



## HIPAA Notice Of Privacy Practices

### The Privacy of Your Health Information

Your employer understands that your health information is personal. We are committed to protecting this information. We created a record of the health care claims reimbursed under the Plan, along with other related items that are used for administrative purposes. This notice applies to all health records that are maintained and informs you about the ways in which we may use and disclose your medical information. It also describes our obligations and your rights regarding the use and disclosure of medical information.

By law, your employer is required to:

1. Make sure that your medical information is kept private.
2. Give you this notice of our legal duties and Privacy Practices with respect to your medical information.

### Use and Disclosure of Your Medical Information

The following identifies the different ways that we use and disclose your medical information.

**Payment.** We may use and disclose your medical information to determine eligibility for Plan benefits, to facilitate payment for treatment and services, to determine benefit responsibility under the Plan, or to coordinate Plan coverage.

**As required by law.** We will disclose your medical information when required to do so by federal, state or local law.

**To avert a serious threat to health or safety.** We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or that of the public.

### Special Situations

**Discloser to other health plan sponsors.** Your information may be disclosed to another health Plan maintained by the employer for purposes of facilitating claims payments under that Plan. In addition, your medical information may be disclosed solely for purposes of administering benefits under the Plan.

**Organ and tissue donation.** If you are an organ donor, we may release your medical information to organizations that handle or procure organ, eye, or tissue transplants or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplant.

**Military and veterans.** If you are a member of the armed forces, we may release your medical information as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' compensation.** We may release your medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public health risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability.
- To report births and deaths.
- To report child abuse or neglect.
- To report reactions to medications or problems with products.
- To notify people of recalls of products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will make this disclosure only with your permission or when required or authorized by law.

**Health oversight activities.** We may disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system and government programs, and for compliance with civil rights laws.

**Lawsuits and disputes.** If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court or administrative order. We may also disclose your medical information in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request and only if you have not sought a prior order protecting the information requested.

**Law enforcement.** We may release your medical information if asked to do so by a law enforcement official under the following circumstances:

- In response to a court order, subpoena, warrant, summons, or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- If the information is about a death that may be the result of criminal conduct.
- If the information is about criminal conduct at the hospital.
- 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 funeral directors.** We may release your medical information to a coroner or medical examiner. We may also release medical information about hospital patients to funeral directors as necessary for them to carry out their duties.

**National security and intelligence activities.** We may release your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your medical information to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect the health and safety of you and others; or (3) for the safety and security of the correctional institution.

### Employee Rights

**Right to inspect and copy.** You have the right to inspect and copy medical information that may be used to make decisions about your plan benefits. To do so, you must first submit your request in writing to your employer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

**Right to amend.** If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend it. You have the right to request an amendment for as long as the information is kept by or for the Plan. Your request in writing must detail reasons for the request and be submitted to the Plan's contact person.

We may deny any request for an amendment that is not in writing or does not include a reason for the request. In addition, we may deny your request if you ask us to amend information that:

- Is not part of the medical information kept by or for the Plan.
- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the information which you would be permitted to inspect and copy.
- Is accurate and complete.

**Right to account disclosures.** You have the right to request an “accounting of disclosures” where such disclosure was made for any purpose other than treatment, payment, or health care operations.

To request this list of accounting disclosures, you must submit your request in writing to the Plan’s contact person. Your request must state a time period no longer than six years and not prior to April, 2004. Your request should indicate in what form you want the list (example – paper or electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the lists. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

**Right to request restrictions.** You have the right to restrict or limit the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to limit the medical information we disclose about you to someone who is involved in your care or in the payment for your care, such as a family member or friend. We are not required to comply with your request.

All restrictions requests must be made in writing. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

**Right to request confidential communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communication, you must submit your written request to the Plan’s contact person. We will not ask you the reason for your request, and we will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a paper copy of this notice.** You have the right to a paper copy of this notice. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may ask the Plan’s contact person for a copy of this notice at any time.

### **Changes to This Notice**

The employer reserves the right to change this notice. We reserve the right to make the revised or changed notice effective regarding medical information we already have about you as well as regarding any information we receive in the future. The Plan is required to abide by the terms of the notice currently in effect. If a revision is made, it will be provided to the Participant by mail or other specific means.

### **Complaints**

If you believe your privacy rights in respect to this Plan have been violated you may file a complaint with the Plan. To file a complaint, contact the Plan's contact person. All complaints must be submitted in writing.

### **Other**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose your medical information, you may revoke that permission, in writing, at any time in the future. If you revoke your permission, we will no longer use or disclose your medical information for the reasons covered by your written authorization. You must understand that we are unable to take back any disclosures we have already made with your permission, and that we are required by law to retain our records of the care that we provided you. The effective date of this notice is April 14, 2003.