

IT'S BETTER TO ASK

# INFORMATION ABOUT HIPAA: PRIVACY & SECURITY

HIPAA, which stands for Health Insurance Portability and Accountability Act, is a set of Federal Regulations originally passed in 1996. There are two key components to HIPAA: Privacy and Security.

- **HIPAA Security Regulations** are designed to ensure personally identified information is handled appropriately through secure access to electronic data handling.
- **HIPAA Privacy** is about protecting the confidential nature of an individual's health information. It is as simple as that.

Privacy and confidentiality are long standing principals in the way we, at The J.P. Farley Corporation, have conducted business over the years. The federal government's published rules and standards were designed for everyone in the health care industry to follow and to ensure uniformity regarding the Privacy of each individual's health information.

The Privacy Regulation protects health information relating to the past, present or future physical or mental health of an individual. Any health information that can be directly linked or associated with an individual is referred to as "Protected Health Information" or PHI for short. Protected Health Information can be in written, electronic or oral form.

For More Information regarding HIPAA Privacy & Security  
visit the United States Department of Health & Human Services website at  
<https://www.hhs.gov/hipaa>

## Managing Your Personal Health Information

### What Is HIPAA Privacy?

HIPAA Privacy is about protecting the confidential nature of an individual's health information. It is as simple as that.

Privacy and confidentiality are long standing principals in the way we, at The J.P. Farley Corporation, have conducted business over the years. So, in many respects, the concepts are not new. Federal government published rules and standards which everyone in the health care industry must follow to ensure uniformity regarding the Privacy of every members' health information.

The Privacy Regulation protects health information relating to the past, present or future physical or mental health of an individual. Any health information that can be directly linked or associated with an individual is referred to as "Protected Health Information" or PHI for short. Protected Health Information can be in written, electronic or oral form. For more information, please visit the United States Department of Health & Human Services website. Information can also be accessed below.

### Privacy & Confidentiality Notice

This Notice describes how The J.P. Farley Corporation uses and discloses PHI, your rights under HIPAA and how you can exercise those rights.

- Request to Access Information - Your right to review records contained in J.P. Farley's designated record set.
- Request to Amend Information - Your right to request changes to be made to correct errors in your records or add information that has been omitted.

- Request an Accounting of Disclosures - Your right to see a list of certain disclosures made of your protected health information. Request to place restrictions on use/disclosure of Protected Health Information. Your right to request special treatment of your Protected Health Information.
- Request Confidential Communications - Your right to receive information from J.P. Farley at an alternate address.
- Request to Revoke Confidential Communications - Your right to cancel your request to receive information from J.P. Farley Corporation at an alternate address.
- Request an Authorized Contact - Your right to have an authorized contact to act on your behalf.
- Request to Revoke Authorized Contact - Your right to cancel your authorized contact.
- Complain About a Violation of Your Privacy Rights - Your right to complain to The J.P. Farley Corporation or to the United States Department of Health and Human Services.

NOTE: If you obtained your form at our website, please print it out when completed. All requests must have a signature and be sent to the address below. Requests will not be accepted if sent via email. When your request is received, the necessary steps will be taken by The J.P. Farley Corporation staff to send you the information in a reasonable time frame. You may also send your request in writing, in your own format, instead of using our Privacy & Confidentiality Form, but the request MUST INCLUDE: your name, your birth date, the policy number under which you are covered, the group number under which you are covered, your social security number, the information you would like to access and the dates of the information you would like to see (if applicable). Again, please note that The J.P. Farley Corporation will not be able to process a request that does not include all the necessary information and you will NOT BE NOTIFIED if this situation arises.

### **Request to Access Information**

You have the right to review your records contained in The J.P. Farley Corporation's Designated Record Set (DRS). A DRS is a summary of all your protected health information that J.P. Farley has about your eligibility, claims, customer service, care management and prescription information. If you would like to access your entire medical record, you will need to contact the provider of the service.

The steps to request access are:

- Obtain a Request to Access Information Form by calling Customer Service for this form at the telephone number on the back of your identification card.
- Complete this form including all pertinent information. Please note that The J.P. Farley Corporation will not be able to process an incomplete form and you will NOT BE NOTIFIED if this situation arises.
- Keep in mind as you are completing the form that if you are requesting records from a phone call to Customer Service, you must include the date and time you called The J.P. Farley Corporation. If you are requesting claims information, you must include the claim number, date of service and provider.
- Sign the completed form and send to: J.P. Farley Corporation, 29055 Clemens Road, Westlake, Ohio 44145

### **Request to Amend Information**

You have the right to request changes be made to correct errors in your records or add information that has been omitted. There are distinct limitations to what information can be changed, by whom and under what circumstances. J.P. Farley Corporation cannot amend information it did not create and will refer you to the provider of service if you are requesting an amendment to diagnosis or treatment information. Please note that J.P. Farley Corporation has the right to deny the request to amend your information, but you can appeal the denial. These rights would be explained to you if you choose to appeal the denial.

The steps to request to amend information are:

- Obtain a Correct/Amend PHI Information Request Form by calling Customer Service for this form at the telephone number on the back of your identification card.
- Complete this form including all pertinent information. Please note that The J.P. Farley Corporation will not be able to process an incomplete form and you will NOT BE NOTIFIED if this situation arises.
- If possible, please attach a copy of the document to be amended.
- Sign the completed form and send to: J.P. Farley Corporation, 29055 Clemens Road, Westlake, Ohio 44145 NOTE: If you obtained your form at our website, please print it out when completed. All requests must have a signature and be sent to the address above. Requests will not be accepted if sent via email.
- When your request is received, the necessary steps will be taken by J.P. Farley Corporation staff to send you the information in a reasonable time frame.

## Complain About a Violation of Your Privacy Rights

You have the right to complain if you believe your privacy rights have been violated. You also have the right to complain, in writing, to the Secretary of the United States Department of Health and Human Services at the Hubert Humphrey building, 200 Independence Avenue, S.W., Washington, D.C. 20201. Please note the federal law prohibits retaliation against you if you choose to file a complaint.

The steps to complain about a violation of your Privacy Rights:

- Obtain a Complaint on Violation of Confidentiality or Privacy Form by calling Customer Service for this form at the telephone number on the back of your identification card.
- Complete this form including all pertinent information. Please note that J.P. Farley Corporation will not be able to process an incomplete form and you will NOT BE NOTIFIED if this situation arises.
- Sign the completed form and send to: The J.P. Farley Corporation, Attn: HIPAA Coordinator, 29055 Clemens Road, Westlake, Ohio 44145

## Request an Accounting of Disclosures

You have the right to an accounting of certain disclosures of your information made by J.P. Farley Corporation and its Business Associates over the last six (6) years (but not for disclosures made before April 14, 2003).

The steps to request an accounting of your disclosures:

- Obtain a Request Accounting of Disclosures Form by calling Customer Service for this form at the telephone number on the back of your identification card.
- Complete this form including all pertinent information. Please note that The J.P. Farley Corporation will not be able to process an incomplete form and you will NOT BE NOTIFIED if this situation arises.
- If possible, please attach a copy of the document to be amended.
- Sign the completed form and send to: J.P. Farley Corporation, 29055 Clemens Road, Westlake, Ohio 44145

## Request to Place Restrictions on Use/Disclosure of Protected Health Information

You have the right to request that your information receive special treatment, meaning that you can request additional restrictions on your information when used for treatment, payment, or other day-to-day operations. Please note that the J.P. Farley Corporation is not required to agree to the restriction.

The steps to request restriction:

- Obtain a Restriction on Use or Disclosure of Information Form by calling Customer Service for this form at the telephone number on the back of your identification card.
- Complete this form including all pertinent information. Please note that J.P. Farley will not be able to process an incomplete form and you will NOT BE NOTIFIED if this situation arises.
- If possible, please attach a copy of the document to be amended.
- Sign the completed form and send to: J.P. Farley Corporation, 29055 Clemens Road, Westlake, Ohio 44145

## Request Confidential Communications

You have the right to request to receive communications of your protected health information at an alternate location. Please note that The J.P. Farley Corporation does not have to honor this request unless:

Your request will take ten (10) business days to process from the date received. All communications regarding your information will be sent to the alternate address once you receive the confirmation letter (sent to the alternate address) or until you notify us otherwise. Please note that the use of an alternate address cannot be applied to communications sent prior to processing your request.

The steps to request confidential communication:

- Obtain a Confidential Communications Form by calling Customer Service for this form at the telephone number on the back of your identification card.
- Complete this form including all pertinent information. Please note that The J.P. Farley Corporation will not be able to process an incomplete form and you will NOT BE NOTIFIED if this situation arises.
- Sign the completed form and send to: J.P. Farley Corporation, 29055 Clemens Road, Westlake, Ohio 44145

## Request to Revoke Confidential Communications

You have the right to revoke the alternate address that you are currently having protected health information sent to.

The steps to revoke confidential communications:

- Obtain a Withdraw Previous Authorization Form by calling Customer Service for this form at the telephone number on the back of your identification card.
- Complete this form including all pertinent information. Please note that The J.P. Farley Corporation will not be able to process an incomplete form and you will NOT BE NOTIFIED if this situation arises.
- Sign the completed form and send to: J.P. Farley Corporation, 29055 Clemens Road, Westlake, Ohio 44145

### **Request an Authorized Contact**

You have the right to request to have someone else act on your behalf when resolving claims or customer service issues or when seeking benefit information from your plan. This authorized contact may act on your behalf until you notify the J.P. Farley Corporation to revoke the request. An example would be designating a power of attorney.

The steps to authorize a contact to act on your behalf:

- Obtain an Designation of Authorized Representative Request Form by calling Customer Service for this form at the telephone number on the back of your identification card.
- Complete this form including all pertinent information. Please note that The J.P. Farley Corporation will not be able to process an incomplete form and you will NOT BE NOTIFIED if this situation arises.
- Sign the completed form and send to: J.P. Farley Corporation, 29055 Clemens Road, Westlake, Ohio 44145

### **Request to Revoke Authorized Contact**

You have the right to revoke the person who is acting on your behalf when resolving claims or customer service issues or when seeking benefit information from your plan.

The steps to revoke and authorized contact:

- Obtain a Withdraw Previous Authorization Form by calling Customer Service for this form at the telephone number on the back of your identification card.
- Complete this form including all pertinent information. Please note that The J.P. Farley Corporation will not be able to process an incomplete form and you will NOT BE NOTIFIED if this situation arises.
- Sign the completed form and send to: J.P. Farley Corporation, 29055 Clemens Road, Westlake, Ohio 44145

## **HIPAA Privacy & Confidentiality Statement**

### **Privacy Statement**

Your Plan Sponsor and The J.P. Farley Corporation believe strongly in the importance of the privacy and security of your personal health information. Please be assured that all precautions have been undertaken to safeguard your confidential information at all times. The information available to you as the primary enrollee or enrolled dependent on a health plan is for your use exclusively via this website. All policies regarding the HIPAA Privacy and Security regulations are adhered to in the design of this website as well as any other related activities performed by your health plan.

### **Notice of Privacy Practices**

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.

On September 17, 2013 the Department of Health & Human Services published an updated privacy practices notice. J.P. Farley Corporation provides a copy of our Notice of Privacy Practices here on the following pages.

PLEASE READ THIS NOTICE IN ITS ENTIRETY IN ORDER TO BE COMPLETELY FAMILIAR WITH ANY ASPECT OF YOUR PRIVACY AND SECURITY PROTECTIONS. THIS NOTICE DESCRIBES HOW HEALTH PLAN INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION OR LIMIT ACCESS TO THIS INFORMATION.

BY USING THE SERVICES PROVIDED BY THIS J.P. FARLEY AND J.P. FARLEY'S WEBSITE, YOU ACCEPT THE TERMS OF THIS PRIVACY POLICY (NOTICE). UPON YOUR ACCEPTANCE OF THE TERMS AND CONDITIONS OF THIS PRIVACY NOTICE, ALL INFORMATION PROVIDED ON THIS WEBSITE IS PROTECTED HEALTH INFORMATION (PHI) AS DEFINED BY FEDERAL LAW (45 CFR 164.501.) YOUR PERSONAL HEALTH INFORMATION WILL NOT BE USED OR DISCLOSED EXCEPT AS PERMITTED BY THE FEDERAL REGULATIONS AS OUTLINED IN THIS PRIVACY POLICY. YOU HAVE RECEIVED SEPARATELY THIS NOTICE OF PRIVACY PRACTICES FROM YOUR HEALTH PLAN.

PLEASE USE THE CONTACT US AREA OF THE WEBSITE (WWW.JPFARLEY.COM) IF YOU HAVE ANY QUESTIONS THAT ARE NOT ADDRESSED IN THIS NOTICE OR YOU SEEK TO OBTAIN RESTRICTED ACCESS OF OTHER PARTIES TO YOUR HEALTH PLAN INFORMATION.

# NOTICE OF PRIVACY PRACTICES

On September, 17, 2013 the U.S. Department of Health & Human Services (HHS) published an updated model Notice of Privacy Practices. The Notice of Privacy Practices describes how your medical information may be used and disclosed and how you can get access to this information. A copy of this notice is also available as follows on J.P. Farley's Website: [www.jpfarley.com/hipaa-privacy-statement](http://www.jpfarley.com/hipaa-privacy-statement)

## 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.

This Notice of Privacy Practices describes how protected health information (or "PHI") may be used or disclosed by J.P. Farley Corporation or your Group Health Plan to carry out payment, health care operations, and for other purposes that are permitted or required by law. This Notice also sets out our legal obligations concerning your PHI, and describes your rights to access, amend and manage your PHI.

PHI is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health plan, your employer (when functioning on behalf of the group health plan), or a health care clearinghouse and that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present, or future payment for the provision of health care to you. This Notice of Privacy Practices had been drafted to be consistent with what is known as the "HIPAA Privacy Rule," and any of the terms not defined in this Notice should have the same meaning as they have in the HIPAA Privacy Rule.

If you have any questions or want additional information about this Notice or the policies and procedures described in this Notice, please contact: J.P. Farley Corporation, 29055 Clemens Road, Westlake, Ohio 44145, 800-634-0173.

### OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your PHI. We are obligated to: provide you with a copy of this Notice of our legal duties and of our privacy practices related to your PHI; abide by the terms of the Notice that is currently in effect; and notify you in the event of a breach of your unsecured PHI. We reserve the right to change the provisions of our Notice and make the new provisions effective for all PHI that we maintain. If we make a material change to our Notice, we will make the revised Notice available by posting the update on J.P. Farley's website or by request or by mailing a revised copy to the address on record for the contract holder for your member contract.

### Permissible Uses and Disclosures of PHI

The following is a description of how we are most likely to use and/or disclose your PHI.

- **Payment and Health Care Operations** - We have the right to use and disclose your PHI for all activities that are included within the definitions of "payment" and "health care operations" as set out in 45 C.F.R. § 164.501 (this provision is a part of the HIPAA Privacy Rule). We have not listed in this Notice all of the activities included within these definitions, so please refer to 45 C.F.R. § 164.501 for a complete list.
  - **Payment** - We will use or disclose your PHI to pay claims for services provided to you and to obtain stop-loss reimbursements or to otherwise fulfill our responsibilities for coverage and providing benefits. For example, we may disclose your PHI when a provider requests information regarding your eligibility for coverage under our health plan, or we may use your information to determine if a treatment that you received was medically necessary.
  - **Health Care Operations** - We will use or disclose your PHI to support our business functions. These functions include, but are not limited to: quality assessment and improvement, reviewing provider performance, licensing, stop-loss underwriting, business planning, and business development. For example, we may use or disclose your PHI: (i) to

provide you with information about a disease management program; (ii) to respond to a customer service inquiry from you; or (iii) in connection with fraud and abuse detection and compliance programs.

### Other Permissible Uses and Disclosures of PHI

The following is a description of other possible ways in which we may (and are permitted to) use and/or disclose your PHI.

- **Required by Law** - We may use or disclose your PHI to the extent the law requires the use or disclosure. When used in this Notice, "required by law" is defined as it is in the HIPAA Privacy Rule. For example, we may disclose your PHI when required by national security laws or public health disclosure laws.
- **Public Health Activities** - We may use or disclose your PHI for public health activities that are permitted or required by law. For example, we may use or disclose information for the purpose of preventing or controlling disease, injury, or disability, or we may disclose such information to a public health authority authorized to receive reports of child abuse or neglect. We also may disclose PHI, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.
- **Health Oversight Activities** - We may disclose your PHI to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system; (ii) government benefit programs; (iii) other government regulatory programs; and (iv) compliance with civil rights laws.
- **Abuse or Neglect** - We may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, we may disclose to a governmental entity authorized to receive such information your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence.

- **Legal Proceedings** - We may disclose your PHI: (i) in the course of any judicial or administrative proceeding; (ii) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized); and (iii) in response to a subpoena, a discovery request, or other lawful process, once we have met all administrative requirements of the HIPAA Privacy Rule. For example, we may disclose your PHI in response to a subpoena for such information, but only after we first meet certain conditions required by the HIPAA Privacy Rule.
- **Law Enforcement** - Under certain conditions, we also may disclose your PHI to law enforcement officials. For example, some of the reasons for such a disclosure may include, but not be limited to: (i) it is required by law or some other legal process; (ii) it is necessary to locate or identify a suspect, fugitive, material witness, or missing person; and (iii) it is necessary to provide evidence of a crime that occurred on our premises.
- **Coroners, Medical Examiners, Funeral Directors; Organ Donation Organizations** - We may disclose PHI to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We also may disclose, as authorized by law, information to funeral directors so that they may carry out their duties. Further, we may disclose PHI to organizations that handle organ, eye, or tissue donation and transplantation.
- **Research** - We may disclose your PHI to researchers when an institutional review board or privacy board has: (i) reviewed the research proposal and established protocols to ensure the privacy of the information; and (ii) approved the research.
- **To Prevent a Serious Threat to Health or Safety** - Consistent with applicable federal and state laws, we may disclose your PHI if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We also may disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.
- **Military Activity and National Security, Protective Services** - Under certain conditions, we may disclose your PHI if you are, or were, Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, we may disclose, in certain circumstances, your information to the foreign military authority. We also may disclose your PHI to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or heads of state.
- **Inmates** - If you are an inmate of a correctional institution, we may disclose your PHI to the correctional institution or to a law enforcement official for: (i) the institution to provide health care to you; (ii) your health and safety and the health and safety of others; or (iii) the safety and security of the correctional institution.
- **Workers' Compensation** - We may disclose your PHI to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.
- **Emergency Situations** - We may disclose your PHI in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previously identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interests. If the disclosure is in your best interest, we will disclose only the PHI that is directly relevant to the person's involvement in your care.
- **Fundraising Activities** - We may use or disclose your PHI for fundraising activities, such as raising money for a charitable foundation or similar entity to help finance its activities. If we do contact you for fundraising activities, we will give you the opportunity to opt-out, or stop, receiving such communications in the future.
- **Group Health Plan Disclosures** - We may disclose your PHI to a sponsor of the group health plan – such as an employer or other entity – that is providing a health care program to you. We can disclose your PHI to that entity if that

entity has contracted with us to administer your health care program on its behalf.

- **Underwriting Purposes** - We may use or disclose your PHI for underwriting purposes, such as to make a determination about a coverage application or request. If we do use or disclose your PHI for underwriting purposes, we are prohibited from using or disclosing in the underwriting process your PHI that is genetic information.
- **Others Involved in Your Health Care** - Using our best judgment, we may make your PHI known to a family member, other relative, close personal friend or other personal representative that you identify. Such a use will be based on how involved the person is in your care, or payment that relates to your care. We may release information to parents or guardians, if allowed by law. If you are not present or able to agree to these disclosures of your PHI, then, using our professional judgment, we may determine whether the disclosure is in your best interest.

#### Uses and Disclosures of Your PHI that Require Your Authorization

- **Sale of PHI** - We will request your written authorization before we make any disclosure that is deemed a sale of your PHI, meaning that we are receiving compensation for disclosing the PHI in this manner.
- **Marketing** - We will request your written authorization to use or disclose your PHI for marketing purposes with limited exceptions, such as when we have face-to-face marketing communications with you or when we provide promotional gifts of nominal value.
- **Psychotherapy Notes** - We will request your written authorization to use or disclose any of your psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment or health care operation functions.
- Other uses and disclosures of your PHI that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information that we already have used or disclosed, relying on the authorization.

#### Required Disclosures of Your PHI

The following is a description of disclosures that we are required by law to make.

- **Disclosures to the Secretary of the U.S. Department of Health and Human Services** - We are required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.
- **Disclosures to You** - We are required to disclose to you most of your PHI in a "designated record set" when you request access to this information. Generally, a "designated record set" contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. We also are required to provide, upon your request, an accounting of most disclosures of your PHI that are for reasons other than payment and health care operations and are not disclosed through a signed authorization. We will disclose your PHI to an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with relevant state law. However, before we will disclose PHI to such a person, you must submit a written notice of his/her designation, along with the documentation that supports his/her qualification (such as a power of attorney).  
*Even if you designate a personal representative, the HIPAA Privacy Rule permits us to elect not to treat the person as your personal representative if we have a reasonable belief that: (i) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; (ii) treating such person as your personal representative could endanger you; or (iii) we determine, in the exercise of our professional judgment, that it is not in your best interest to treat the person as your personal representative.*
- **Business Associates** - We contract with individuals and entities (Business Associates) to perform various functions on our behalf or to provide certain types of services. To perform these functions or to provide the services, our

Business Associates will receive, create, maintain, use, or disclose PHI, but only after we require the Business Associates to agree in writing to contract terms designed to appropriately safeguard your information. For example, we may disclose your PHI to a Business Associate to administer claims or to provide member service support, utilization management, subrogation, or pharmacy benefit management. Examples of our business associates would be our Third Party Administrator, J.P. Farley Corporation, which will be handling many of the functions in connection with the operation of our Group Health Plan; the retail pharmacy; and the mail order pharmacy.

- **Other Covered Entities** - We may use or disclose your PHI to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with payment activities and certain health care operations. For example, we may disclose your PHI to a health care provider when needed by the provider to render treatment to you, and we may disclose PHI to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing. This also means that we may disclose or share your PHI with other insurance carriers in order to coordinate benefits, if you or your family members have coverage through another carrier.
- **Plan Sponsor** - We may disclose your PHI to the plan sponsor of the Group Health Plan for purposes of plan administration or pursuant to an authorization request signed by you.

### Potential Impact of State Law

The HIPAA Privacy Rule regulations generally do not “preempt” (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Rule regulations, might impose a privacy standard under which we will be required to operate. For example, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of PHI concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, reproductive rights, etc.

### YOUR RIGHTS

The following is a description of your rights with respect to your PHI.

- **Right to Request a Restriction** - You have the right to request a restriction on the PHI we use or disclose about you for payment or health care operations. *We are not required to agree to any restriction that you may request.* If we do agree to the restriction, we will comply with the restriction unless the information is needed to provide emergency treatment to you. You may request a restriction by contacting the designated contact listed on the first page of this Notice. It is important that you direct your request for restriction to the designated contact so that we can begin to process your request. Requests sent to persons or offices other than the designated contact might delay processing the request. We will want to receive this information in writing and will instruct you where to send your request when you call. In your request, please tell us: (1) the information whose disclosure you want to limit; and (2) how you want to limit our use and/or disclosure of the information.
- **Right to Request Confidential Communications** - If you believe that a disclosure of all or part of your PHI may endanger you, you may request that we communicate with you regarding your information in an alternative manner or at an alternative location. For example, you may ask that we only contact you at your work address or via your work e-mail. You may request a restriction by contacting the designated contact listed on the first page of this Notice. It is important that you direct your request for confidential communications to the designated contact so that we can begin to process your request. Requests sent to persons or offices other than the one indicated might delay processing the request. We will want to receive this information in writing and will instruct you where to send your written request when you call. In your request, please tell us: (1) that you want us to communicate your PHI with you in an alternative manner or at an alternative

location; and (2) that the disclosure of all or part of the PHI in a manner inconsistent with your instructions would put you in danger.

We will accommodate a request for confidential communications that is reasonable and that states that the disclosure of all or part of your PHI could endanger you. As permitted by the HIPAA Privacy Rule, “reasonableness” will (and is permitted to) include, when appropriate, making alternate arrangements regarding payment.

Accordingly, as a condition of granting your request, you will be required to provide us information concerning how payment will be handled. For example, if you submit a claim for payment, state or federal law (or our own contractual obligations) may require that we disclose certain financial claim information to the plan participant (e.g., an Explanation of Benefits, or “EOB”). *Unless you have made other payment arrangements, the EOB (in which your PHI might be included) will be released to the plan participant.* Once we receive all of the information for such a request (along with the instructions for handling future communications), the request will be processed usually within two to five business days.

Prior to receiving the information necessary for this request, or during the time it takes to process it, PHI might be disclosed (such as through an EOB). Therefore, it is extremely important that you contact the designated contact listed on the first page of this Notice *as soon as you determine that you need to restrict disclosures of your PHI.*

If you terminate your request for confidential communications, the restriction will be removed for *all* your PHI that we hold, including PHI that was previously protected. Therefore, you should not terminate a request for confidential communications if you remain concerned that disclosure of your PHI will endanger you.

- **Right to Inspect and Copy** - You have the right to inspect and copy your PHI that is contained in a “designated record set.” Generally, a “designated record set” contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set.

To inspect and copy your PHI that is contained in a designated record set, you must submit your request to the designated contact listed on the first page of this Notice. It is important that you contact the designated contact to request an inspection and copying so that we can begin to process your request. Requests sent to persons, offices, other than the designated contact might delay processing the request. 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 your PHI in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. To request a review, you must contact the designated contact listed on the first page of this Notice. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable.

- **Right to Amend** - If you believe that your PHI is incorrect or incomplete, you may request that we amend your information. You may request that we amend your information by contacting the designated contact listed on the first page of this Notice. Additionally, your request should include the reason the amendment is necessary. It is important that you direct your request for amendment to the designated contact so that we can begin to process your request. Requests sent to persons or offices, other than the designated contact might delay processing the request.

In certain cases, we may deny your request for an amendment. For example, we may deny your request if the information you want to amend is not maintained by us, but by another entity. If we deny your request, you have the right to file a statement of disagreement with us.

Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

- **Right of an Accounting** - You have a right to an accounting of certain disclosures of your PHI that are for reasons other than treatment, payment, or health care operations. No accounting of disclosures is required for disclosures made pursuant to a signed authorization by you or your personal representative. You should know that most disclosures of PHI will be for purposes of payment or health care operations, and, therefore, will not be subject to your right to an accounting. There also are other exceptions to this right.

An accounting will include the date(s) of the disclosure, to whom we made the disclosure, a brief description of the information disclosed, and the purpose for the disclosure.

You may request an accounting by submitting your request in writing to the designated contact listed on the first page of this Notice. It is important that you direct your request for an accounting to the designated contact so that we can begin to process your request.

Requests sent to persons or offices other than the designated contact might delay processing the request.

Your request may be for disclosures made up to 6 years before the date of your request, but not for disclosures made before April 14, 2003. 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 list.

We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

- **Right to a Copy of This Notice** - You have the right to request a copy of this Notice at any time by contacting the designated contact listed on the first page of this Notice. If you receive this Notice on our Website or by electronic mail, you also are entitled to request a paper copy of this Notice.

## **COMPLAINTS**

You may complain to us if you believe that we have violated your privacy rights. You may file a complaint with us by calling us at the number listed on the first page of this Notice. A copy of a complaint form is available from this contact office.

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem.

We will not penalize or in any other way retaliate against you for filing a complaint with the Secretary or with us.

[END]