

ANNUAL NOTICES

This brochure contains information and notices we are required to provide to all members to help you get the most out of your plan.



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MEMBER RIGHTS AND RESPONSIBILITIES



You are our partner in your health care. Your participation in decisions about your health care and your willingness to communicate with your doctor and other health professionals help us to provide you appropriate and effective health care. We want to make sure you receive the information you need to participate in your health care. We also want to make sure your rights to privacy and to considerate care are honored.

As an adult member, you can exercise these rights yourself. If you are a minor, or if you become incapable of making decisions about your health care, these rights will be exercised by the person having legal responsibility for participating in decisions concerning your medical care.

You have the right to...

participate with practitioners in making decisions about your health care.

This includes the right to receive information you need in order to accept or refuse a treatment that is recommended. Emergencies or other circumstances occasionally may limit your participation in a treatment decision. In general, however, you will not receive any medical treatment before you or your legal representative give consent. You have the right to be informed about and refuse to participate in experimental care proposed by your physicians.

a candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.

MEMBER RIGHTS AND RESPONSIBILITIES

information and assurance of compliance regarding advance directives as described by the provisions of the Patient Self-Determination Act of 1990. You have the right to choose a person to make medical decisions for you, if you are unable to do so, and to express your choices about your future care. These choices may be expressed in such documents as an Advance Directive, which includes a durable power of attorney for health care or a living will. You should inform your family and your doctor of your wishes, and give them any documents that describe your wishes concerning future care.

receive the medical information and education you need to participate in your health care to ensure a safe course of treatment. This information includes the diagnosis of a health complaint, the recommended treatment, alternative treatments, and the risk and benefits of the recommended treatment. We will try to make this information as understandable as possible. You also have the right to review and receive copies of your medical records within the established time frame and with associated reproduction costs, unless the law restricts our ability to make them available. You have the right to the consideration of ethical issues that may arise in connection with your health care.

have information provided to you and your family about the outcomes of care, including unanticipated outcomes.

receive information about the managed care organization, its services, its practitioners and providers, and members' rights and responsibilities.

receive considerate, respectful care. We respect your personal preferences and values.

have impartial access to treatment.

You have the right to medically indicated treatment that is a covered benefit which is provided, prescribed or directed by a Medical Group physician, regardless of your race, religion, sex, sexual orientation, national origin, cultural background, physical or mental challenge or financial status.

be assured of privacy and confidentiality.

You have the right to be treated with respect and recognition of your dignity and need for privacy. Member information will be handled in a manner to preserve and protect its confidentiality. This includes, but is not limited to, the maintenance of medical records in a secure environment and education of staff regarding confidentiality. Kaiser Permanente will not release your medical information without your authorization, except as required or permitted by law to administer benefits, comply with government requirements or participate in bona fide research or education.

have a safe, secure, clean and accessible environment.

participate in physician selection. You have the right to select and change physicians within the Kaiser Permanente Health Plan. You have the right to a second opinion by a Kaiser Permanente physician. You have the right to consult with a non-Kaiser Permanente physician at your expense.

voice complaints or appeals about the organization or the care it provides.

You have the right to know about resources, such as Member Services and complaint and appeals processes to help answer your questions and solve problems. You have the right to make complaints without concerns that your care will be affected.

Your membership benefits booklet, the *Evidence of Coverage*, describes procedures to make complaints and appeals.

MEMBER RIGHTS AND RESPONSIBILITIES

make recommendations regarding the organization's members' rights and responsibilities policies. We welcome your suggestions and questions about Kaiser Permanente, its services, the health professionals providing care and member's rights and responsibilities.

speak to a representative in our Patient Business Office if you have extenuating circumstances and are unable to pay the out-of-pocket costs of essential care and services prescribed by a provider of The Southeast Permanente Medical Group, Inc.

The Patient Business Office can provide information on our charity care program and its eligibility requirements.

You are responsible for...

knowing the extent and limitations of your health care benefits. An explanation of these is contained in your *Evidence of Coverage*.

identifying yourself. You are responsible for your membership card, for using the card only as appropriate, and for ensuring that other people do not use your card.

keeping appointments. You are responsible for promptly canceling any appointments that you do not need or cannot keep.

providing accurate and complete information that the organization and its practitioners and providers need in order to provide care.

You are responsible for providing accurate and complete information about your present and past medical condition, as you understand it. You should report any unexpected changes in your condition to your health professional.

understanding your health problems and participating in developing mutually agreed upon treatment goals to the degree possible.

following the treatment plan agreed upon by you and your health professional. You should inform your health professional if you do not clearly understand your treatment plan and what is expected of you. If you believe that you cannot follow through with your treatment, you are responsible for telling your health professional.

recognizing the effect of your lifestyle on your health. Your health depends not just on care provided by Kaiser Permanente, but also on the decisions you make in your daily life, such as smoking or ignoring care recommendations.

fulfilling financial obligations. You are responsible for paying on time any money you owe Kaiser Permanente.

being considerate of others.

You should be considerate of health professionals and other patients. You should also respect the property of other patients and of Kaiser Permanente.

Maintaining the confidentiality of your personal and medical information, whether oral, written, or electronic, is an important part of our commitment to provide you with quality health care. We are just as committed to providing you with complete descriptions of our privacy policies and how they affect your information.

NOTICE OF PRIVACY PRACTICES

Kaiser Permanente–Georgia Region

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.

In this notice we use the terms “we,” “us,” and “our” to describe Kaiser Permanente–Georgia Region. For more details, please refer to section IV of this notice.

I. What is “Protected Health Information”?

Your protected health information (PHI) is individually identifiable health information, including demographic information, about your past, present or future physical or mental health or condition, health care services you receive, and past, present or future payment for your health care. Demographic information means information such as your name, social security number, address, and date of birth.

PHI may be in oral, written, or electronic form. Examples of PHI include your medical record, claims record, enrollment or disenrollment information, and communications between you and your health care provider about your care.

Your individually identifiable health information ceases to be PHI 50 years after your death.

If you are a Kaiser Foundation Health Plan member and also an employee of any

Kaiser Permanente company, PHI does not include the health information in your employment records.

II. About our responsibility to protect your PHI

By law, we must

1. protect the privacy of your PHI;
2. tell you about your rights and our legal duties with respect to your PHI;
3. notify you if there is a breach of your unsecured PHI; and
4. tell you about our privacy practices and follow our notice currently in effect.

We take these responsibilities seriously and, have put in place administrative safeguards (such as security awareness training and policies and procedures), technical safeguards (such as encryption and passwords), and physical safeguards (such as locked areas and requiring badges) to protect your PHI. As in the past, we will continue to take appropriate steps to safeguard the privacy of your oral, written, and electronic PHI.

III. Your rights regarding your PHI

This section tells you about your rights regarding your PHI, and describes how you can exercise these rights.

Your right to access and amend your PHI

Subject to certain exceptions, you have the right to view or get a copy of your PHI that we maintain in records relating to your care or decisions about your care or payment for your care. Requests must be in writing.

After we receive your written request, we will let you know when and how you can see or obtain a copy of your record. In certain circumstances, if you agree, we will give you a summary or explanation of your PHI instead of providing copies. We are permitted to charge you a fee for the copies, summary or explanation.

If we do not have the record you asked for but we know who does, we will tell you who to contact to request it. In limited situations, we may deny some or all of your request to see or receive a copy of your records, but if we do, we will tell you why in writing and explain your right, if any, to have our denial reviewed.

If you believe there is a mistake in your PHI or that important information is missing, you may request that we correct or add to the record. Requests must be in writing, tell us what corrections or additions you are requesting, and why the corrections or additions should be made. We will respond in writing after receiving your request. If we approve your request, we will make the correction or addition to your PHI. If we deny your request, we will tell you why and explain your right to file a written statement of disagreement.

Submit all written requests for access or amendments to us at

**Kaiser Permanente
Foundation Health Plan of Georgia
Release of Information**
4000 DeKalb Technology Parkway,
Suite 200 Atlanta, GA 30340

Your right to choose how we send PHI to you or someone else

You may ask us to send your PHI to you at a different address (for example, your work address) or by different means (for example, fax instead of regular mail).

If your PHI is stored electronically, you may request a copy of the records in an electronic format offered by Kaiser Permanente. You may also make a specific written request to Kaiser Permanente to transmit the electronic copy to a designated third party.

If the cost of meeting your request involves more than a reasonable additional amount, we are permitted to charge you our costs that exceed that amount.

Your right to an accounting of disclosures of PHI

You may ask us for a list of our disclosures of your PHI. If you would like a list of disclosures, please write to us at:

**Kaiser Permanente
Foundation Health Plan of Georgia
Release of Information**
4000 DeKalb Technology Parkway, Suite 200
Atlanta, GA 30340

You are entitled to one disclosure accounting in any 12-month period at no charge. If you request any additional accountings less than 12 months later, we may charge a fee.

Except as may otherwise be required under state law, an accounting does not include certain disclosures, for example, disclosures:

- to carry out treatment, payment and health care operations;
- for which Kaiser Permanente had a signed authorization;
- of your PHI to you;
- for notifications for disaster relief purposes;
- to persons involved in your care and persons acting on your behalf; or not covered by the right to an accounting.

Your right to request limits on uses and disclosures of your PHI

You may request that we limit our uses and disclosures of your PHI for treatment, payment, and health care operations purposes. We will review and consider your request. You may write to us at:

**Kaiser Permanente
Foundation Health Plan of Georgia
Release of Information**

4000 DeKalb Technology Parkway, Suite 200
Atlanta, GA 30340

for consideration of your request.

We are not required to agree to your request, except to the extent that you request a restriction on disclosures to a health plan or insurer for payment or health care operations purposes and the items or services have been paid for out of pocket in full. However, we can still disclose the information to a health plan or insurer for the purpose of treating you.

For requests to restrict your PHI for payment or health care operations purposes, please request the restriction prior to receiving services at the Kaiser Permanente facility or medical office where you receive your care.

If the services are not paid for in full and out of pocket by you or by someone on your behalf, we do not have to agree to your request to restrict uses or disclosures of PHI for health care operations, payment or treatment purposes. We will consider all submitted requests and, if we deny your request, we will notify you in writing.

Your right to receive a paper copy of this notice

You have a right to receive a paper copy of this notice upon request.

IV. Kaiser Permanente companies subject to this notice

This notice applies to the Kaiser Permanente Georgia Region, which includes:

- The Southeast Permanente Medical Group, Inc. (TSPMG);
- Kaiser Foundation Health Plan of Georgia, Inc. including its health plan and provider operations;
- Kaiser Foundation Hospitals (KFH), as described below; and
- Kaiser Foundation Health Plan, Inc. (KFHP, Inc.), as described below.

Our health care delivery sites include the Kaiser Permanente medical offices, Kaiser Permanente comprehensive medical centers, the member call center, and our member Web site and mobile applications.

To provide you with the health care you expect when treating you, paying for your care, and conducting our operations, such as quality assurance, accreditation, licensing and compliance, these Kaiser Permanente companies share your PHI with each other.

Our personnel may have access to your PHI as employees, physicians, volunteers, persons working with us in other capacities, or professional staff members and others authorized to enter information into a medical record of a Kaiser Permanente Medical Center. Our region may also share your PHI with KFHP and KFHP, Inc. in connection with shared services and other national Kaiser Permanente activities for treatment, payment, or health care operations purposes. For example, if you are being considered for a transplant, we will share your PHI with our Kaiser Permanente National Transplant Network.

V. How we may use and disclose your PHI

Your confidentiality is important to us. Our physicians and employees are required to maintain the confidentiality of the PHI of our members and patients and we have policies and procedures and other safeguards to help protect your PHI from improper use and disclosure. Sometimes we are allowed by law to use and disclose certain PHI without your written permission. We briefly describe these uses and disclosures below and give you some examples.

How much PHI is used or disclosed without your written permission will vary depending, for example, on the intended purpose of the use or disclosure. Sometimes we may only need to use or disclose a limited amount of PHI, such as to send you an appointment reminder or to confirm that you are a health plan member. At other times we may need to use or disclose more PHI such as when we are providing medical treatment.

- **Treatment:** This is the most important use and disclosure of your PHI. For example, our physicians, nurses, and other health care personnel, including trainees, involved in your care use and disclose your PHI to diagnose your condition and evaluate your health care needs. Our personnel will use and disclose your PHI in order to provide and coordinate the care and services you need, for example: prescriptions; X-rays; and lab work. If you need care from health care providers who are not part of Kaiser Permanente, such as community resources to assist with your health care needs at home, we may disclose your PHI to them.
- **Payment:** Your PHI may be needed to determine our responsibility to pay for, or to permit us to bill and collect payment for, treatment and health-related services that you receive. For example, we may have an obligation to pay for health care you receive from an outside provider. When you or

the provider sends us the bill for health care services, we use and disclose your PHI to determine how much, if any, of the bill we are responsible for paying.

- **Health care operations:** We may use and disclose your PHI for certain health care operations, such as: quality assessment and improvement; training and evaluation of health care professionals; licensing; accreditation; activities relating to the creation, renewal or replacement of health insurance or health benefits; conducting medical review; legal services; auditing functions, including fraud and abuse detection and compliance programs; customer services; and determining premiums and other costs of providing health care. We may also disclose your PHI for certain health care operations of other health plans and health care providers.
- **Business associates:** We may contract with business associates to perform certain functions or activities on our behalf, such as payment and health care operations. These business associates must agree to safeguard your PHI.
- **Appointment reminders:** We may use your PHI to contact you about appointments for treatment or other health care you may need.
- **Identity verification:** We may photograph you for identification purposes, storing the photo in your medical record. This is for your protection and safety, but you may opt out.
- **Health Information Exchange:** We may share your health information electronically with other organizations through a Health Information Exchange (HIE) network. These other organizations may include hospitals, laboratories, health care providers, public health departments, health plans, and other participants. Kaiser Permanente operates an HIE network among Kaiser Permanente regions, and also participates in several HIE

networks with other health care providers outside of Kaiser Permanente who also have electronic medical record systems. Sharing information electronically is a faster way to get your health information to the health care providers treating you. For example, if you go to a hospital emergency room that participates in the same HIE network as Kaiser Permanente, the emergency room physicians would be able to access your Kaiser Permanente health information to help make treatment decisions for you. HIE participants like Kaiser Permanente are required to meet rules that protect the privacy and security of your health and personal information. If your medical record contains certain information (such as from a substance use disorder program) that requires your authorization under state or federal law before information is shared, then Kaiser Permanente will not release that information to your other treating providers through HIE until you provide authorization. To check if your authorization is required before Kaiser Permanente can release your records through HIE and to provide authorization, [click here](#).

- **Specific types of PHI:** There are stricter requirements for use and disclosure of some types of PHI, for example, drug and alcohol abuse patient information, mental health records, and HIV/AIDS information. However, there are still circumstances in which these types of information may be used or disclosed without your authorization. If you become a patient in our chemical dependency program, we will give you a separate written notice, as required by law, about your privacy rights for your chemical dependency program PHI.
- **Underwriting:** We may use and disclose your PHI, to the extent permitted under applicable law, for underwriting purposes, including the determination of benefit eligibility and costs of coverage and to perform other activities related to issuing a benefit policy. However, we are prohibited from using or disclosing your genetic information for underwriting purposes. Your genetic information includes information about your genetic tests, your family members' genetic tests, and requests for or receipt of genetic services by you or any family members.
- **Communications with family and others when you are present:** Sometimes a family member or other person involved in your care will be present when we are discussing your PHI with you. If you object, please tell us and we won't discuss your PHI or we will ask the person to leave.
- **Communications with family and others when you are not present:** There may be times when it is necessary to disclose your PHI to a family member or other person involved in your care because there is an emergency, you are not present, or you lack the decision making capacity to agree or object. In those instances, we will use our professional judgment to determine if it's in your best interest to disclose your PHI. If so, we will limit the disclosure to the PHI that is directly relevant to the person's involvement with your health care. For example, we may allow someone to pick up a prescription for you.
- **Disclosure in case of disaster relief:** We may disclose your name, city of residence, age, gender, and general condition to a public or private disaster relief organization to assist disaster relief efforts, unless you object at the time.

- **Disclosures to parents as personal representatives of minors:** In most cases, we may disclose your minor child's PHI to you. In some situations, however, we are permitted or even required by law to deny your access to your minor child's PHI. Examples of when we must deny such access include situations involving your daughter's pregnancy, the prevention of her pregnancy, childbirth, and abortion records where a court waives parental notification of abortion. In addition, the law denies access to your child's PHI if your child is married or otherwise emancipated.
- **Research:** Kaiser Permanente engages in extensive and important research. Some of our research may involve medical procedures and some is limited to collection and analysis of health data. Research of all kinds may involve the use or disclosure of your PHI. Your PHI can generally be used or disclosed for research without your permission if an Institutional Review Board (IRB) approves such use or disclosure. An IRB is a committee that is responsible, under federal law, for reviewing and approving human subjects research to protect the safety of the participants and the confidentiality of PHI.
- **Organ donation:** Except as limited by applicable law, we may use or disclose PHI to organ-procurement organizations to assist with organ, eye or other tissue donations.
- **Public health activities:** Public health activities cover many functions performed or authorized by government agencies to promote and protect the public's health and may require us to disclose your PHI.
 - For example, we may disclose your PHI as part of our obligation to report to public health authorities certain diseases, injuries, conditions, and vital events such as births or abortions. Sometimes we may disclose your PHI to someone you may have exposed to a communicable disease or who may otherwise be at risk of getting or spreading the disease.
- The Food and Drug Administration (FDA) is responsible for tracking and monitoring certain medical products, such as pacemakers and hip replacements, to identify product problems and failures and injuries they may have caused. If you have received one of these products, we may use and disclose your PHI to the FDA or other authorized persons or organizations, such as the maker of the product.
- We may use and disclose your PHI as necessary to comply with federal and state laws that govern workplace safety.
- **Health oversight:** As health care providers and health plans, we are subject to oversight conducted by federal and state agencies. These agencies may conduct audits of our operations and activities and in that process, they may review your PHI.
- **Disclosures to your employer or your employee organization:** If you are enrolled in Kaiser Foundation Health Plan of Georgia through your employer or employee organization, we may share certain PHI with them without your authorization but only when allowed by law. For example, we may disclose your PHI for a workers compensation claim or to determine whether you are enrolled in the plan or whether premiums have been paid on your behalf. For other purposes, such as for inquiries by your employer or employee organization on your behalf, we will obtain your authorization when necessary.
- **Workers' compensation:** We may use or disclose your PHI in order to comply with workers' compensation laws. For example, we may communicate your medical information regarding a work-related

injury or illness to claims administrators, insurance carriers, and others responsible for evaluating your claim for workers' compensation benefits.

- **Military activity and national security:** We may sometimes use or disclose the PHI of armed forces personnel to the applicable military authorities when they believe it is necessary to properly carry out military missions. We may also disclose your PHI to authorized federal officials as necessary for national security and intelligence activities or for protection of the President and other government officials and dignitaries.
- **Fundraising:** We may use or disclose your demographic information and other limited PHI such as dates and where health care was provided, to certain organizations for the purpose of contacting you to raise funds for our organization. If we contact you for fundraising purposes, we will provide you with a clear opportunity to elect not to receive any further fundraising communications.
- **Required by law:** In some circumstances federal or state law requires that we disclose your PHI to others. For example, the Secretary of the Department of Health and Human Services may review our compliance efforts, which may include seeing your PHI.
- **Lawsuits and other legal disputes:** We may use and disclose PHI in responding to a court or administrative order, a subpoena, or a discovery request. We may also use and disclose PHI to the extent permitted by law without your authorization, for example, to defend a lawsuit or arbitration.
- **Law enforcement:** We may disclose PHI to authorized officials for law enforcement purposes, for example, to respond to a search warrant, report a crime on our premises, investigate fraud, or help identify or locate someone.

- **Serious threat to health or safety:** We may use and disclose your PHI if we believe it is necessary to avoid a serious threat to your health or safety or to someone else's.
- **Abuse or neglect:** By law, we may disclose PHI to the appropriate authority to report suspected child abuse or neglect or to identify suspected victims of abuse, neglect, or domestic violence.
- **Coroners and funeral directors:** We may disclose PHI to a coroner or medical examiner to permit identification of a body, determine cause of death, or for other official duties. We may also disclose PHI to funeral directors.

VI. All other uses and disclosures of your PHI require your prior written authorization

Except for those uses and disclosures described above, we will not use or disclose your PHI without your written authorization. Some instances in which we may request your authorization for use or disclosure of PHI are:

- **Marketing:** We may ask for your authorization in order to provide information about products and services that you may be interested in purchasing or using. Note that marketing communications do not include our contacting you with information about treatment alternatives, prescription drugs you are taking or health-related products or services that we offer or that are available only to our health plan enrollees. Marketing also does not include any face-to-face discussions you may have with your providers about products or services.
- **Sale of PHI:** We may only sell your PHI if we received your prior written authorization to do so.

- **Psychotherapy Notes:** On rare occasions, we may ask for your authorization to use and disclose “psychotherapy notes”. Federal privacy law defines “psychotherapy notes” very specifically to mean notes made by a mental health professional recording conversations during private or group counseling sessions that are maintained separately from the rest of your medical record. Generally, we do not maintain psychotherapy notes, as defined by federal privacy law.

When your authorization is required and you authorize us to use or disclose your PHI for some purpose, you may revoke that authorization by notifying us in writing at any time. Please note that the revocation will not apply to any authorized use or disclosure of your PHI that took place before we received your revocation. Also, if you gave your authorization to secure a policy of insurance, including health care coverage from us, you may not be permitted to revoke it until the insurer can no longer contest the policy issued to you or a claim under the policy.

VII. How to contact us about this notice or to complain about our privacy practices

If you have any questions about this notice, or want to lodge a complaint about our privacy practices, please let us know by calling or writing to:

Member Services Department
Kaiser Foundation Health Plan
of Georgia, Inc.
Nine Piedmont Center
3495 Piedmont Road, NE
Atlanta, Georgia 30305-1736

If you are enrolled in a plan other than Senior Advantage, you may call Member Services at **404-261-2590**.

If you are enrolled in Senior Advantage, you may call the Senior Advantage Member Services Department toll free at **1-800-232-4404 (TTY: 711)**. Its hours of operation are seven days a week, 8 a.m. to 8 p.m. You also may notify the Secretary of the Department of Health and Human Services (HHS).

We will not take retaliatory action against you if you file a complaint about our privacy practices.

VIII. Changes to this notice

We may change this notice and our privacy practices at any time, as long as the change is consistent with state and federal law. Any revised notice will apply both to the PHI we already have about you at the time of the change, and any PHI created or received after the change takes effect. If we make an important change to our privacy practices, we will promptly change this notice and make the new notice available on our member Web site at www.kp.org/privacy. We will also publish any changes to the notice in our member publications. Except for changes required by law, we will not implement an important change to our privacy practices before we revise this notice.

IX. Effective date of this notice

This notice is effective on September 23, 2013.

GRAMM-LEACH-BLILEY ACT

Privacy of consumer financial information

Privacy notice

Be a proactive member by knowing how we protect your personal information and when we may need to share it.

This notice is designed to inform you about the types of individually identifiable information collected, how such information is used, the circumstances under which we share it within our medical care program, and the circumstances under which nonpublic, personal health and financial information is disclosed to persons outside of our program. Since Kaiser Permanente does not sell or otherwise disclose your information except as allowed by law, an "opt-out" provision is not offered.

Our policy

Kaiser Permanente is committed to protecting the privacy of its members and patients, including former members and patients. Kaiser Permanente considers maintaining the confidentiality of members' personal health and financial information important to our mission of providing quality care to members.

We maintain policies regarding confidentiality of individually identifiable health and financial information, including policies regarding access to medical records and disclosure of health and financial information.

All Kaiser Permanente staff and employees are required to maintain the confidentiality of members' and former members' individually identifiable health and financial information. The unauthorized disclosure of individually identifiable health and financial information is prohibited.

Permanente Medical Group physicians and medical professionals and practitioners and providers with whom Kaiser Permanente contracts are also subject to maintaining confidentiality.

Information collected

Kaiser Permanente collects various types of nonpublic, personal health and financial information either from you or from other sources in order to provide health care services and customer services, evaluate benefits and claims, administer health care coverage, and fulfill legal and regulatory requirements.

Examples include:

- Medical information, including medical and hospital records, mental health records, laboratory results, X-ray reports, pharmacy records, and appointment records.
- Information contained on surveys, applications, and related forms, such as your name, address, date of birth, Social Security number, gender, marital status, and dependents.
- Information about your relationship with Kaiser Permanente, such as medical coverage purchased, medical services received, account balances, payment history, and claims history.
- Information provided by your employer, benefits plan sponsor, or association regarding any group coverage you may have.
- Information from consumer or medical reporting agencies or other sources, such as credit history, medical history, financial background, and demographic information.
- Information from visitors to our websites, such as online forms, site visit data, and online communications.

Collection of information

Kaiser Permanente collects information using a variety of techniques. Examples include:

- Collecting information from you through surveys, applications, related forms, and other written requests and communications.
- Collecting information from your employer, benefits plan sponsor, or association regarding group coverage that you may have through group applications, census data, and other written requests and communications.
- Collecting information from visitors to our Web site, such as online forms, site visit data, and other online communications.
- Collecting information from consumer or medical reporting agencies or other sources, such as insurance-support organizations and credit bureaus.

Uses of shared information

Certain nonpublic, personal health and financial information of members and former members will need to be used or shared during the normal course of providing you services. We may use or disclose nonpublic, personal health and financial information under certain circumstances, which may include:

- Personal health and financial information will be shared only with proper written authorization as required by law, or as expressly required or permitted by law without written authorization.
- Personal health and financial information will be shared within Kaiser Permanente in order to provide services to you and to meet our responsibilities under the law, such as quality assurance, reviewing the competence or qualifications of health care providers, conducting training programs for health care providers, fraud and abuse detection and compliance programs,

certification, licensing and credentialing, research, compiling information for use in a legal proceeding, and billing and payment.

- Demographic information, such as information from your enrollment application, may be shared within Kaiser Permanente to enable us to provide customer service or account maintenance in connection with your benefits.

Good to know

Personal health and financial information will be shared within Kaiser Permanente in order to provide services to you and to meet our responsibilities under the law:

- Information such as your name, address, or telephone number may be used by Kaiser Permanente to tell you about other products or services that might be useful or beneficial to you.
- Under the federal Fair Credit Reporting Act, we are permitted to share your name, address, and facts about your transactions and experiences with us, such as payment history, within Kaiser Permanente.
- Information obtained from insurance support organizations.
- Information obtained from reports prepared by insurance support organizations may be retained by the insurance support organizations and disclosed to other persons.
- Information shared with nonaffiliated third parties.

We occasionally disclose nonpublic, personal health and financial information of members and former members outside of Kaiser Permanente for the following activities:

- State and federal law generally require that we disclose health and financial information when disclosure is compelled by a court, a board, a commission or administrative

agency, a party to a proceeding before a court or administrative hearing pursuant to a subpoena or other provision authorizing discovery, an arbitrator or arbitration panel, a search warrant, or a coroner.

- State and federal law also require other disclosures. Examples include records of communicable diseases and workers' safety or industrial accident records disclosed to public agencies, birth and death information, and state tumor registries.
- State and federal law permit the disclosure of health information without patient authorization under specific circumstances. Examples include disclosures to providers or health plans for purposes of diagnosis or treatment of a patient, emergency medical personnel, peer review committees, insurance regulatory and public licensing agencies, and private accrediting bodies, and other persons for purposes of performing business, professional, or insurance functions on behalf of Kaiser Permanente.
- Information may be shared with other companies that perform marketing services on our behalf to develop and mail offers to our customers about products and services.
- Information may be shared with medical care professionals, practitioners, and institutions for purposes of verifying coverage or benefits, informing you of medical problems of which you may not be aware, or conducting an operations' or services' audit to verify that you have been treated by the medical care professional or practitioner or at the medical care institution.

- Information may be shared with law enforcement or governmental authority to protect the interests of Kaiser Permanente in preventing or prosecuting acts of fraud or otherwise investigating illegal activities that Kaiser Permanente reasonably believes have been committed.
- Information may be shared with employers, benefits plan sponsors, and associations regarding group coverage that you may have for the purpose of reporting claims experience or conducting program audits of Kaiser Permanente's operations and services.
- Information may be shared for purposes of conducting actuarial or research studies.

Protecting information

Kaiser Permanente protects the confidentiality and security of private information of members and former members. We maintain physical, electronic, and procedural safeguards that comply with federal and state standards to protect your private information and to assist us in preventing unauthorized access to that information. Employee access to personal health and financial information is provided on a need-to-know basis, such as to make benefit determinations, pay claims, manage care, manage the quality of care, underwrite coverage, administer a plan, or provide customer service.

Accessing, reviewing, and correcting information, you have the right to look at or get a copy of your health and financial information. If you request copies, there will be a charge. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we amend the existing information.

This notice is issued to comply with the strict terms of the federal Gramm-Leach-Bliley Act of 1999. Nothing in this notice shall be construed as a statement that any company operating with-in the Kaiser Permanente Medical Care Program is engaged in the business of insurance.

I. Kaiser Foundation Health Plan, Inc. and subsidiaries and affiliated entities:

- Kaiser Foundation Health Plan, Inc.
- Kaiser Foundation Health Plan of Colorado
- Kaiser Foundation Health Plan of Georgia, Inc.
- Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
- Kaiser Foundation Health Plan of the Northwest
- Kaiser Foundation Health Plan of Ohio
- Camp Bowie Service Center
- Lokahi Assurance, Ltd.
- Kaiser Health Alternatives
- Kaiser Health Plan Asset Management, Inc.
- Kaiser Permanente Insurance Company
- Kaiser Permanente Oregon Plus, LLC
- Kaiser Properties Services, Inc.
- KP Cal, LLC
- Oak Tree Assurance, Ltd.
- OHP
- Ordway Indemnity, Ltd.
- Ordway International, Ltd.
- Rainbow Dialysis, LLC
- 1800 Harrison Foundation

II. Kaiser Foundation Hospitals and subsidiaries and affiliated entities

- Kaiser Foundation Hospitals
- Archimedes, Inc.
- HAMI - Colorado, LLC
- Colorado Permanente Medical Group, PC
- Health Care Management Solutions, LLC
- KP OnCall, LLC
- Kaiser Hospital Asset Management, Inc.
- Kaiser Permanente International
- Kaiser Permanente Ventures, LLC

III. The Permanente Federation and affiliated entities

- The Permanente Federation, LLC
- The Permanente Company, LLC
- Hawaii Permanente Medical Group, Inc.
- Mid-Atlantic Permanente Medical Group, PC
- Northwest Permanente PC, Physicians and Surgeons
- Ohio Permanente Medical Group, Inc.
- Permanente Dental Associates, PC
- Southern California Permanente Medical Group
- The Permanente Medical Group, Inc.
- The Southeast Permanente Medical Group, Inc.

Newborn Baby and Mother Protection Act

The Newborn Baby and Mother Protection Act requires that health benefit policies which provide maternity benefits must provide coverage for a minimum of 48 hours of inpatient care following a normal vaginal delivery, and a minimum of 96 hours of inpatient care following a cesarean section, for a mother and her newborn child. The care must be provided in a licensed health care facility.

A decision to shorten the length of stay may be made only by the attending health care provider after conferring with the mother. If the stay is shortened, coverage must be provided for up to two follow-up visits with specified health care providers, with the first visit being within 48 hours after discharge. After conferring with the mother, the health care provider must determine whether the initial visit will be conducted at home or at the office, and whether a second visit is appropriate. Specified services are required to be provided at such visits.

Domestic Violence Act

Did you know Georgia law prohibits insurance companies from using family violence as a reason to limit or deny health insurance coverage? In accordance with the law, Kaiser Permanente does not unfairly discriminate against any person based upon his or her status as a victim of family violence. This means that injuries that are the result of domestic violence will be covered like any other illness or injury.

Women's Health and Cancer Rights Act of 1998

Each year, Kaiser Permanente is required to notify you of the federal law known as the Women's Health and Cancer Rights Act of 1998. This federal law requires all health plans that provide coverage for a mastectomy to also provide coverage for the following medical care:

- Reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical (balanced) appearance.
- Prostheses (artificial replacements) and treatment for physical complications at all stages of the mastectomy, including lymphedema.

We provide medical and surgical benefits for a mastectomy. Covered benefits are subject to all provisions described in your plan, including but not limited to, deductibles, copayments, co-insurance, exclusions, limitations, and reductions.

If you have questions about this law, please contact our Member Services Department at **404-261-2590**.

Please share information on advance directives with your spouse and any adult dependents.

Georgia law recognizes the right of competent adults to control all aspects of their personal care and medical treatment, including the right to consent to medical treatment, refuse medical treatment, or direct that medical treatment be withdrawn. Georgia law also recognizes the right of competent adults to choose someone to make health care decisions on their behalf if they are unable to speak for themselves. To assist with securing these rights, Georgia has adopted standard forms known generally as “advance directives.”

Frequently asked questions

Here are some common questions and answers about advance directives:

What are advance directives?

Advance directives are one or more documents written in advance of a serious illness that state your choices about medical treatment and/or name someone to make choices about medical treatment for you should you become unable to speak for yourself. Each state regulates the use of advance directives.

Who can complete an advance directive?

Anyone of sound mind who is:

- 18 years old or older; or
- An emancipated minor

Am I required to complete an advance directive?

No. You are not required to complete an advance directive. Completing an advance directive is your choice. If you choose not to complete one, it will not affect your health plan coverage or access to care.

What is Kaiser Permanente’s policy about advance directives?

Kaiser Permanente’s policy supports our patients’ rights to make decisions regarding their health care and to execute advance directives that will be honored. One way Kaiser Permanente does this is by having a place in members’ medical records to show whether they have an advance directive. Keep in mind, though, that some outside providers or hospitals may have different practices as to the implementation of advance directives. You may want to ask your physician about his or her policy on implementing advance directives.

What kinds of advance directive forms are recognized in Georgia?

Before July 1, 2007, Georgia law recognized two types of advance directives: a living will and a durable power of attorney for health care. Georgia law has since combined these two forms into one simple form called a *Georgia Advance Directive for Health Care*.

What is a Georgia Advance Directive for Health Care?

The *Georgia Advance Directive for Health Care* is a standard form of advance directive for health care provided by Georgia law. It is a written legal document that combines the best features of the living will and durable power of attorney for health care into one document. The form allows you to put in writing your wishes regarding medical care—including the refusal of medical care in certain circumstances—so that your wishes will be

respected, even if you become unconscious or otherwise unable to express them. The form can be used to designate a health care agent and a back-up health care agent, to indicate your treatment preferences, and to nominate a person to be your guardian. The form does not need to be notarized.

What is the difference between a Georgia Advance Directive for Health Care and the living will and durable power of attorney for health care?

Prior to 2007, Georgia law provided for the declaration of treatment preferences for a terminal condition and state of permanent unconsciousness in a document called a living will; and provided for the appointment of a health care agent in a document called a durable power of attorney for health care. Since July 1, 2007, the *Georgia Advance Directive for Health Care Form* replaces both the living will and the durable power of attorney for health care forms. It combines specific elements of both forms.

What if I already have a durable power of attorney for health care and/or a living will?

Durable power of attorneys for health care and living wills signed before July 1, 2007 are still valid, and will remain valid unless revoked. You are not required to complete a new form. However, if you decide to complete a new *Georgia Advance Directive for Health Care Form*, the newly completed form will replace any other advance directive for health care, durable power of attorney for health care, health care proxy, or living will that is currently in place.

Why would I want to complete an advance directive?

Medical science and technology are becoming more advanced, allowing physicians to keep people alive even when there is little hope for recovery. If a decision ever has to be made on whether life-sustaining measures should be used, being able to refer to your own wishes can help reduce stress on family members. It also can help avoid a possible legal battle. Most importantly, having an advance directive assures you that your wishes regarding medical care will be respected.

Are advance directives just for very sick or older people?

No. The value of an advance directive is not limited to those groups. A serious illness or a severe accident can happen to a person at any time in their life.

How do you decide what medical care you wish to receive or not to receive?

- Consider your values and beliefs, lifetime goals, present state of health, and other issues of importance.
- Talk to your health care physician, family, friends, and minister.
- Think about what is important to you and try to make informed decisions.

How do you write an advance directive?

After you make your decision, put your decision in writing. An advance directive for health care must be in writing, signed by you, and attested and signed by two adult witnesses. You may use any form of advance directive for health care that complies with Georgia law. However, Georgia law provides a standard form of advance directive for health care known as the *Georgia Advance Directive for Health Care*.

The standard form will be treated as complying with Georgia law if it is properly completed and signed.

What do you do with the form once completed?

The best approach is to make several copies of your completed advance directive. Keep the original form at home in a place where it can easily be found if it is needed. You should give a copy of the completed form to your health care agent as well as your primary care physician during an office visit so it can be put into your medical records. You should also consider giving a copy of the completed form to people who might be contacted if you become seriously ill, such as close family members and friends. Keep a record of who has copies so that if you change or cancel the document, you can change or destroy all of the copies. Also, make sure your family members and friends—as well as your physician—know about your decision.

What if I change my mind about what I have written in my advance directive?

You can change or revoke (“cancel”) an advance directive at any time. If you decide to change your advance directive, complete a new advance directive for health care. Be sure to tear up the original and all outdated copies and provide copies of the new advance directive for health care to your primary care physician, health care agent, family, and friends. If you decide to cancel your advance directive, tear up the original and all copies and let your primary care physician, health care agent, family and friends know that you have cancelled your advance directive.

Does the doctor have to follow my advance directive?

There are times when a physician may reject a medical decision made by you or your health care agent based on your advance directive for health care. You should be aware that under Georgia law, any physician who as a matter of conscience cannot honor an individual’s advance directive must help transfer that patient to a physician who will honor it. In addition, the federal law prohibits discrimination against a patient based on whether that person has an advance directive. You may want to discuss with your individual physician any objections he or she may have to the implementation of advance directives.

How do I report noncompliance with advance directives?

Complaints concerning noncompliance with advance directives may be filed with the Georgia Department of Human Services Division of Aging Services.

Where do I get more information on advance directives?

Kaiser Permanente offers a free, *Georgia Advance Directive for Health Care* Form that meets the legal requirements for the state of Georgia, as well as more information about advance directives. You can get copies of the form from any Kaiser Permanente medical facility administration office, download individual copies for free at kp.org, or call Kaiser Permanente to have a copy mailed to you.

The contact information is below:

Kaiser Permanente's Member Services

- Senior Advantage members (Medicare) call: **404-233-3700** or **1-800-232-4404** (TTY for hearing/speech impaired: **711**) seven days a week from 8 a.m. to 8 p.m.
- All other members call: **404-261-2590** or **1-888-865-5813** Monday-Friday, 7 a.m. to 7 p.m.

You may also contact independent organizations such as the following:

- **Aging with Dignity** is a national non-profit organization with a mission to affirm and safeguard the human dignity of individuals as they age and to promote better care for those near the end of life. They have developed an easy-to-use guide called 5 Wishes, which can be used to stimulate thought and can help put those thoughts in writing.

Aging with Dignity

P.O. Box 1661; Tallahassee, FL 32302-1661

Toll Free: **1-888-594-7437**

agingwithdignity.org

- **Caring Connections** offers free, state-specific advance directives for all states that meet the legal requirements for each state. Download individual copies for free at **caringinfo.org** or call **1-800-658-8898** to have a copy mailed to you.
- **Georgia Health Decisions** offers a copy of Critical Conditions by calling **1-877-633-2433** or by visiting their website at **georgiahealthdecisions.org**.

If you have any questions about the medical issues of advance directives, talk with your physician or other medical care provider. You also may want to talk with a lawyer since an advance directive is an important legal document.

Why is Kaiser Permanente providing this information?

Under federal law, Kaiser Permanente and other health care providers must provide information about state laws on advance directives. This information includes the right to prepare advance directives.

Case Management

Some medical diagnoses and conditions can be overwhelming or stressful and create questions for you and your family. Kaiser Permanente Case Management is a free program that was created to assist you with support and assistance for these complex needs. This specialized service is provided by Case Managers—Registered Nurses who are certified in case management. Your case manager can be the connection you need to make a difference in your health care experience.

If you have recently experienced a major health event or illness, a case manager can help you understand your condition and assist you in your efforts to perhaps reduce the chance of further complications. If you are eligible, this service is available at no additional cost and includes:

- Coordination of health services with your Primary Care Physician, specialists and other health care team members.
- Help understanding how to better monitor and provide for your health care needs.
- Information and ongoing education on programs available through Kaiser Permanente or the community for your special needs.

These services are provided while maintaining your privacy and confidentiality. If you are being treated for a complex, chronic, or severe condition and you need assistance, you can contact case management without a physician's referral.

Here are some examples of situations or complex conditions that may be eligible for case management:

- Very high ER and inpatient visits and at risk for readmission
- Chronic conditions such as Diabetes and Heart Failure and you are not in another Kaiser Permanente program
- Progressive terminal illness and you are not in a hospice or palliative care program
- Infant or child with multiple needs
- Severe trauma
- Need for Skilled Nursing Facility or rehabilitation admission from home

Registered Nurses, care managers, registered dietitians and health coaches are available to support you in managing your chronic conditions including diabetes, heart disease, chronic kidney disease and others.

Contacting Case Management

If you have any questions or wish to make a self-referral to Case Management, please call us Monday-Friday from 8 :30 a.m. to 5 p.m. at **770-603-3932** (except holidays).

We will respond to your request within two business days.

We thank you for being a valued member of Kaiser Permanente and appreciate the opportunity to be your partner in health!

Quality and Patient Safety

We understand that you want the best care possible for yourself and your loved ones. Our mission is to provide that high-quality care. At Kaiser Permanente, we continuously work to live up to your expectations—and strive to surpass them.

Our vision at Kaiser Permanente is to be a leader in total health by making lives better. Visit kp.org/measuringquality to learn more about how we:

- Evaluate the quality of care you receive as a Kaiser Permanente member, as measured by:
 - Accreditation Status
 - Clinical Effectiveness of Care Measures & Performance
 - Member Satisfaction Results
- Take steps to ensure the safety of our members through implementation of programs and initiatives such as:
 - Medication Safety
 - Infection Prevention
 - Providing Clear Communication for all Members: Medical interpreters and multilingual member education materials
- Protect your privacy and prevent fraud through:
 - Secure features on kp.org, such as “Email My Doctor”
 - Physical and technology safeguards of patient information
 - Picture ID checks at every visit
- Make it easy for you to report quality and safety concerns by:
 - Contacting Member Services at:
1-888-865-5813 (toll free)
711 (toll free TTY for the hearing and speech impaired)

Medication List Management

We take extra steps to ensure that the medication you take will keep you healthy. Through Medication List Management, we are able to compare your medication orders to all of the medications you have been taking. This process helps us avoid medication errors such as omissions, duplications, dosing errors, or drug interactions.

The Institute of Safe Medication Practice estimates that 50 percent of medication errors and 20 percent of adverse medical events could be eliminated if the medication list is maintained properly. That is why it is important to us to maintain this list.

Here are a few ways you can help us with this work:

- Take your medication list or bottles with you to your appointments.
- Include all over the counter medications (OTC) and herbal products.
- Ask any questions you may have to make sure you are taking the right medications and for the right reasons.

If you have questions about your medications, you can ask your physician or call the Health Line at **404-365-0966**.

OTHER IMPORTANT INFORMATION

How to file a claim

In some cases, you may be required to pay your bill in full and file a claim for reimbursement. Please request that your physician send us your claim information on a CMS 1500 form (claim standard format) as soon as possible after the service is received. For hospital or outpatient surgery center visits, ask the hospital or surgery center to send us a UB04 form.

We will accept itemized bills from you if a CMS 1500 or UB04 form (for hospital visits or use of a surgery center) cannot be obtained. The bill must include your health record number, name, date of service, CPT codes with billed charges, and the amount you paid, if applicable.

Medical claim information should be mailed to:

Kaiser Permanente Claims Administration
P.O. Box 190849
Atlanta, GA 31119-0849

To check on the status of a claim, call the Claims Member Services Department at **404-261-2825** Monday through Friday from 7 a.m. to 7 p.m. (EST).

Kaiser Permanente Utilization Management

Some services require prior authorization by the Utilization Management Program before you receive them.³ These include inpatient admissions, admissions to skilled nursing facilities, some outpatient services, medical supplies and equipment, and home health care. Please see your *Evidence of Coverage* for a listing of services and care that require prior authorization.

Quality Resource Management (QRM) physicians and nurses are available to discuss any details including criteria used in making a review decision. Information and medical criteria used for coverage or medical necessity determination are provided free of charge. Criteria are available upon request by contacting the QRM Department.

³ Kaiser Permanente does not use financial incentives to encourage barriers to care and services. Decisions involving utilization management are based solely on appropriateness of care and service, and existence of coverage under the member's benefit plan. Kaiser Permanente does not reward practitioners or other individuals conducting utilization review for issuing denials of coverage or service, and does not use financial incentives that encourage decisions that result in under utilization.

Kaiser Permanente is prohibited from making decisions regarding hiring, promoting or terminating its practitioners or other individuals based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits.

OTHER IMPORTANT INFORMATION

Routine Calls

Monday–Friday 8 a.m.–5:00 p.m.
(excluding company holidays)

404-364-7320 locally

1-800-221-2412 long distance

711 TTY

After Hours Calls

Evenings, Weekends, and Holidays
24 hours a day

404-365-0966 locally

1-800-611-1811 long distance

711 TTY

Case managers are on call to respond to inquiries. Non-urgent voicemail messages are responded to the next business day.

For any questions about the utilization management process, verification of eligibility, copayments, deductibles, or coinsurance, contact our Member Services Department at **404-261-2590** locally or **1-800-221-2412** long distance (TTY: **711**.)

Payment for services is based on membership eligibility and the level of benefit being accessed in accordance with the terms of your coverage. Please note that a referral or authorization is not a guarantee of payment or services.

Physician compensation— how your physician is paid

Your plan physicians are paid in a number of ways including salary, capitation, case rates, fee-for-service, and incentive payments. If you would like further information about the way plan physicians are paid to provide or arrange medical and hospital care for health plan members, please call Member Services. (Please refer to the inside cover for phone numbers and hours of operation.)

New Technology Evaluation

Rapidly changing technology affects health care and medicine as much as any other industry. To determine whether a new drug or other medical development has long-term benefits, Kaiser Permanente carefully monitors and evaluates new technologies for inclusion as covered benefits. These technologies include medical procedures, medical devices, and new medications.

Preventing Fraud, Waste and Abuse

Fraud and identity theft are growing problems everywhere. We take protecting you and your medical information very seriously. One way we do this is by checking your Kaiser Permanente ID card and a photo ID when you come in for care.

We're committed to ethical conduct, integrity in our work, and compliance with all regulatory requirements. We provide training and resources to help our employees and physicians protect your privacy and help prevent fraud, waste and abuse, and identity theft. We monitor our systems and operations to detect signs of misconduct and are committed to taking corrective action as needed.

If you are aware of anyone using your information or our resources improperly, call our Member Services Department at **404-261-2590**. For more information about how we're working to protect you, visit kp.org/protectingyou.

OTHER IMPORTANT INFORMATION

Interpreter services

At Kaiser Permanente facilities, you're entitled to free language services that include access to an interpreter and translation of key documents. If you would like to have an interpreter (usually via telephone) during your doctor visit, please request that when you schedule your appointment. You may also request these services during your visit by notifying your physician or any member of the nursing staff.

Servicios de interpretación

En los centros de Kaiser Permanente, usted tiene derecho a recibir servicios lingüísticos gratuitos, que incluyen un intérprete y la traducción de documentos importantes. Si desea la asistencia de un intérprete (por vía telefónica normalmente) cuando acuda al médico, solicítelo al programar su cita. Asimismo, podrá solicitar estos servicios durante la misma visita diciéndoselo al médico o a cualquier miembro del personal de enfermería.

kp.org/español

口譯服務

在 Kaiser Permanente 醫療機構內，您有權獲得免費的語言服務，包括口譯服務以及關鍵檔案的筆譯服務。若您希望就在診時有口譯人員的協助（通常透過電話），請在安排約診時提出該要求。您也可以就在診期間向您的醫生或任何護理人員提出這些服務要求。

통역 서비스

Kaiser Permanente 에서는 통역 서비스와 주요 문서 번역 서비스 등 언어 서비스를 무료로 받을 수 있습니다. 병원 내원 시 통역사를 원하시면 (일반적으로 전화를 통해) 예약하실 때 이를 요청하십시오. 방문 시 의사 또는 간호사에게 알려서 해당 서비스를 요청할 수도 있습니다.

Dịch vụ Thông dịch

Tại các cơ sở của Kaiser Permanente, quý vị được hưởng các dịch vụ ngôn ngữ miễn phí, bao gồm quyền tiếp cận một thông dịch viên và bản dịch các tài liệu quan trọng. Nếu quý vị muốn có một thông dịch viên (thường là qua điện thoại) trong lúc quý vị thăm khám, xin hãy đưa ra yêu cầu này khi quý vị hẹn lịch khám. Quý vị cũng có thể yêu cầu các dịch vụ này trong lúc thăm khám bằng cách thông báo với bác sĩ của quý vị hoặc bất kỳ thành viên nào trong đội ngũ điều dưỡng.

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Georgia, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-888-865-5813** (TTY: **711**)

If you believe that Kaiser Health Plan 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 by mail at: Member Relations Unit (MRU), Attn: Kaiser Civil Rights Coordinator, Nine Piedmont Center, 3495 Piedmont Road, NE Atlanta, GA 30305-1736. Telephone Number: 1-888-865-5813.

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, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-888-865-5813** (TTY: **711**).

አማርኛ (Amharic) ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-888-865-5813** (TTY: **711**)።

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-888-865-5813** (TTY: **711**)።

中文 (Chinese) 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 **1-888-865-5813** (TTY: **711**) 。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-888-865-5813** (TTY: **711**) تماس بگیرید.

OTHER IMPORTANT INFORMATION

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-888-865-5813** (TTY: 711).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-888-865-5813** (TTY: 711).

ગુજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-888-865-5813** (TTY: 711).

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-888-865-5813** (TTY: 711).

हिन्दी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-888-865-5813** (TTY: 711) पर कॉल करें।

日本語 (Japanese) 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。**1-888-865-5813** (TTY: 711) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-865-5813** (TTY: 711) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih **1-888-865-5813** (TTY: 711).

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-888-865-5813** (TTY: 711).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-865-5813** (TTY: 711).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-865-5813** (TTY: 711).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-888-865-5813** (TTY: 711).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-865-5813** (TTY: 711).

Preventive Health Guidelines

At Kaiser Permanente, we know that good health is more than just doctor visits and medical services. That's why we provide plenty of programs focused on prevention, health education, and early detection.

We offer a wide range of preventive care services – including immunizations, routine physicals, well-child care, Pap tests, mammograms, health and cancer screening (colorectal, cervical, and breast), prenatal care, weight checks, and more – to help keep you and your family healthy and enjoying life

Talk to your doctor about your preventive care needs. At our Kaiser Permanente medical facilities, there is no extra charge for many preventive care services, including immunizations. You only pay your office visit copayment, coinsurance, or deductible.

Find the important prevention information you need to know – including adult screening test guidelines; recommended infant, child, adolescent, and adult immunizations; healthy habits and lifestyle recommendations; and much more – at [kp.org/prevention](https://www.kp.org/prevention).

If you would like to receive a copy of any of this information by mail, call our Member Services department: **404-261-2590** (local), **1-888-865-5813** (toll free), or **711** (TTY).

Primary Care

Choosing a personal physician

At Kaiser Permanente, we know that good health Here are some examples of situations or complex conditions that may be eligible for case management: When you enroll in Kaiser Permanente, the first step to receiving care is the selection of your personal physician. Having a personal physician (also referred to as a Primary Care Physician or PCP) helps to ensure you get the care you need.

Your personal physician plays an important role in coordinating your overall health care. That's why we ask that you and every member of your family choose a personal physician when you enroll. This relationship is important to your overall care, so if you do not select a personal physician upon enrollment, we will assist you by identifying a doctor in a medical office near your home and including you in that physician's panel of patients. That doctor will be listed in our records as your personal physician until you make a selection and inform us of your decision.

You may change your Kaiser Permanente personal physician at any time by calling our Member Services Department at **404-261-2590** locally or **1-888-865-5813** long distance.

Who you can choose as your personal physician

You may choose a physician in family medicine, general practice, adult medicine or pediatrics/adolescent medicine as a personal physician. Adults should select an adult medicine, family medicine, or general practice physician. Parents can choose a pediatric or family medicine physician for their children, or a family medicine physician for the entire family.

GETTING MEDICAL CARE

Use one of the options below to choose your Kaiser Permanente doctor and get started. If you ever wish to change your doctor, you can do so at any time, for any reason.

- Visit kp.org/medicalstaff. Search for PCPs within your plan type, click on their name, and then click the “Sign up with me” button at the top of the page.
- Call our Member Services Department at **404-261-2590** or **1-888-865-5813** long distance.
- When visiting a medical facility tell a member of your health care team.
- Call the Health Line at **404-365-0966**.

Visiting a doctor other than your current personal physician

If you want to make an appointment with a Kaiser Permanente physician other than your primary care physician (PCP) on occasion, you can do that without changing your PCP.

All Kaiser Permanente doctors will have access to your electronic health record, even if you visit a different Kaiser Permanente facility. If you would like to regularly see a different doctor than your current PCP, you should change your personal physician to the person you’d like to see when you call to make an appointment.

Specialty Care

In addition to primary care, we have many of the most popular specialties within our own Kaiser Permanente medical facilities.

When you see a Kaiser Permanente specialist, your primary care physician and specialty care teams are connected to each other and to you through your electronic health record. They share information and work together as a team to get you healthy and keep you healthy.

If you need help in obtaining information about specialty care, please call our Member Services Department at **404-261-2590** locally or **1-888-865-5813** long distance.

Direct access to specialty care

To make it easy to get the care you need, we give you direct access to most Kaiser Permanente specialists at our medical facilities—no referral necessary. To make an appointment, just call our Health Line.

For specialty care outside of Kaiser Permanente medical facilities, you have direct access to certain specialties without a referral, including Behavioral Health, Dermatology, Ob/Gyn, Ophthalmology, Optometry, and Psychiatry. For other contracted specialties (with some exceptions), you will need a referral from your personal physician.

Some specialists may require a clinical evaluation or additional information before they see you, which your personal physician can help you coordinate.

MULTI-CHOICE MEMBERS: You also have access to certain specialists without a referral. Your benefits will vary depending on the provider you choose. For more information, see your *Evidence of Coverage*.

When you need to see a contracted specialist

When referred to a **contracted specialist**, you can request a referral form. The form shows the services the specialist is to provide. The form also normally will show the number of approved visits. Please note that the first referral usually authorizes only one visit.

If you request and receive a referral form, be sure to take this form with you to the specialist because it describes the terms of the referral.

Your PCP can also make your referral information available to your specialist online through your electronic medical record.

When you need prior authorization

Most care from a **Kaiser Permanente physician** or a **contracted specialist** does not require prior authorization, or advance approval. However, certain specialty services do require prior or concurrent authorization. Your provider may arrange for authorization for these services when needed.

Sometimes your personal physician may refer you to a **non-contracted specialist** or to a **designated specialist provider** (including physicians, medical offices, hospitals, or other licensed providers). To receive coverage for care from these providers, you may be required to get prior authorization.

If you do not obtain authorization for a service that requires it, then your care may not be covered under your Plan, even if the service is medically necessary.

For more information about specialty care, referrals, the authorization process, and covered services that require authorization, please refer to your *Evidence of Coverage*.

For prior authorization, call the Kaiser Permanente Utilization Management Department at **404-364-7320** or **1-800-221-2412** from 8 a.m. to 5 p.m. (EST) Monday through Friday.

For a listing of self-referral and referral specialists available to you, visit **kp.org/medicalstaff**, or call Member Services at **404-261-2590** locally or **1-888-865-5813** long distance.

Prior authorization for hospital care

For **medical emergencies**, you have access to any hospital emergency room, even if it's not affiliated with Kaiser Permanente. If you need hospital care (including observation and admission) after your condition has been stabilized, you, a family member, or the hospital must first call us at the preauthorization number on the back of your ID card. (That way, we can coordinate future care, and if it makes sense based on your condition, arrange a transfer to a Kaiser Permanente Affiliated Hospital.) Otherwise, we may not pay any amount for your post-stabilization care, and you may be responsible for the full cost.

Senior Advantage members: We cover your post stabilization care according to Medicare guide Your provider is responsible for calling us for authorization before you receive post-stabilization care.

Getting a second opinion

For help with getting a second opinion, you can speak with your primary care provider. For routine appointments at Kaiser Permanente medical facilities, or to speak with a registered nurse for advice, call the Health Line at **404-365-0966** locally or **1-800-611-1811** long distance (TTY: **711**).

Patient-Centered Medical Home at Kaiser Permanente

At Kaiser Permanente, our mission is to provide high-quality, affordable Health care to improve the health of our members—something we've been doing in the Atlanta area for more than 25 years. We've always believed in putting you and your health first. We have introduced an approach designed to create a stronger, more personal partnership with you—one that provides you with high-quality, comprehensive and progressive care.

What is a Patient-Centered Medical Home?

The Patient-Centered Medical Home (PCMH) is not a single place—it is an approach to health care that focuses on providing personalized, comprehensive and evidence-based medical care to patients using a physician-led team of professionals. It is based on our belief that having a continuous relationship with the primary care physician you selected is the best way to ensure that you reach your maximum health.

Benefits of a Patient-Centered Medical Home

Your PCMH Team will:

- Help you manage your health care
- Help answer your health questions
- Listen to your concerns
- Work with other medical experts when needed
- Coordinate your care with specialty physicians and other services
- Encourage you to play an active part in your own health care

The Patient-Centered Medical Home Team

YOU are the most important member of the team! Our physicians and skilled professionals work together to understand and meet your health care needs. Visits are coordinated across multiple health care settings with multiple staff as needed to improve access

and improve affordability. In addition to your physicians, members of the team include licensed nurse practitioners, registered nurses, care managers, behavioral health practitioners, social workers and certified dieticians.

Enhanced access

We believe that scheduling an appointment should be easy and flexible. We offer advance access scheduling. This means you can get a same day appointment for both routine and urgent needs. We, also, offer extended hours at certain locations. Our extended hours include early morning, lunch time and early evening appointments. The Advanced Care Centers at Kaiser Permanente's TownPark Comprehensive Medical Center and Southwood Medical Center provide access to 24/7 urgent care.

Our comprehensive medical offices provide services to meet your health care needs in one convenient location including primary care, specialty care, behavioral health care, laboratory services, radiology and pharmacies. Kaiser Permanente members can make appointments, directly, with the behavioral health department - just give the Appointment Contact Center a call at **404-365-0966** or at **1-800-611-1811**.

Visit kp.org/facilities for medical office hours and locations and to find out what services are offered at each medical office.

How to access care

Communication with your personal provider and health care team is key. You can call the Kaiser Permanente Health Line to make or cancel appointments, speak with an advice nurse, or access after-hours urgent care. You can also easily reach your physician by emailing them at kp.org.

How you can help

Be an active member of your health care team

- Talk with your team about your health questions. Share past successes and challenges you've had with health care. Be prepared to discuss your complete health history
- Tell your team about other health care professionals who care for you in and outside of Kaiser Permanente

Take care of your health

- Make sure you understand the health care plan you and your team develop, then follow it closely
- Set goals you can reach. Once you begin to see results, you and your team can discuss adding new goals

Communicate with your care team

- Always bring a list of questions to each of your appointments. Also, bring all medicines, vitamins or herbal remedies to your appointment
- Always tell your medical home team when you don't understand something they said. Ask them to explain it in a different way
- Always talk openly with your care team about your experience getting care from the medical home so they can make the experience better
- Tell your team if you have trouble sticking to your care plan
- If you feel your care plan is not working, speak up. Tell your team what is not working so together you can make changes if needed

Thrive

The advantages of being a Kaiser Permanente member start now! Get online programs, special rates and information about classes offered at our medical centers to help you live healthier by visiting **kp.org**. Our website provides a wealth of information to help you manage your health, health care or maintain a healthy lifestyle.

Medical Financial Assistance

Improving health care access for those with limited incomes and resources is fundamental to Kaiser Permanente's mission. Our Medical Financial Assistance (MFA) program helps low-income, uninsured and underserved patients receive access to care. The program provides financial assistance or free care to patients who receive health care services from our providers, regardless of whether they have health coverage or are uninsured. Visit our website at **kp.org** for more information and to enroll in the program.

Need care quickly

Just call us. Our Health Line advice nurses are available 24 hours a day, every day to give you clinical advice and help you locate the care you need quickly and conveniently.

404-365-0966 (locally)

1-800-611-1811 (toll free)

If you think you have a life-threatening emergency, **CALL 911** or go to the nearest emergency room.

Need help transferring your medical records?

Give Member Services a call at **1-888-865-5813**.

The information in this section applies only to Commercial Plan members.

Other Kaiser Permanente members (including Senior Advantage) should refer to their *Evidence of Coverage* (EOC) for plan-specific information.

CONSUMER CHOICE OPTION LAW

Have you heard about the Consumer Choice Option law? Are you confused? The provisions of this law are complex, and we want to help you understand them. The Consumer Choice Option (CCO) law allows health plan members to use providers outside the plan's participating provider network while receiving in-network benefit levels.

Will my benefits change if I elect the CCO?

No Your benefits will remain exactly the same as those for the general product you've selected (HMO or POS) If you elect the CCO, both you and the nominated/accepted provider must follow all Kaiser Permanente policies and procedures relating to prescription drugs, precertification, prior authorization, and referrals Your benefits are explained in detail in your *Evidence of Coverage* booklet

Are there additional costs associated with the CCO?

Yes Kaiser Permanente charges an additional 17.5 percent above the regular rates for an HMO or POS benefit plan If you are covered through your employer's benefit plan, please check with a benefit specialist within your organization to obtain specific cost information.

Once I've chosen the CCO, how does it work?

Members choosing the CCO can nominate any provider or hospital licensed and located within Kaiser Permanente's Service Area Within three business days of receiving a completed provider nomination form, we will inform both the member and the nominated provider of his or her acceptance If a nominated provider is a member of a group practice, each provider in that group must be nominated and accepted prior to receiving care Please remember that you will be responsible for all charges for care received from a provider before you hear that they have been accepted

Are nominated and accepted providers credentialed by Kaiser Permanente?

No One important point to remember is that due to the limited turnaround time required by the law, Kaiser Permanente cannot perform our normal rigorous credentialing process

We cannot ensure that nominated and accepted providers meet the same quality standards in place for our Permanente Medical Group and Affiliated Community Physicians

Can I nominate a specialist under the CCO?

Yes, but remember that all Kaiser Permanente policies and procedures relating to referrals and covered benefits are still in place. A specialist cannot be nominated to be a primary care physician

Can I receive care at non-network hospitals?

Yes. If you need to be hospitalized by your CCO provider in a non-network hospital, you will need to nominate the hospital as well as all other providers associated with your care during your stay. This may include radiology, anesthesiology, pathology, and other specialties.

How can I find out more about the CCO and when can I elect it?

You are eligible to elect the CCO when you first enroll in Kaiser Permanente and then each year during your annual renewal period.

Once you elect the CCO, you must remain in that option for at least one year, after which you may request to opt out of the CCO during a subsequent annual renewal period.

Your request must be in writing; otherwise, we will assume you want to continue in the CCO for another enrollment year.

For more information about the CCO or your annual renewal period, you may contact the Member Services Department at **404-364-4900** or contact your employer.

For copy of the CCO forms, visit kp.org/formsandpubs.

COMPLAINTS AND APPEALS PROCEDURES

Complaints procedure⁴

All Kaiser Permanente employees and staff share responsibility for assuring member satisfaction. If you have a problem or concern about the services you receive, please ask for help. Each department has a supervisor or manager who is able to assist you. Each

Kaiser Permanente medical facility has an administrator who is responsible for addressing concerns involving the facility.

If you have a problem with some aspect of medical services by physicians or other providers at one of our facilities, call or visit the administrative office at that facility.

If you are dissatisfied with the way your complaint has been handled, you may file a complaint by contacting the Member Services Department at **404-261-2590**.

A Member Services Associate will be glad to help. Give complete information so that the person with whom you speak can work with you to resolve your concern quickly. If the complaint cannot be resolved by the Member Services Associate, it will be forwarded to the Member Relations Department. The Member Relations Department will make every effort to respond to your request within 14 days.

If your complaint remains unresolved, you may submit your written complaint to the State of Georgia Office of Insurance and Safety Fire Commissioner or Department of Human Services. We will be sent a copy of your complaint. We will respond in writing to the State of Georgia Office of Insurance and Safety Fire Commissioner or Department of Human Services within 6 working days of receipt of the complaint.

Appeals procedure⁴

All members and practitioners have the right to appeal decisions regarding medical necessity, claims for payment and other issues related to health plan coverage. A written request must be received within 180 days of the denial notice. A standard appeal should be completed within 30 calendar days of the receipt for prospective issues and within 60 calendar days of the receipt for retrospective issues.

Additionally, you may request an expedited appeal. Appeals will be expedited if the standard appeal process will jeopardize the member's life, health or ability to regain maximum function. The expedited process applies only to pre-service issues and decisions regarding discontinuation or reduction of services. For expedited appeals, the decision will be rendered as quickly as possible, contingent upon member/practitioner promptness in providing requested, necessary additional information, but no later than 72 hours after we receive your request.

COMMERCIAL PLAN MEMBERS

Members who have received adverse medical necessity decisions through the appeal process may request an Independent Review. In order to be eligible for independent review, the issue in question must be a reasonably covered benefit and the adverse decision must have been based on a medical judgement. Members who have been denied a proposed treatment on the basis that the treatment in question is experimental or cosmetic are also entitled to an independent review.

⁴ If you participate in a self-funded plan through your employer, your complaint and appeals process may vary. Please contact your benefit administrator or call the Member Services number on the back of your ID card for more information.

Pharmacy Services

Most Kaiser Permanente medical facilities have their own in-house pharmacy. If you have a prescription drug benefit, you can get your prescription filled at any Kaiser Permanente pharmacy or through our mail order refill service. Kaiser Permanente pharmacies also have popular non-prescription drugs for sale at competitive prices.

HMO Plan Members: Please note that drugs must be prescribed by a Plan Physician, Designated Referral Provider, or dentist to be covered by your Pharmacy Benefit. Members with HMO Plans (excluding Signature HMO Plans) can get an initial prescription filled at any Kaiser Permanente pharmacy or community pharmacy designated by the Health Plan. All subsequent refills must be filled at a Kaiser Permanente pharmacy⁵ or through our mail order refill service.

Dual Choice PPO Plan Members: Each time you need a prescription, you can choose where to have it filled, whether a Kaiser Permanente provider, Network provider, or other doctor

prescribes it. Like your doctor choices, the pharmacy you choose will affect your coverage and out-of-pocket costs. The choice is yours.

You can learn more about Pharmacy Services in your *Evidence of Coverage* or the guidebook specific to your plan.

Kaiser Permanente Formulary

If your plan includes a prescription drug benefit, coverage for prescription drugs is limited to those drugs that are included on the Kaiser Permanente formulary. A formulary is a list of drugs determined to be safe and effective. Use of formulary drugs enables Kaiser Permanente to provide optimal care to our members at a reasonable cost. Kaiser Permanente continually updates the formulary based on new medical evidence, considering the recommendations of appropriate physician experts. Kaiser Permanente physicians and pharmacists work closely together to ensure that our formulary meets the needs of our members.

For information about requesting **non-formulary drugs**, refer to your *Evidence of Coverage*.

For a copy of the formulary or for more information about our drug formulary, please contact Member Services at **404-261-2590**.

⁵ Does not apply to Kroger or Publix employer groups.



Kaiser Foundation Health Plan of Georgia, Inc.
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