

Essential Plan Notice of Privacy Practices

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

NY State of Health or the “Marketplace” must tell you how we use, share and protect your health information. We also must tell you about your rights concerning this information.

The Essential Plan is a program offered through the Marketplace in accordance with federal law and authorized under NY State Social Services Law section 369-gg or 369-ii. The Marketplace allows individuals to check their eligibility for and enroll in an Essential Plan if they are eligible.

Your Health Information is Private.

The Marketplace is required to keep your information private, share your information only when we need to, provide you with notice of our legal duties and privacy practices with respect to your protected health information, and follow the privacy practices in this notice. We must make special efforts to protect the names of people who get HIV/AIDS or drug and alcohol services. We are required to notify you should a breach of your information occur.

What Health Information Does the Marketplace Have?

The Marketplace receives personal information about you such as your address and social security number, which is necessary to check your eligibility for and allow you to enroll in an Essential Plan if you are eligible. The Marketplace also receives your Essential Plan selection and forwards your enrollment information to the particular Essential Plan that you selected and the plan acknowledges receipt of this enrollment information. The Essential Plan also receives information from the plan on claims that have been paid for health care services.

We Must Share Your Health Information When:

- You or your representative requests your health information.
- Government agencies request the information as allowed by law such as audits.
- The law requires us to share your information.

In your Marketplace application, you gave the Marketplace the right to use and share your information to determine if you and/or the family members listed on the

Marketplace application qualify for health coverage or help paying for coverage, including the Essential Plan.

We May Review Your Health Information:

- To make sure you are enrolled in the right health program.
- Make sure you receive quality health care and that all the rules and laws have been followed.

We may also use and share your health information under limited circumstances to:

- Study health care: We may look at the health information of many consumers to find ways to provide better health care.
- Verify eligibility for and administer benefits for which you have applied (such as the Essential Plan Cooling Program), where sharing the information is necessary to provide the benefit.

We must have your written permission to use or share your health information for any purpose not mentioned in this notice.

What Are Your Rights?

You or your representative have the right to:

- get a paper copy of this notice.
- see or get a copy of your health information. If the request is denied, you have the right to seek a review of the denial.
- request amendments to your health information.
- request limits on certain uses and disclosures of your information.
- ask us to contact you regarding your health information in different ways (for example, you can ask us to send your mail to a different address).
- ask for special forms that you sign permitting us to share your health information with whomever you choose. You may take back your permission at any time, as long as the information has not already been shared.
- get a list of those who received your health information. This information will not include health information requested by you or your representative, information used to operate the Marketplace or information given out for law enforcement purposes.

For More Information or to Report a Problem:

If you have privacy questions, need more information or believe your privacy rights have been violated and you wish to complain, you may contact:

Privacy Contact
NYSDOH
Corning Tower Empire State Plaza
Albany, NY 12237
Phone: 1-855-355-5777
e-mail: privacy@health.state.ny.us

You may also report a complaint to: Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312, New York, New York 10278, telephone number (212) 264-3313, fax number (212) 264-3039, TDD (212) 264-2355.

You will not be penalized for filing a complaint.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information we maintain.

If we change the information in this notice, we will send you a new notice and post a new notice on the Marketplace website.

Revised: April 2025