز على أساس العرق أو اللون أو الأصل الوطني أو السن أو الإعاقة أو الجنس.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 4347-440-800-1 (رقم هاتف الصم والبكم: 4347-718-800-1).

**ARMENIAN**

IEHP-ը հետևում է քաղաքացիական իրավունքների մասին գործող դաշնային օրենքներին և խտրականություն չի ցուցաբերում՝ ցեղի, մաշկի գույնի, ազգային պատկանելության, տարիքի, հաշմանդամության կամ սեռի հիման վրա:

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-440-4347 (TTY (հեռատիպ)՝ 1-800-718-4347):

**CHINESE**

IEHP 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視  
任何人。 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-440-4347（TTY：1-800-718-4347）。

**FARSI**

IEHPاز قوانین حقوق مدنی فدرال مربوطه تبعیت می کند و هیچگونه تبعیضی بر اساس نژاد، رنگ پوست، اصلیت ملیتی، سن، ناتوانی یا جنسیت افراد قایل نمی شود.

**توجه**: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با  
1-800-440-4347 (TTY: 1-800-718-4347) تماس بگیرید.

**HINDI**

IEHP लागू होने योग्य संघीय नागरिक अधिकार क़ानून का पालन करता है और जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर भेदभाव नहीं करता है।

ध्यान दें: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-440-4347 (TTY: 1-800-718-4347) पर कॉल करें।

**HMONG**

IEHP ua raws cov kev cailij choj pej xeem uas yuam siv ntawm Tsom Fwv Teb Chaw (Federal civil rights laws) thiab tsis muaj kev ntxub ntxaug vim yog ibhom neeg, cev nqaij tawv, neeg keeb kwm hauv lub teb chaws, hnub nyoog laus hluas, kev tsis taus, los sis txiv neeg los yog poj niam.

LUS CEEV: Yog tias koj hais lus Hmoob, muaj kev pab txhais lus hmoob pub dawb rau koj. Hu rau 1-800-440-4347 (TTY: 1-800-718-4347).

**JAPANESE**

IEHP は適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害または  
性別に基づく差別をいたしません。注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-440-4347（TTY:1-800-718-4347）まで、お電話にてご連絡ください。

**KHMER**

IEHP ប្រតិបត្ដិតាមច្បាប់សិទ្ធិស៊ីវិលនៃរដ្ឋបាលសហព័ន្ធជាធរមាន និងមិនរើសអើង យោងទៅលើជាតិសាសន៍ ពណ៌សំបុរ ដើមកំណើត អាយុ ភាពពិការ ឬភេទ ឡើយ។

ចំណាប់អារម្មណ៍ៈ បើសិនអ្នកនិយាយភាសាខ្មែរ (Khmer) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ ទូរស័ព្ទទៅលេខ 1-800-440-4347 (TTY: 1-800-718-4347)។

**KOREAN**

IEHP은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-440-4347 (TTY: 1-800-718-4347)번으로 전화해 주십시오.

**PUNJABI**

IEHP, ਲਾਗੂ ਫੈਡਰਲ ਸਿਵਲ ਅਧਿਕਾਰ ਕਾਨੂੰਨ ਦੀ ਪਾਲਣਾ ਕਰਦਾ ਹੈ ਅਤੇ ਨਸਲ, ਰੰਗ, ਰਾਸ਼ਟਰੀ ਮੂਲ, ਉਮਰ, ਅਪੰਗਤਾ, ਜਾਂ ਸੈਕਸ ਦੇ ਆਧਾਰ ਤੇ ਵਿਤਕਰਾ ਨਹੀਂ ਕਰਦਾ ਹੈ| ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ (Punjabi) ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਬਿਲਕੁਲ ਮੁਫ਼ਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ 1-800-440-4347 (TTY: 1-800-718-4347) 'ਤੇ ਕਾੱਲ ਕਰੋ।

**RUSSIAN**

IEHPсоблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-440-4347 (линия TTY: 1-800-718-4347).

**TAGALOG**

Sumusunod ang IEHP sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandidiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-440-4347 (TTY: 1-800-718-4347).

**THAI**

IEHP ได้ปฏิบัติตามรัฐบัญญัติด้านสิทธิ์ที่เหมาะสม และไม่ได้แบ่งแยกทางชาติพันธุ์ สีผิว เชื้อชาติ อายุ ความทุพพลภาพ หรือเพศ

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-440-4347 (TTY: 1-800-718-4347).

**LAO**

IEHP ປະ​ຕິ​ບັດ​ຕາມກົດ​ໝາຍ​ວ່າ​ດ້ວຍ​ສິດ​ທິ​ພົນ​ລະ​ເມືອງ​ຂອງ​ຣັ​ຖ​ບານ​ກາງ​ທີ່​ບັງ​ຄັບ​ໃຊ້ ແລະ​ບໍ່​ຈຳ​ແນກໂດຍ​ອີງ​ໃສ່​ພື້ນ​ຖານ​ດ້ານ​ເຊື້ອ​ຊາດ, ສີ​ຜິວ, ຊາດ​ກຳ​ເນີດ, ອາ​ຍຸ, ຄວາມ​ພິ​ການ, ຫຼື ເພດ. ໂປດ​ຊາບ: ຖ້າ​ວ່າ ທ່ານ​ເວົ້າ​ພາ​ສາ ລາວ, ການ​ບໍ​ລິ​ການ​ຊ່ວຍ​ເຫຼືອ​ດ້ານ​ພາ​ສາ, ໂດຍບໍ່​ເສັຽ​ຄ່າ, ແມ່ນມີ​ພ້ອມໃຫ້​ທ່ານ. ໂທ​ຣ 1-800-440-4347 (TTY: 1-800-718-4347).

**VIETNAMESE**

IEHP tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số   
1-800-440-4347 (TTY: 1-800-718-4347).