

Notice of Privacy Practices



At Vaya Partners, we value your privacy and the security of your information. Understanding what information we collect, and how we use it, is important for making informed decisions about your care.

This notice describes:

- What information we collect about you
- How we collect and protect that information
- How your information may be used and disclosed
- How you can get access to this information

Your Information

The information we collect gives us more details about you and your health. This includes things like:

- **Your name, address, and phone number:**
This helps us know who you are and how to contact you.
- **Your medical history and visit summaries:**
This includes information about any illnesses, treatments, medications, and doctor visits. These help us understand your health and the care you need.
- **Your coverage:**
This includes information about your health plan and what services it covers.

Collecting your Information

We get information about you from different people and organizations. We may also share certain information with local and state agencies as required by law. We gather information about you from:

- **You:** We collect information from you when you fill out forms, talk to our employees over the phone or in person, or visit the MemberCONNECT Portal.
- **Doctors and other healthcare providers:** Your doctors, specialists, and other providers share information with us about your health, treatments, and services you receive.
- **Care Manager:** If you have a Care Manager, they may gather information to help coordinate your care and make sure you get the services you need.
- **North Carolina Department of Health and Human Services (NCDHHS):** NCDHHS shares information about your Medicaid eligibility and coverage.
- **Department of Social Services (DSS):** DSS shares information with us about your contact information and details about additional services or supports.

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Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

See pages 3 and 4 for more information on these rights and how to exercise them

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

See page 4 for more information on these choices and how to exercise them

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

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

See pages 5 and 6 for more information on these uses and disclosures

We may use and share your information as we:

- Help manage the healthcare treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get an electronic or paper copy of your health information that we maintain in designated record sets or other health information we have about you, with limited exceptions. We will provide access to your health information if readily producible, or in a mutually agreed-upon format, within the timeframe required by law. To do this, contact our Records Management Team at HealthInformation@VayaPartners.org or at **1-800-893-6246**.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. To do this, contact our Records Management Team at HealthInformation@VayaPartners.org or at 1-800-893-6246.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- To obtain an Accounting of Disclosures, contact our Records Management Team at HealthInformation@VayaPartners.org or at **1-800-893-6246**.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
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Choose someone to act for you

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

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the bottom of page 9.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.
- We will not retaliate against you for filing a complaint.

For requests and questions related to your records, contact HealthInformation@VayaPartners.org. To obtain a paper copy of this Notice, you may call 1-800-893-6246, and we'll mail you one.

Your Choices

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

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

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

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

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

- Marketing purposes
- Sale of your information

Our Uses and

How do we typically use or share your health information?

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Disclosures

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

Help manage the healthcare treatment you receive

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

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

Run our organization

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

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

Pay for your health services

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

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

Administer your plan

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

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge

How else can we use or share your health information? We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Do research

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

Comply with the law

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

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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

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

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
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Understanding what is in your medical record and how, when, and why Vaya Partners uses the information helps you make informed decisions when authorizing disclosure to others.

Some of the permitted uses and disclosures described above may be limited by federal rules governing the confidentiality of alcohol and substance use treatment records (42 CFR Part 2). We will never share any alcohol or substance use treatment records without your written consent, except as required by law. Your written consent may authorize us to share your alcohol and substance use treatment records for all future uses or disclosures for treatment, payment, and healthcare operations purposes. Please note that 42 CFR Part 2 requires or allows us to share alcohol and substance use treatment records with others in specific situations when you do not have to give consent or have the opportunity to agree or object to the use and disclosure. We will never use or disclose alcohol and substance use records or testimony for the purpose of civil, criminal, administrative, or legislative proceedings against you, unless:

- You have specifically authorized release of your records or testimony for that purpose; or
- A court has issued an order authorizing release of your records or testimony pursuant to a subpoena or similar legal mandate compelling disclosure of your information after notice and an opportunity for you or a holder of the records to be heard.

Prior to disclosing substance use treatment information under one of these exceptions, we will evaluate each request to ensure that only the minimum necessary information will be disclosed. These situations include, but may not be limited to, the following:

- To medical personnel in a medical emergency
- To qualified personnel (including NCDHHS representatives) for audit and program evaluation activities
- For scientific research purposes under limited circumstances
- To respond to a lawfully issued subpoena and court order
- To a county Department of Social Services or law enforcement to report child abuse, neglect or exploitation
- To law enforcement in relation to the commission of a crime on Vaya Partners premises or against Vaya Partners staff or a threat to commit such a crime
- To qualified service organizations when appropriate. (These are entities that perform administrative services for Vaya Partners such as data analysis, software development, or legal, medical, accounting, or other professional services. They must agree to abide by 42 CFR Part 2.)

Your health information will not be disclosed without your authorization unless required or allowed by state and federal laws, rules or regulations. We are allowed to use and disclose PHI only in the manner described in this Notice.

Information that is disclosed under the terms of this notice to us or our business associates pursuant to your written consent for treatment, payment, and healthcare operations may be re-disclosed by us or our business associates, without your consent, to the extent HIPAA regulations or 42 CFR Part 2 permit such disclosure.

Our Responsibilities

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

For more information, visit www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Protecting your Information

Protecting your information is one of our highest priorities. We use policies and technology to make sure your information is safe when it is:

- Spoken or discussed
- Written on paper
- Saved electronically
- Sent or shared

Our policies follow all applicable federal and state laws and guidelines. Our staff reviews and updates all policies to help keep your information safe and provide the best support we can. These policies cover:

- How we use and protect your information
- How we manage our records and systems
- Who can access certain information or system
- What happens if a policy isn't followed

Below explains more about how we protect your information:

- **Oral Information:** When we talk about your information in person or over the phone, we make sure only authorized individuals are part of the conversation. We avoid discussing your information in public spaces. Our staff is also trained to be discreet when handling sensitive information.
- **Written Information:** Any paper documents with your information on it are stored securely. We use locked cabinets and restrict access to our facilities. When it is time to dispose of paper records, we make sure they are shredded and properly disposed.
- **Electronic Information:** All electronic information and communication tools that we use are protected with advanced security technologies. We use encryption for saving information electronically. Encryption is a way of converting your information into a secure code that only authorized individuals can read. We use secure passwords for access to our systems. We have firewalls and other security systems in place to protect our computer networks and devices.
- **Access Control:** Only authorized staff members who need your information to coordinate care or services may access it.
- **Training and Awareness:** All staff receive regular training about privacy and security. We make sure everyone understands the importance of protecting your information and knows how to handle it responsibly.
- **Monitoring and Audits:** We routinely monitor how our systems are being used and make updates as needed. If we detect any unusual activity or potential threats, we act immediately to protect your information and privacy.

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Changes to the Terms of this Notice

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

This Notice of Privacy Practices is effective Oct. 1, 2026.

This Notice of Privacy Practices applies to the following organizations.

This Notice of Privacy Practices applies only to Vaya Partners.

Providers in Vaya Partners' network of providers are required to have their own Notice of Privacy Practices.

Privacy Officer, Vaya Partners
901 S. New Hope Road,
Gastonia, NC 28054

Telephone: 1-800-893-6246
Email: PrivacyOfficer@VayaPartners.org
Website: www.VayaPartners.org