

# NOTICE OF PRIVACY PRACTICES

EFFECTIVE: 1/1/2026

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.

CalViva Health provides health care coverage to you and/or your family. We receive information about you 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 pay for your health care.

We are required by state and federal law to maintain the privacy of your protected health information (PHI). PHI is information about you, including demographic information, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.

This Notice describes how we may use and share your information and what your rights are. We must give you a copy of this Notice.

## CHANGES TO NOTICE OF PRIVACY PRACTICES

CalViva Health must obey this Notice. We have the right to change these privacy practices. CalViva Health will promptly revise and distribute this Notice whenever there is a material change to the following:

- Uses or disclosures
- Your rights
- Our legal duties
- Other privacy practices stated in the Notice

We will make any revised Notices available on our website and in our Member Handbook.

## HOW WE MAY USE AND SHARE INFORMATION ABOUT YOU

Your information may be used or shared by CalViva Health only for reasons directly connected to your health care.

The information we use and share includes:

- Your name
- Address
- Personal information about your circumstances

- Medical care given to you, and
- Your medical history

### **Some Examples:**

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

**For payment:** CalViva Health 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. And we may forward bills to other health plans or organizations for payment.

**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 programs, planning and general administration. We also provide the names of members to county immunization reporting registries who report to CalViva Health whether members have received immunizations to assess their immunization status and to report related information to the California Department of Health Care Services. Members may instruct their health care provider that they do not consent to the provider's sharing of their immunization information with a county immunization registry.

Your race, ethnicity, language, sexual orientation, and gender identity are protected by the health plan's systems and laws. This means information you provide is private and secure. We can only share this information with California regulatory agencies, healthcare providers, and healthcare oversight entities. It will not be shared with others without your permission or authorization. We use this information to help improve the quality of your care and services.

This information helps us to:

- better understand your healthcare needs;
- know your language preference when seeing healthcare providers;
- providing healthcare information to meet your care needs; and
- offer programs to help you be your healthiest.

This information is not used for underwriting purposes or to make decisions about whether you are able to receive coverage or services.

**Threats to Health and Safety:** We may use or disclose your PHI if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

**Reporting Potential Fraud:** Actions we take when we act as a health care plan also

include investigating potential fraud cases in which your PHI may be impacted.

## **OTHER USES FOR YOUR HEALTH INFORMATION**

We may also send you information about free medical exams and food programs.

We will also send your information when we are required or permitted to do so by law. Sometimes a court will order us to give out your health information. We will also give out information when legally required to do so for the operations of the health care program. This may involve fraud or actions to recover money from others when another responsible party has paid your medical claims.

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

## **Impermissible Use of Protected Health Information (PHI)**

We will not use your race, ethnic background, language, sexual orientation, gender identity, and social needs information for underwriting or to deny coverage, services, or benefits. We are prohibited from using or disclosing genetic information for underwriting purposes.

## **Internal Protections of Oral, Written and Electronic PHI:**

CalViva Health protects your PHI. We are also committed in keeping your race, ethnicity, and language (REL), and sexual orientation and gender identity (SOGI) information confidential. We have privacy and security processes to help. These are some of the ways we protect your PHI:

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for business reasons with people who need to know.
- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

## **WHEN WRITTEN CONSENT IS NEEDED**

If we want to use your information for the reasons listed below, we must get your written consent:

- For marketing purposes - We will request your written authorization to use or disclose your PHI for marketing purposes with limited exceptions, such as when we have face-to-face marketing communications with you or when we provide

promotional gifts of nominal value.

- For disclosures that constitute the sale of your information - We do not sell your information.
- For the use and disclosure of psychotherapy notes - We will request your written authorization to use or disclose any of your psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment or health care operation functions.
- Substance Use Disorder Records (SUD) - We will not use or disclose your SUD records in legal proceedings against you unless:
  - We receive your written consent, or
  - We receive a court order, you've been made aware of the request and been given a chance to be heard. The court order must include a subpoena or similar legal document requiring a response.

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

Please note, we cannot promise that the person or group you allow us to share your health information with will not share it with someone else.

## **WHAT ARE YOUR PRIVACY RIGHTS?**

**Right to Revoke an Authorization** – You may revoke your authorization at any time, the revocation of your authorization must be in writing. The revocation will be effective immediately, except to the extent that we have already taken actions in reliance of the authorization and before we received your written revocation.

**Right to Request Restrictions** – You have the right to ask us not to use or share your personal health care information for treatment, payment, or health care operations, as well as disclosures to persons involved in your care or payment of your care, such as family members or close friends. We are not required to agree to your request, and we may say “no” if it would affect your care.

**The Right to Request Confidential Communications** – You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. You can request confidential handling of your PHI by going to the CalViva Health website ([www.CalVivaHealth.org](http://www.CalVivaHealth.org)) and completing the Confidential Communications Request Form. Members can also call Member Services at 1-888-893-1569 (TTY 711) to request confidential handling of their medical information. A Confidential Communications request shall be acknowledged by CalViva Health and will be implemented within seven (7) calendar days of the receipt of an electronic or telephonic transmission, or within 14 calendar days of receipt by first-class mail. CalViva

Health will advise the member of the status of implementation of the request if a member contacts CalViva Health. The Confidential Communications request shall apply to all communications that disclose medical information or provider name and address related to receipt of medical services by the individual requesting the confidential communication.

Additionally, CalViva Health shall not disclose medical information related to sensitive services provided to a protected individual to any plan members other than the protected individual receiving care, absent an express written authorization of the protected individual receiving care.

**The Right to Receive an Accounting of Disclosures** - You have the right to receive a list of instances within the last 6 years period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, health care operations, or disclosures you authorized and certain other activities. You also have the right to receive notice in the event of a breach of your unsecured PHI.

**The Right to Inspect and Copy Your PHI** - You and your personal representative have the right to get a copy of your 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.)

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

CALVIVA 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.

**The Right to Amend Your PHI** - You have the right to ask that information in your records be changed if it is not correct or complete. We may refuse your request if the information is not created or kept by CalViva Health, 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.

**The Right to Get a Copy of this Notice** – You can ask for a paper copy of this Notice, even if you have agreed to receive the Notice electronically.

**The Right to File a Complaint** – If you believe that we have not protected your privacy and wish to complain, you may file a complaint by calling or writing:

Privacy Officer

c/o Office of Legal Services  
California Department of Health Care Services  
1501 Capitol Avenue  
P.O. Box 997413  
Sacramento, CA 95899-7413

Phone: 1-916-445-4646 or 1-866-866-0602 (TTY/TDD: 1-877-735-2929)

E-mail: [DHCSPrivacyofficer@dhcs.ca.gov](mailto:DHCSPrivacyofficer@dhcs.ca.gov)

**OR**

Secretary of the U.S. Department of Health and Human  
Services Office for Civil Rights  
Attention: Regional Manager  
50 United Nations Plaza, Room 322  
San Francisco, CA 94102  
For more information, call 1-800-368-1019

**OR**

U.S. Office for Civil Rights at 1-866-OCR-PRIV (1-866-627-7748) or TTY: 1-866-788-4989

**Use Your Rights Without Fear**

CalViva Health 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 the privacy rights in this Notice.

**QUESTIONS**

If you have questions about this Notice and want further information, please contact us at the address and phone number provided above.

**HOW DO YOU CONTACT US TO USE YOUR RIGHTS?**

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

CalViva Health Privacy Office  
Attention: Chief Compliance Officer  
7625 N. Palm Ave., Suite 109  
Fresno, CA 93711  
Phone: 1-866-863-2465  
Fax: (559) 446-1998