Enroll in an HMO Today!

New Jersey is enrolling NJ FamilyCare/Medicaid clients into Managed Care. This means that you need to choose a Health Maintenance Organization (HMO) to receive your health care benefits. Managed care helps you get the comprehensive, coordinated quality health care you deserve.

If you have a personal doctor, you should choose an HMO that includes your doctor. This brochure will walk you through the steps to choose your HMO.

Get started now ...

**Step 1** Select your HMO
Learn about your HMO choices on the enclosed HMO brochure.

**Step 2** Identify your personal doctor
Find out more about locating a personal doctor on pages 2–3.

**Step 3** Enroll NOW
It’s easy to do... see page 3.
Step 1
Pick your HMO

You get your medical care through the doctors, hospitals and pharmacies that work with the HMO you choose. New Jersey works with four HMOs, and one will be right for you.

A lot of people pick an HMO because their doctors work with that HMO. HMOs provide a provider of preventive services and can coordinate your health care needs.

There is more information to help you pick an HMO on the enclosed HMO brochure. To help find the HMO that is best for you or to see if your doctor is in an HMO’s network, call the health benefits coordinator at:

1-800-701-0710
TTY line for hearing impaired users ONLY: 1-800-701-0720

Step 2
Identify your personal doctor

Finding your personal doctor is an important health decision. When you are enrolled with your HMO, you pick a personal doctor who will provide medical care to you and your family.

You can go to your personal doctor when you are sick or need a check-up. If you need other medical services, your personal doctor helps you get that care, too. Each person in your family can have a different primary care doctor within the HMO.

Your personal doctor is usually a family doctor, internist, or a pediatrician for your children. An HBC can help you with more information.

You can choose your current doctor, but your doctor needs to work with one of the HMOs in the NJ FamilyCare/Medicaid Managed Care program. And you need to sign up with an HMO that lets you choose your current doctor to be your personal doctor.

To find out which HMOs your doctor works with, call an HBC at 1-800-701-0710.

It’s easy to get help and find your doctor.

Call 1-800-701-0710

TTY line for hearing impaired users

8 a.m. – 8 p.m. Monday and Thursday, 8 a.m. – 5 p.m. Tuesday, Wednesday and Friday
Voicemail after hours

For more information
Step 3
Enroll NOW

There are three different ways you can enroll. You can:

**Call** 1-800-701-0710 and enroll over the phone;

OR

**Call** 1-800-701-0710 to set up an appointment with an HBC at a local community site or at your home.

OR

**Send** in the NJ FamilyCare Plan Selection Form (sent with this packet). Fill it out and return it in the envelope provided (no postage needed).

If you don’t already have a doctor, there is a lot to think about when choosing one. Here are some questions to consider:

- Can I find a doctor close to my house?
- What type of doctor do I want to see?
- Do I need a doctor who speaks a certain language?
- Do I have any special health care needs?
- Do I need a doctor who works at the hospitals close to me?
- Do I need a doctor with a barrier-free and accessible office?

**After you enroll, your HMO will send you a membership card. Keep it with your Health Benefits Identification Card. You need to show both of them when you see your doctor.**

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Managed Care Q&A

What are some benefits of managed care?
Managed Care offers several very important benefits to make sure you receive the quality health care you deserve:

▶ A personal doctor is responsible for your health care.
▶ Preventive Care
▶ You have access to health care 24 hours a day, 7 days a week.
▶ Health Education Programs
▶ A team of Health Benefits Coordinators (HBCs) act as your advocates for quality health care.
▶ An HMO Care Manager assists you with the services you need.

Will my health benefits remain the same?
Yes. You continue to receive the same benefits. The only change is that most services require the approval of your personal doctor.

What if I need special medical care?
Care is available to you for special medical conditions. Talk to your HMO personal doctor first, who will refer you to the medical specialists you need. If you have any problems getting specialty care, call an HBC or your HMO Care Manager for help.

What if I am seeing a specialist now?
Most specialty treatment needs to be approved by your personal doctor. Your personal doctor talks with you about getting this care and sends you to a qualified specialist in the HMO. This is called a referral.
Check with your specialists to see which available HMOs they belong to.

Can I choose my specialist as my personal doctor?
In some cases, you may be able to choose a specialist as your personal doctor. Call your HMO to find out if specialists can act as personal doctors.

What if I need mental health or substance abuse treatment services?
Clients of the Division of Developmental Disabilities, including the Division of Developmental Disabilities/Community Care Waiver programs, receive mental health and substance abuse services through their HMO and must follow HMO procedures to use those services. All other individuals receive these services under the traditional Medicaid fee-for-service program.

What is an HMO Care Manager?
A care manager works for the HMO. He/she is a nurse or social worker who assists you with getting the health care services you need. A care manager helps coordinate your health care, develops a plan of care for you, monitors your care and assists you in getting the social and other support services you need.

How can a Health Benefits Coordinator (HBC) help me?
Every HBC is dedicated to helping you get quality health care. They answer your questions and help you choose an HMO that’s right for you. You can call a Health Benefits Coordinator at 1-800-701-0710 or visit one in person. Call the toll free number to find out where you can meet with an HBC. Some HBCs speak a language other than English, or you can get a translator for help.
Can I join an HMO that is in a different county from the county I live in?

You must choose an HMO that operates in your county. The chart on page 6 shows the counties where the HMOs operate.

Important note: Clients of the Division of Developmental Disabilities and the Aged, Blind or Disabled can join any one of the four HMOs that participate in NJ FamilyCare/Medicaid.

What if I receive family planning services?

You can continue to see these Medicaid providers without a referral from your personal doctor.

What if I want to transfer to a different HMO?

Medicaid clients have 90 days to change HMOs after they sign up and then yearly during the Open Enrollment Period. If you need assistance, call an HBC at 1-800-701-0710 (TTY: 1-800-701-0720).

Thereafter, you can transfer to another HMO during the Open Enrollment Period. The Open Enrollment Period is held from October 1st through November 15th each year, with an effective date of enrollment in the new HMO on January 1st.

If you have good cause, you may also request to transfer to another HMO at any time.

Do I have to join an HMO?

The NJ FamilyCare/Medicaid program is enrolling people into managed care through HMOs. Your health care services will now be offered through an HMO. If you have any questions about enrolling, call an HBC at 1-800-701-0710 to discuss your options.

Services provided by all NJ FamilyCare/Medicaid HMOs

Most services currently covered by NJ FamilyCare/Medicaid will be provided by your HMO. Many of these services are listed below. Some services will continue to be provided by the traditional Medicaid fee-for-service program.

Services covered by all of the HMOs

- Hospital care: emergency, inpatient, outpatient
- Doctor or nurse office visits
- Lab tests and X-rays
- Prescription medicine
- Medical supplies and equipment
- Eye care and eyeglasses
- Family planning and supplies
- Hearing exams and hearing aids
- Podiatry services
- Home health care
- Hospice (end of life care)
- Dental
- Chiropractor’s services
- Prosthetic and Orthotic services
- Organ transplants
- Transportation: ambulance and invalid coach

Services covered by the traditional Medicaid fee-for-service program

- Nursing homes
- Mental health, alcohol and drug abuse services
- Abortions

For more information about covered services, call 1-800-701-0710

TTY line for hearing impaired individuals ONLY: 1-800-701-0720.
Healthfirst NJ Benefits:
- No paper referral required to see a specialist.
- Access to doctors, specialists and medical services right in your neighborhood.
- Dedicated Member Services Department with representatives who speak your language.
- Health improvement and community assistance programs.

Health Improvement Programs:
Our nurses will take good care of you with our health and wellness programs. Each program focuses on providing you with educational information and preventative care from pregnancy to child vaccinations, asthma, diabetes and more. Some programs include:
- **Healthy Mom/Healthy Baby**: This program connects pregnant women to one of our nurses, education on healthy food choices, prenatal vitamins and postpartum care.
- **Immuni-Kids**: Guides you on important vaccinations, immunizations and safety measures to protect your children.
- **Healthy Teens**: Helps teens take control of their health.
- **Adult Prevention Program**: Program designed to educate adults on establishing healthy eating habits and lifestyle.

Community Programs:
Where you live and how you live is important to us. We partner with local medical centers, hospitals, businesses and community groups to create opportunities in the neighborhoods. We offer services such as:
- A licensed social worker who can assist you with getting information on housing, utilities, finances, locating a government office and more.
- **Children and adult literacy programs** including a Reach Out and Read program.
- Health and wellness awareness events.

**AMERIGROUP offers more for your health.**
Take advantage of our:
- Reminders for well child checkups and immunizations;
- Community events and family health fairs; and
- Health workshops and advice about asthma, lead poisoning awareness and more.

www.amerigroupcorp.com

www.healthfirstnj.org
Keeping You and Your Family Healthy: Horizon NJ Health is the ONLY NJ FamilyCare plan backed by Horizon Blue Cross Blue Shield of New Jersey. Benefits you can count on from a name you trust.

Special Programs just for Horizon NJ Health Members: Horizon NJ Health understands that your family’s good health is important to you. Members can join these special programs, developed to help keep you and your family healthy, at no cost to members.

- **Asthma “Breathe Easy” Program:** A special treatment program to help members with asthma, breathe easier.

- **Mom’s GEMS Program for Pregnant Members:** A prenatal program to help expectant mothers receive needed care to have a healthy pregnancy.

- **Diabetes Management Program:** Members can get help to control their diabetes and learn how to prevent the long-term effects that this disease can have on their health.

- **CHAMPS Health and Wellness Program:** All young Horizon NJ Health members are treated like CHAMPS. Through our CHAMPS Program, we help make sure CHAMPS members are receiving their good-health checkups and are immunized from birth to age 21.

- **When Members Need a Helping Hand:** For when you need more than just health care services, our Social Workers will help connect you with valuable resources such as community and government programs.

- **Individual Care for Members with Special Needs:** Horizon NJ Health has a Care Coordination Unit that will assist with coordinating care for durable medical equipment, social services, doctor and dental visits, transportation and other services.

Nothing is more important than your family’s good health. Let Horizon NJ Health give your family the quality health coverage they deserve.

www.horizonnjhealth.com

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**UnitedHealthcare Community Plan**

1-800-941-4647 English and translations
TTY/TDD 711

All Your Health Care Benefits Plus:
The mission of UnitedHealthcare is to improve not only the health, but also the quality of life for our members. For more than 10 years, the UnitedHealthcare network of community-based doctors and dentists, hospitals and neighborhood pharmacies has provided quality care, with dignity and respect, to the people of New Jersey.

**UnitedHealthcare Dual Complete:**
UnitedHealthcare Dual Complete is a comprehensive program of services for members. A specially-designed team of Health Educators and Care Managers concentrate on early identification, prevention, education, advocacy, community and social services for members with the following diseases: asthma, diabetes, congestive heart failure (CHF), high risk pregnancy and lead toxicity.

**Healthy First Steps:** Healthy First Steps is a special community based care management program that targets pregnant members and new moms to make sure they get the care they need.

No Referral Necessary for:
- Participating OB/GYNs; or
- Participating dentists (in most cases).

**Health Care Benefits Plus:**
- Personal Care Doctor for each member;
- Preventive dental services (in most cases);
- Eye exams and glasses;
- Member Services Helpline staff available 24 hours a day/7 days a week.

Community Involvement: UnitedHealthcare is a proud sponsor of the national literacy program Reach Out and Read in New Jersey. Doctors who participate with Reach Out and Read encourage parents to read to their children and also provide children with new books at wellness visits.

www.uhccommunityplan.com
HMO Plan Selection Form:
I need to (check one):
Choose an HMO (Please complete Sections 1, 2, and 3)

Section 1:
Language spoken at home: __________________________

Head of Household Name: __________________________ NJ FamilyCare Number: __________________ Person No: _______

Street Address: __________________________ City: __________________ State: ______ Zip code: ______
Household Phone: __________ Other Phone: __________ (e.g. work, neighbor, cellular, pager, relative, etc.) Daytime Phone: __________

Authorized Person/Guardian Name: __________________________ Authorized Person/Guardian Phone: __________________________

Street Address: __________________________ City: __________________ State: ______ Zip Code: __________

Information on Family Members to be enrolled:
If you need to include more family members, use another piece of paper

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<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Social Security Number</th>
<th>Race*</th>
<th>Ethnicity**</th>
<th>Who is your Current Doctor? (include Name, City/Town, Phone #)</th>
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*RACE CODES: 1A5 = White; 1A3a = Black/African American, 1A3c = Black/Other; 1A1 = American Indian/Alaska Native; 1A2a = Asian Indian, 1A2b = Chinese, 1A2c = Filipino, 1A2d = Japanese, 1A2e = Korean, 1A2f = Vietnamese, 1A2g = Other Asian; 1A4 = Native Hawaiian /Other Pacific Islander; 1B = Two or more races.
**ETHNIC CODES (Hispanic or Latino Origin; Any Race): 2A1 = Mexican; 2A2 = Puerto Rican; 2A3 = Cuban; 2A4 = Central American; 2A5 = South American; 2A6 = Other Hispanic or Latino

Is anyone applying:
Taking prescription medicines? ......................... □ Yes □ No
Receiving any medical treatment? ......................... □ Yes □ No
Using any special medical equipment? ................... □ Yes □ No

Section 2: CHOOSE YOUR HMO: Please see HMO brochure for available HMOs in your county.

Name of HMO you want to enroll in: ________________________________
Section 3: SIGN AND DATE FORM

By signing this form, I represent that I have read and understood the Privacy Notice and the NJ FamilyCare program “Rights and Responsibilities” or Statement of Understanding. I am giving permission to release my medical records and those of any of my family members who enroll in the program, to the program’s HMOs and its providers.

Sign your name here: _____________________________ Date: _____________________________

Next Step: When you receive your HMO ID card, please check the name of your primary care provider and all other information for accuracy. If there are any problems with the card, call the HMO’s member services for changes and corrections. Please call your HMO and tell them about any services or medicines you are taking and need to continue. See the HMO Booklet for toll free Member Services phone numbers.

To enroll in an HMO, return this form to:

    NJ Health Benefits Coordinator
    PO Box 8186
    Trenton, NJ 08650
STATEMENT OF UNDERSTANDING

Please read the following, then sign the form.

1. I understand that enrollment in an HMO is a separate process from becoming eligible for Medicaid and there may be a delay of 30-45 days between the time of application for managed care and the effective date of enrollment in an HMO.

2. I have answered all of the questions on this application.

3. I understand that the information I have given is private and will be given only to the HMO, the Health Benefits Coordinator and Medicaid.

4. I understand that I may be asked for more information by the HMO.

5. I believe that all of the information I have put on this form is true.

6. I understand that because I have joined an HMO, I must follow the rules for obtaining health care from the HMO.

7. I understand that I must let my HMO and Medicaid know if there is any change in the number of people in my family and that any newborn children will be enrolled in my HMO.

8. I understand that, unless I, or a family member have a medical emergency, I must call my personal doctor for medical advice, medical care or for a referral to a specialist.

9. I understand that if I, or a family member, have a true medical emergency, I must call my personal doctor or the HMO as soon as possible after I, or the family member, go to the hospital.

10. I understand that I must keep any medical appointment I have scheduled with a doctor and, if I cannot, I must call the doctor’s office to cancel the appointment.

11. I understand that if I go to a doctor other than my personal doctor I have selected, without a referral from my doctor or approval from the HMO, I may have to pay for that doctor’s services because Medicaid will not pay for the unapproved service or visit.

12. I understand that I may change to another HMO within 90 days of enrollment, and that I can call the Health Benefits Coordinator (HBC) to help me do that. I may also change to another HMO if I have good cause at any time, or I may transfer to another HMO during the annual Open Enrollment period, October 1st through November 15th, for an effective date of enrollment of January 1st.

13. I understand that I have to call the Health Benefits Coordinator if I move to be sure I can stay in the same HMO.

14. I give permission for the release of my medical history and health care records and those of my family members who will be enrolled to any person(s) in the HMO and its providers who shall provide or coordinate health care to me and my family as long as I am a member of the HMO.

IN SIGNING THE FORM, I AM VERIFYING THAT I HAVE READ THESE STATEMENTS AND UNDERSTAND THEM.

CALL A HEALTH BENEFITS COORDINATOR WITH ANY QUESTIONS AT 1-800-701-0710 (TTY 1-800-701-0720)
HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

1. Treatment. We may use your health information for your treatment. For example, information contained in your medical record would be used by a nurse, physician, or other member of your healthcare team who will be treating you. Your healthcare provider may use this information to assess the care and outcomes in your case and others like it.

2. Payment. We may use your health information for payment. For example, a bill may be sent to you or a third-party payer. The information may be shared with others, as well as your diagnosis, procedures and supplies used.

3. Health care operations. We may use your health information in the course of our health care operations. Examples include members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team. We may use information to plan, conduct and evaluate the quality and cost of the services provided, as well as to assess the outcomes in your case and others like it.

4. Business Associations. There are some services provided in our organization through contracts with business associates. Examples include accounting and attorneys. When these services are contracted, we may disclose your health information for these business services when necessary to maintain our business relationship with you. We may require our business associates to appropriately safeguard your information.

5. Facility Directory. If your name, location within our facility, and general condition are released to the public, a general public disclosure of your identity may be necessary. This information would only be disclosed to people who ask for your name. In addition, unless prohibited by law, we may include your religious affiliation to disclose only to clergy members and will disclose that information even if the clergy member does not ask for your name.

6. Family and Friends Involved in Your Care. If you do not object, we may share your health information with a family member, a relative or close personal friend who is involved in your care or the person with whom you share a major life decision. We may also notify a family member, personal representative or another person responsible for your care about your location, general condition, or your need for services. We may disclose to your family member your religious affiliation to disclose only to clergy members and will disclose that information even if the clergy member does not ask for your name.

7. Research. We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

8. Funeral directors. We may disclose health information to funeral directors and others to carry out their duties consistent with applicable law.

9. Organ procurement organizations. Consistent with applicable law and your wishes, we may disclose your health information to organ procurement organizations or other entities engaged in organ procurement, banking of organs, or transplantation of organs for the purpose of organ procurement, and, in the event of a patient’s death, to a coroner or medical examiner, and, to the extent you have authorized, to one or more of your other personal family members, other relative or close personal friend. We ask that such requests be made in writing to the privacy officer. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it.

10. Food and Drug Administration (FDA). We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or postmarketing surveillance information to enable product recalls, repairs or replacements.

11. Public Health. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

12. Correctional Institution. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

13. Law enforcement. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

14. Abuse, Neglect or Domestic Violence. We may disclose your health information to law enforcement authorities having jurisdiction by law to the agency, service or protective service agency if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. We will disclose only what is directly related to your case to the agency, service or protective service agency.

15. Health Oversight Activities. We may disclose your health information to a health oversight agency for activities authorized by law such as audits, civil administrative or criminal investigations, inspections, licensure or disciplinary actions, or other activities necessary for oversight of the health care system, government benefits program, government health programs, or health care programs to which we are subject.

16. Judicial and Administrative Proceedings. We will disclose your health information, in response to a valid subpoena or other lawful process, in a court of law or administrative tribunal, or in response to a valid subpoena if we receive satisfactory assurances from the party seeking the information that we made a good faith attempt to notify you or to secure a protective order or other relief. You may revoke any authorization to use or disclose health information, except to the extent that action has already been taken. If you request we make a copy of your Notice of Privacy Practices upon request. You may revoke any authorization to use or disclose health information, except to the extent that action has already been taken. If you request we make a copy of your Notice of Privacy Practices upon request. You may revoke any authorization to use or disclose health information, except to the extent that action has already been taken. If you request we make a copy of your Notice of Privacy Practices upon request.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the Department of Human Services, the information in your health record is your property. You have the following rights:

1. You may request that we not use or disclose your health information for a particular reason related to treatment, payment or health care operations, and to a particular family member, other relative or close personal friend. We will consider your request, but we are not required to accept it. If we do not accept your request, we will advise you of our reasons in writing.

2. You have the right to receive confidential communications of your health information. If you are dissatisfied with the manner in which we store, use or disclose your health information, you may request that we provide you with such information in a format that is of little or no communications. Such a request must be made in writing, and submitted to the privacy officer. We will accommodate all reasonable requests.

3. You may request to inspect and obtain copies of health information about you, which will be provided to you within a reasonable time frame. We may request that you request in writing to the privacy officer. If you request to receive a copy, you may be charged a reasonable fee.

4. You have the right to request a copy of your health information if you believe that the health information in your record is incorrect or if you believe that important information is missing. You may request that we correct the existing information or add the missing information. We will provide you with a reason in writing why we have not made the requested changes. You may also request that an accounting will not include the following types of disclosures: disclosures made for treatment, payment or health care operations, disclosures made to you or your legal representative, or any other individual involved with your care; disclosures authorized by you or your legal representative; disclosures to correctional institutions or law enforcement officials for national security purposes, disclosures made from the directory; and disclosures of incidental personal information to which you or the holder of your health information is entitled. This accounting will cover a period of not more than six years prior to the date on which the request was made.

5. You have the right to request a paper copy of our Notice of Privacy Practices upon request. You may revoke any authorization to use or disclose health information, except to the extent that action has already been taken. If you request we make a copy of your Notice of Privacy Practices upon request.

For more information or to report a problem

If you have questions or would like additional information, you may contact the appropriate privacy officer listed below.

If you believe that your privacy rights have been violated, you may file a complaint with us. These complaints must be in writing or made in person. If you make a complaint, the privacy officer or the appropriate department head may be contacted in writing or made in person to receive your complaint.

In the State of Minnesota, complaints may be filed with the Department of Health, Office of Internal Affairs, 515 Robert Street North, St. Paul, MN 55101-1340.

If you believe that your privacy rights have been violated, you may file a complaint with our office. You may file written complaints or complaints in person. This form of complaint may be obtained from the Department’s Privacy Officer and when completed should be returned to the Department of Human Services, P.O. Box 700, St. Paul, MN 55162. You may also file a complaint with the Secretary of the Federal Department of Health and Human Services by writing to 200 Independence Avenue SW, Washington, DC 20201. This needs to be done within 180 days of the time when the problem happened. You can also complain to the Office of Civil Rights by calling 866-777-7184.

If you make a complaint to the Department’s Privacy Officer or to the Secretary of Health and Human Services, it will be investigated against you and your benefits will not be affected.
Diferentes tipos de privacidad...