



Policy Owner: HIPAA Privacy Officer
Effective Date: 04/14/2003
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HIPAA NOTICE OF PRIVACY PRACTICES

ALLAN COLLAUTT ASSOCIATES, INC.

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective: April 14, 2003

Reviewed: May 6, 2026

For more information or questions regarding this document, please contact Marie Turnbull at (610) 359 - 1210 Ext 114 or

mturnbull@acainc.com

HOW ACA MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI)

We have a legal duty under the Health Insurance Portability and Accountability Act (HIPAA) to maintain the privacy of Protected Health Information (PHI). We must give notice of our legal duties and privacy practices concerning PHI.

1. We may use and disclose PHI in the following circumstances:
 - a. We may use and disclose PHI to Covered Entities with whom we are contracted to perform activities related to treatment, payment and health care operations (TPO) in accordance with HIPAA guidelines. For example, we may research and communicate information related to member eligibility to receive benefits under Pennsylvania's HealthChoices program.
 - b. We may use and disclose PHI via HIPAA compliant transactions for the expressed purpose of quality assessment and assistance with oversight. For example, we may perform oversight functions related to HIPAA transactions to ensure Managed Care Organizations' compliance with Pennsylvania requirements.
 - c. We may use and disclose PHI to assist in quality assurance efforts related to health care operations. For example, we may supply information regarding services HealthChoices members have received to assist Counties in assessing the quality of their programs and providers.
 - d. We may transmit PHI to our Business Associates with whom we have contracted to perform functions on our behalf if the information is necessary for such functions or services. For example, we may transmit encrypted PHI to a cloud services provider for purposes of data backup. Our Business Associates are obligated to protect the privacy of PHI and are not allowed to use or disclose any information other than as specified in our contracts and HIPAA Business Associate agreements.
2. We may also disclose PHI when required to do so by international, federal, state or local law, including:
 - a. We may disclose PHI to a health care oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
 - b. We may disclose PHI to provide legally required notices of unauthorized access to or disclosure of PHI.
 - c. We may disclose PHI when necessary to prevent a serious threat to health and safety of the public.
 - d. We may disclose PHI pertaining to military veterans as required by military command authorities.
 - e. We may disclose PHI for workers' compensation or similar programs.
 - f. We may disclose PHI for public health activities.
 - g. We may disclose PHI to disaster relief organizations in case of a disaster.
3. ANY OTHER USE OR DISCLOSURE OF PHI REQUIRES WRITTEN AUTHORIZATION, WHICH YOU HAVE A RIGHT TO REVOKE AT ANY TIME. WE WILL NEVER SELL PHI OR USE IT FOR MARKETING PURPOSES.

YOUR RIGHTS PERTAINING TO PROTECTED HEALTH INFORMATION (PHI)

1. You have the right to be notified in the event of a breach on unsecured PHI.
2. You have the right to receive an accounting of certain disclosures of your PHI; an “accounting” being a list of the disclosures that we have made of your information. The request can be made for disclosures other than disclosures made for the purposes of: treatment; payment; health care operations; and those required by law. Requests must be submitted in writing to ACA to the contact person listed in this document.
3. You have the right to ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly.
4. You can ask questions or obtain more information about this notice and our privacy practices by calling or emailing the contact person at the top of this notice.
5. You have the right to file a complaint about our privacy practices. If you believe that YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED BY ACA, or YOU HAVE A COMPLAINT ABOUT ACA’S PRIVACY PRACTICES you can file a complaint with our contact person listed below:

Marie Turnbull
(610) 359-1210 Ext 114
mturnbull@acainc.com

You may also file a complaint with the United States Department of Health and Human Services’ Office for Civil Rights by sending a letter to the following address:

Office for Civil Rights
U.S. Department of Health and Human
Services 200 Independence Ave. S.W.
Washington DC 20201
OCRComplaint@hhs.gov

You may also call 1-877-696-6775 or visit <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

If a complaint is filed, we will fully investigate, document and notify you of our findings. We will not retaliate against you for filing a complaint.