

## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice explains:

- Your rights about the health information Scripps Health Plan Services (“the Plan”) keeps about you.
- How to file a complaint if you think your privacy or rights have been violated.
- You have the right to get a copy of this notice (paper or electronic) and ask questions about it. Contact information is at the bottom of this notice.

### Our Pledge Regarding Health Information About You

The Plan is dedicated to keep your health information private and safe. When you use your health plan, we keep records to manage your benefits and to meet the law. We follow this notice and the law when we use or share your information.

Per California Confidentiality of Medical Information Act (CMIA), “medical information” means any individually identifiable information, in electronic or physical form, regarding your medical history, mental or physical condition, or treatment that is held by or derived from the Plan or its contractors. The Plan will not disclose medical information for immigration enforcement purposes except as expressly permitted by California law (SB 81).

### How We May Use and Disclose Health Information about You

The following categories describe different ways that we use your health information within the Plan and disclose your health information to persons and entities outside of the Plan. We have not listed every use or disclosure within the categories below, but all permitted uses and disclosures will fall within one of the following categories. In addition, there are some uses and disclosures that require your specific authorization.

**Treatment:** We use and share protected health information to coordinate coverage and benefits, utilization management, case/care management, prior authorizations, and to communicate with providers for coordination of care in accordance with Health Insurance Portability and Accountability Act (HIPAA) and the Department of Managed Health Care requirements.

**Payment:** We may use and share health information about you to review, bill, pay, and collect for healthcare claims and services sent to us for your medical care. This includes sharing information with practitioners, clinics, hospitals, and others who bill us for your care. We may forward bills to other health plans or organizations for payment. We may disclose health information to the sponsor of your group health plan, which may be your employer, or to a company acting on behalf of the plan sponsor, so that they can monitor, audit, and otherwise administer the health plan you participate in. Your employer is

not permitted to use the health information we disclose for any purpose other than administration of your benefits and payment of premiums.

**Health Care Operations:** We may use and share health information about you for healthcare operations. This means activities needed to run our healthcare operations and ensure all Members receive quality care. These activities include things like quality assurance activities, telephone calls to follow-up on your health status, provider credentialing, complex care management, disease management programs, administrative activities including the Plan's financial and business planning and development, customer service tasks like member satisfaction surveys or investigating complaints, and certain marketing activities, such as health education options for treatment and services.

**Business Associates:** The Plan works with outside organizations that provide services for us, such as accreditation agencies, management consultants, utilization and quality assurance reviewers, and billing and claims administrators. We may need to share health information about you with these business partners so they can do their work for us. To make sure information about you stays safe, we require all our business partners to sign a contract, or written agreement, agreeing to protect the privacy and security of information about you.

## Special Situations That Do Not Require Your Authorization

**State or federal law allows us to share health information about you in certain situations without your verbal or written permission.** Examples may include:

**Organ and Tissue Donation:** We may share health information about you with organizations responsible for organ, eye, or tissue procurement or transplantation to help with the donation process. However, these organizations must have your permission for the actual organ or tissue donation to take place.

**Research:** We may use health information about you without your permission for certain research purposes, such as preparing for a research project or reviewing past records. This is only allowed when the research goes through a special review process to protect patient safety, well-being, and privacy. In these cases, the protected health information must stay within Scripps and cannot be shared outside of Scripps. If you would like to opt out of participating in research, you can change your settings in the patient portal.

**Military and Veterans:** If you are in the armed forces, we may share health information about you when required by military command authorities.

**Worker's Compensation:** We may share health information about you for worker's compensation or similar programs if you have a work-related injury. These programs provide benefits to help cover work-related injuries or illnesses.

**Averting a Serious Threat to Health or Safety:** We may use and share health information about you if needed to prevent a serious threat to your health or safety, or the health and safety of another person or the public. We would only share this information with someone who can help prevent the threat.

**Health Oversight Activities:** We may share health information about you with a health oversight agency for activities allowed by law. These oversight activities include audits, investigations, inspections, and licensing. They are important for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

**Public Health Activities:** We may share health information about you for public health or required reporting purposes. These activities may include:

- Preventing or controlling diseases, injuries, or disabilities.
- Reporting births and deaths.
- Reporting reactions to medications, product issues, or other adverse events.
- Informing members about recalls of products they may be using.
- Reporting suspected cases of abuse, neglect, or domestic violence (such as for children, elders, or dependent adults) when required by law.
- Notifying state registries, like the California Emergency Medical Services Authority, if you are treated at the hospital for certain diseases or conditions.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

**Law Enforcement:** We may share health information about you with law enforcement officials for the following reasons:

- In response to a court order, subpoena, warrant, summons, or similar legal process.
- To help identify or locate a suspect, fugitive, material witness, or missing person.
- To identify a crime victim if, in certain situations, we cannot get the victim's permission.
- To share information about a death we believe may have been caused by criminal activity.
- To report criminal activity that occurs at the Plan.
- In emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Mortuaries:** We may share health information with a coroner or medical examiner to help identify a deceased person or determine the cause of death. We may also provide health information to funeral homes as needed to help them perform their duties.

**National Security and Intelligence Activities:** We may share health information about you with authorized federal officials for intelligence, counterintelligence, and other national security activities as allowed by law.

**Inmates:** If you are an inmate of a correctional institution or in the custody of law enforcement, we may share health information about you with the correctional facility or the law enforcement officials. This is necessary to provide you with healthcare, protect your health and safety or the health and safety of others, and ensure the security of the correctional facility.

**Legal Requirements:** We may share health information about you without your permission when required by federal, state or local laws not specifically mentioned in this notice. For example, we might share health information as part of a lawful request during a government investigation.

## Situations Requiring Your Verbal Authorization

**Individuals Involved in Your Care or Payment for Your Care:** We may share health information about you with a family member or friend involved in your care, unless you tell us ahead of time not to do so. We may also share health information about you with organizations helping with disaster relief efforts, like the Red Cross, so your family can be informed about your condition, status, and location.

## Situations Requiring Your Written Authorization

If we need to use health information about you in ways not described above, we will ask for your written permission. This written permission is called an “authorization.” For any uses or disclosures not covered in this notice, we will get your authorization before sharing information about you. If you give the Plan permission to use or share health information about you, you can change your mind and revoke your authorization at any time by letting us know in writing. Once you revoke your authorization, we will stop using or sharing health information about you for the reasons covered by that authorization. However, we cannot undo any actions we have already taken based on your previous permission, and we are required to keep records of the care we provide to you. Below are examples of situations where your authorization is typically required.

**Special Categories of Treatment Information:** In most cases, federal or state law requires your written permission, or the written authorization of your representative, to share information about drug and alcohol abuse treatment, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) test results, and mental health treatment.

**Substance Use Disorder (SUD) Treatment Records (42 CFR Part 2):** If the Plan creates, receives, or maintains records from a federally assisted SUD program about you, those records are subject to special federal confidentiality protections. With your written consent, a single authorization may allow future uses and disclosures of such records for treatment, payment, and health care operations, and HIPAA-covered recipients may redisclose those records consistent with the HIPAA Privacy Rule. The Plan will not use or disclose your Part 2 records, or testify about them, in any civil, criminal, administrative, or legislative proceedings against you unless you consent or a court orders it after providing you notice and an opportunity to be heard. You also have additional rights related to Part 2 records, including the right to request restrictions and to obtain an accounting of certain disclosures. If a breach of unsecured Part 2 records occurs, we will notify you as required by federal law.

**Sale of Health Information:** The Plan does not sell your health information about you. If we ever needed to use or share health information about you in a way that constitutes a sale, we would first get your written permission.

**Marketing:** In most cases, we need your permission for the Plan’s-related marketing activities. However, there are some exceptions. We do not need your authorization if the communication is face-to-face; if we give you a small gift of nominal value; or if the activity is to provide information about your treatment options or services.

**Fundraising:** For fundraising purposes, we will get your authorization unless it is for Scripps Health’s own fundraising effort. You have the option to opt out of receiving these communications at any time, and you can choose to opt back in if you wish. Details on how to opt out or back in will be provided in our fundraising communications and on our website.

## Your Rights Regarding Medical Information About You

Obtain a copy of our Notice of Privacy Practices in either paper copy or electronic format, via our webpage.

**Reproductive and Gender Affirming Health Privacy:** California's Confidentiality of Medical Information Act (CMIA) provides additional privacy protections. The Plan will not share information about reproductive or gender-affirming care to out-of-state agencies or law enforcement for investigations or legal actions that conflict with California law protecting access to this care. The Plan will also not assist with or respond to out-of-state subpoenas or similar legal requests seeking such information, except as required by California law. **We will continue to use and share information about you for treatment, payment, and health care operations, and when you receive services in another state, unless you opt out of Health Information Exchange.**

**Rights for Minors:** California state law allows some minors to consent to certain healthcare services, including family planning, pregnancy-related care, treatment for communicable or infectious diseases, care for sexual assault, sexually transmitted infections (STIs) including human immunodeficiency virus (HIV), substance use disorder treatment, outpatient mental health services, and contraception. Minors who can legally consent to these services also have the right to privacy for this care. To honor this, we seek their permission before sharing any information, even with parents or guardians. Additionally, since parents or guardians often have proxy access to their minor's records through the patient portal, we adjust the settings at age 12 to limit parent or guardian access to these records in order to protect the minor's privacy when seeking treatment. The Plan honors these rights in its communications and benefit administration and will coordinate with providers to limit disclosures in accordance with law (including confidential communications under AB 1184 protections for sensitive services).

**Request a restriction on certain uses and disclosures of information about you.** Requests for restrictions on the use or sharing of health information about you must be made in writing, and we will respond in writing to let you know if we can agree to your request. However, we are not required to agree to a restriction if our systems or workflows cannot support it. For example, we cannot restrict access to information about you to only your specific care team, as staff from other departments, such as scheduling, billing, payment processing, and quality reporting may need to access health information about you for treatment, payment, or operations. If we do agree to a restriction, we will follow your request.

**Services You Pay for Out of Pocket:** Under federal law, if you (or someone on your behalf) pay a health care provider in full for a particular item or service and request that the provider restrict disclosure to a health plan for payment or health care operations, the provider must agree to that restriction unless disclosure is otherwise required by law. When a provider honors such a restriction, the Plan may not receive information about that item or service.

**Inspect and request a copy of your health record:** You have the right to inspect and request a paper or electronic copy of health information about you. To do so, you must submit a written request to Scripps Health Information Management. There may be a reasonable fee for providing copies. In very limited situations, we may deny your request—for example, if access to the information could endanger your life or the safety of another person. If your request is denied, you can ask for the denial to be reviewed by another healthcare professional chosen by our team. We will follow the decision made after this review.

**Request to amend your health record:** Your request to amend health information about you must be

made in writing and include a reason to support your request. We may deny your request if the information was not created by our healthcare team, if it is not part of the information we maintain, if it is not part of the information you are allowed to inspect and copy, or if the information is already accurate and complete. Please note, if we approve your request for an amendment, we are not required to delete any information from health records about you.

**Accounting of Disclosure:** You have the right to request a list called an accounting of disclosures. This accounting does not list every individual who has accessed health information about you in our medical record system. Nor does it include when we shared health information about you for treatment, payment, and operations purposes or certain other disclosures, such as those you asked us to make. Other than these exceptions, it will include when and with whom we shared information about you outside of the Plan in the six (6) years prior to your request.

**Confidential Communications (California AB 1184):** If you are a “protected individual” (for example, an adult enrollee or a minor who can consent to care), the Plan will direct all communications regarding your receipt of sensitive services (such as mental/behavioral health, reproductive/sexual health, sexually transmitted infections including HIV, substance use disorder treatment, gender-affirming care, and intimate partner violence) only to you at the mailing address, email address, or telephone number you designate. We will accommodate these requests regardless of endangerment. Without your written authorization, we will not disclose information about sensitive services to the policyholder, primary subscriber, or other enrollees. Communications include explanations of benefits, adverse benefit determinations, billing and collection notices, requests for information, notices of contested claims, and any written, oral, or electronic communication that contains protected health information. If you have not designated an alternative address/email/phone, we will send communications to the contact information on file in your name.

**Revoke your authorization:** You have the right to revoke your authorization for the use or sharing health information about you at any time. However, this does not apply to actions that have already been taken based on your previous authorization.

**Right to be notified of a breach.** The Plan is committed to protecting health information about you and takes steps to prevent breaches. If a breach of unsecured health information happens, we will notify you as required by state and federal laws.

**Request for Copy of Health Information:** Visit the Scripps webpage under Medical Records for details on how to:

- Obtain a copy of medical records about you
- Request an accounting of disclosures
- Amend health information about you
- Add an addendum to health information about you

**Questions or Complaints:** If you have questions or concerns about how we manage health information about you, you can contact us, the California Department of Managed Health Care (DMHC), or the U.S. Department of Health and Human Services, Office for Civil Rights. To file a complaint about this notice or how the Plan handles health information about you, write to: Scripps Health Plan Services Compliance Officer at 10790 Rancho Bernardo Road, 4S-300, San Diego, CA, 92127 or telephone at (844) 337-3700. We will not take any action against you for filing a complaint. You can also contact the

DMHC at 1-888-466-2219 or visit their website at [www.dmhc.ca.gov](http://www.dmhc.ca.gov) or send a written complaint to the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights.

**Calling, texting, and emailing:** We may contact you about your healthcare using the telephone numbers and email addresses you provide. This could include automated calls, pre-recorded or synthetic voice messages, texts, emails, or secure messages through our patient portal. These communications may include information such as appointment reminders, discharge planning, billing, prescription reminders, scheduling opportunities, updates on your general health, or regulatory notices sent by this method instead of first-class mail. We may also contact you regarding health plan functions, including case management, care coordination, utilization management activities, and referrals.

Texts and emails are not encrypted, which means there is a risk that someone else could read or access these messages. To protect your privacy, we limit the amount of protected health information included in these communications.

If you do not wish to receive text or email messages of this kind, you can update your communication preferences in our patient portal or let us know so we can adjust your preferences. You will also have the option to opt out of receiving similar communications in the future when we contact you.

**Who is Covered by this Notice:** This notice applies to the Plan and its delegates/contracted entities as identified in your enrollment materials or on our website. Scripps Health hospitals and clinics, and each delegate, maintain their own separate Notices of Privacy Practices. Please refer to those Notices for provider-specific privacy practices.

**Organized Health Care Arrangement (OHCA) at Scripps Health Plan Services:** The Plan participates in an Organized Health Care Arrangement (OHCA) under HIPAA. An OHCA allows the Plan and its affiliated partners/delegates to share health information with each other to improve coordination of care, ensure quality services, and streamline healthcare operations. Scripps Health entities and the Plan's delegates also have a separate OHCA. Scripps Health is covered by its own separate Notice of Privacy Practices, which can be found on Scripps Health's website under Notice of Privacy Practices. Each of the Plan's delegates is covered by its own separate Notice of Privacy Practices, which can be found on its respective website under Notice of Privacy Practices.

**Changes to this Notice:** We reserve the right to change our privacy practices and update this notice as needed. Any revised or updated notice will apply to health information we already have about you, as well as any information we receive in the future. Copies of the current notice are posted on our website at <https://www.scrippshealthplanservices.com> or may be requested by calling our toll-free Customer Service number, **(844) 337-3700**, or for the hearing and speech impaired **TTY: (888) 515-4065**.

**Effective Date:** The effective date of this notice is January 1, 2016. The notice was updated on February 16, 2026 to include: information regarding rights of minors; additional protections for reproductive and gender-affirming care based on state law; information on calling, texting, and email communications; examples of restrictions we are not able to agree to; more details on what an

accounting of disclosure does not include; and an explanation of who is covered by this notice, including an explanation of the OHCA.