

Your Information. Your Rights. Our Responsibilities.



SFHP Care Plus (HMO D-SNP)

Notice of Privacy Practices

Effective: January 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.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Request certain health information through a third-party application of your choice, as allowed by Interoperability Rules
- Ask us to limit the information we share
- Limit sharing of your information related to sensitive services
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services. SFHP will not sell your information.
- Provide certain health information to you through a third-party application of your choice, as allowed by Interoperability Rules

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to your request for your information through a third-party application of your choice, as allowed by Interoperability Rules
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Your race, ethnicity, language, sexual orientation, and gender identity are protected by our systems and laws. This means information you provide is private and secure. We can only share this information with health care providers. 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 health care needs.
- Know your language preference when seeing health care providers.
- Provide health care information to meet your care needs.

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- Offer programs to help you with your health.
- This information is not used for underwriting purposes or to make decisions about whether you are able to receive services.

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.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You can request certain data through a third-party application of your choice, as allowed by Interoperability Rules.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone), contact you at a specific email address, or send mail to a different address.
- We will accommodate your request if we can readily produce your information and notices in the way and at the location(s) you specify.
- If you submit your confidential communication request to us by telephone or electronically, we will begin contacting you in the way and at the location(s) you specify within 7 calendar days of receipt. If you submit your confidential communication request to us by mail, we will begin contacting you in the way and at the location(s) you specify within 14 calendar days of receipt.
- Your confidential communication request is valid until you revoke it or submit a new request.

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 operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Limit sharing of your information related to sensitive services

- Sensitive services are care related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections (including HIV and AIDS), substance use disorder, gender affirming care, and intimate partner violence.
- You are not required to get someone else’s permission to receive sensitive services or submit a claim for sensitive services if you have the right to consent. You may need to be a certain age or have sufficient capacity to consent depending on the type of sensitive services.
- We will not share your medical information about sensitive services with anyone without your express written authorization.
- We will communicate with you directly about sensitive services. You may ask us to communicate with you in a specific way by requesting confidential communications.
- We will not require you to give up your rights to enroll in or be covered under the plan.

Prohibited data release

- We will not release your medical and personal information related to an abortion that is requested by a subpoena or other request that is based on another state’s laws that interfere with your rights under the Reproductive Privacy Act.
- We will not release medical information about a child that receives gender-affirming health care or gender-affirming mental health care in response to any civil action, including a foreign subpoena.
- We will not release medical information to persons or entities who have requested that information because another state’s law allows a civil action about a child getting gender-affirming health care or gender-affirming mental health care.
- Get a list of those with whom we’ve shared information
- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.

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- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 5.
- 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 **www.hhs.gov/ocr/privacy/hipaa/complaints/**.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information (SFHP, however, will never sell your information)

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

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

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Employers and other organizations sponsor health insurance programs. These employers or sponsors contract with SFHP to provide services to you and pay claims. We may notify the plan sponsor if you are enrolled in, or disenrolled from the plan. We may also disclose your health information so the plan sponsor can audit SFHP's performance. The sponsor agrees to keep your health information confidential and secure.

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How else can we use or share your health information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Conduct outreach, enrollment, care coordination and case management:

- We can share your information with other government benefits programs like Covered California for reasons such as outreach, enrollment, care coordination, and case management.

Appeal a DHCS decision:

- We can share your information if you or your provider appeal a DHCS decision about your health care.

Apply for full scope Medi-Cal:

- If you are applying for full scope Medi-Cal benefits, we must check your immigration status with the U.S. Citizenship and Immigration Services (USCIS).

Join a managed care plan:

- If you are joining a new managed care plan, we can share your information with that plan for reasons such as care coordination and to make sure that you can get services on time.

Administer our program:

- We can share your information with our agents who help us administer our program.

Comply with special laws:

There are special laws that protect some types of health information such as mental health services, treatment for substance use disorders, and HIV/AIDS testing and treatment. We will obey these laws when that are stricter than this notice.

Do research

- We can use or share your information for health research.

Interoperability Rules

- Interoperability Rules require Medi-Cal managed care plans like us to provide up to five years of certain health care data when you request it through a third-party application of your choice.
- The third-party application would be one that you select on your smart phone.
- Third-party applications are required to follow rules to protect your data. For more information, see “Member Data Rights” on our website.
- We are not responsible for the third-party application that you select and are not responsible for your data once transferred to the third-party application per your request.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

- Respond to organ and tissue donation requests and work with a medical examiner or funeral director.
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

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Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- Pursuant to the Interoperability Rules, if the third-party application you select threatens our information security, we are not required to transfer your data to the application.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Contact SFHP at:

San Francisco Health Plan

Attn: Chief Officer, Regulatory Affairs and Compliance
P.O. Box 194247

San Francisco, CA 94119-4247

1(415) 539-2273

or toll-free at **1(833) 530-7327**

Contact the Secretary of Health and Human Services at:

Secretary of Health and Human Services

Office of Civil Rights

200 Independence Avenue SW Room 509F, HHH Building
Washington, D.C. 20201

Telephone: **1(877) 696-6775**

Contact the Department of Health Care Services, Privacy Officer at:

Privacy Officer

c/o Office of Legal Services

Department of Health Care Services

P.O. Box 997413, MS 4722

Sacramento, CA 95899-7413

Telephone: **1(888) 866-0602**

Email: privacyofficer@dhcs.ca.gov