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PRIVACY POLICY

The privacy of our members is very important to us. This NOTICE OF PRIVACY PRACTICES defines our stringent privacy practices.

NOTICE OF PRIVACY PRACTICES

Vantage Medical Group must use and disclose your health information to provide information:

- ➔ To you or someone who has legal right to act for you (your personal representative)
- ➔ To the secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected
- ➔ When required by law.

Vantage Medical Group has the right to use and disclose health information to pay for your health care services and operate our business. For example, we may use your health information:

- ➔ **For Payment.** To process claims for health care services you receive.
- ➔ **For Treatment.** Vantage Medical Group may disclose health information to your doctors or hospitals to help them provide medical care to you.
- ➔ **For Health Care Operations.** Vantage Medical Group may use or disclose health information as necessary to operate and manage our business and to help manage your health care coverage. For example, Vantage Medical Group might talk to your doctor to suggest wellness programs that could help improve your health.
- ➔ **For Notification of Authorization Status.** We may use health information to contact you in regard to status of authorization requested with providers who provide medical care to you.
- ➔ **For Eligibility Verification.** We may disclose to a health care provider your eligibility status.

Vantage Medical Group may use or disclose your health information for the following purposes under limited

circumstances:

- ➔ **For Public Health Activities** such as reporting disease outbreaks.
- ➔ **For Recording Victims of Abuse, Neglect or Domestic Violence** to government authorities, including a social service or protective service agency.
- ➔ **For Compliance and Oversight Activities** such as government audits and fraud and abuse investigations.
- ➔ **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- ➔ **For Law Enforcement Purposes** such as providing limited information to locate a missing person.
- ➔ **To Avoid a Serious Threat to Health or Safety** by, for example, disclosing information to public health agencies.
- ➔ **For Workers Compensation** including disclosures required by state workers compensation laws of job related injuries.

HIGHLY CONFIDENTIAL INFORMATION

Federal and applicable state laws may require special privacy protections for highly confidential information about you. "Highly confidential information" may include confidential information under Federal law governing alcohol and drug abuse information as well as state laws that often protect the following types of information:

- ➔ HIV/AIDS
- ➔ Mental health
- ➔ Genetic tests
- ➔ Alcohol and drug abuse
- ➔ Sexually transmitted diseases and reproductive health information
- ➔ Child or adult abuse or neglect, including sexual assault.

WHAT ARE YOUR RIGHTS

The following are your rights with respect to your health information.

- ➔ You have the right to ask to restrict uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that may authorize certain restrictions. Please note that while we try to honor your request and will permit requests consistent with its policies, we are not required to agree to any restrictions.
- ➔ You have the right to ask to receive confidential communications of information in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your

home address)

- ➔ You have the right to see and obtain a copy of health information that may be used to make decisions about you such as claims and case or medical management records. You also may receive a summary of this health information. You must make a written request to inspect and copy your health information. In certain limited circumstances, we may deny your request to inspect and copy your health information.
- ➔ You have the right to ask to amend information we maintain about you if you believe the health information about you is wrong or incomplete. If we deny your request, you may have a statement of your disagreement added to your health information.

EXERCISING YOUR RIGHTS

- ➔ **Contact your Health Plan.** If you have any questions about this notice or want to exercise any of your rights, please call telephone number on your ID card.
- ➔ **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the address:

Vantage Medical Group
Security Compliance Officer
2115 Compton Ave. Suite 301
Corona, CA 92881

You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. We will not take any action against you for filing a complaint.

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FORMS

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Referral Form

UB-04 Form
CMS 1500 Form
Physical Exam Form
CM Referral Form

HEADQUARTERS

2115 Compton Ave. Suite 301
Corona, CA 92881
Main Number: 951-280-7700

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