

NOTICE OF PRIVACY PRACTICES

PLAN NAME: _____

Effective Date: _____

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.

1. **Introduction**

What is this Notice? This Notice of Privacy Practices ("Notice") describes the Plan's privacy practices, its legal duties, and your rights concerning your protected health information ("PHI"), including how your PHI may be lawfully used and disclosed by the Plan and how you can get access to it. **Please review this Notice carefully.** **Any Questions?** Should you have any questions about the contents of this Notice, please contact the Plan's Privacy Official. Please see the end of this Notice for contact information.

2. **General Information**

What will the Plan do with my health information? The Plan will make sure that your PHI remains private and confidential according to the requirements of the law; and will follow the privacy practices detailed in this Notice while it is in effect.

The Plan reserves the right to change its privacy practices. The Plan reserves the right to change its privacy practices and the terms of this Notice at any time; and to change its privacy practices for the use and disclosure of PHI that the Plan maintains, including PHI the Plan created or received before it made the changes. Before the Plan makes a significant change in its privacy practices, the Plan will revise this Notice and provide you with a new updated Notice.

You may request a copy of our Notice at any time. For more information about the Plan's privacy practices, or for copies of this Notice, please contact the Plan's Privacy Official.

3. **Uses And Disclosures Of Health Information**

To the Covered Individual. The Plan may disclose your PHI to you or your personal representative for any purpose. The Plan must disclose your PHI to you or your personal representative upon request. **For Treatment, Payment, and Health Care Operations:** The Plan may use and disclose your PHI for purposes of treatment, payment, and health care operation, as those terms are defined in the law. For example:

Treatment: The Plan may disclose your PHI to your doctor or other health care provider to allow for your treatment.

Payment: The Plan may use and disclose the minimum necessary PHI to pay claims for services provided to you by a physician, hospital, or other provider, or to determine your eligibility for benefits under the Plan.

Health Care Operation: The Plan may use and disclose the minimum necessary PHI to conduct quality assessment and improvement activities, to engage in care coordination or case management, to manage the administration of the Plan, and for similar operational purposes.

Organized Health Care Arrangements. The Plan may also disclose the minimum necessary PHI to any insurance companies or health maintenance organizations that provide benefits under the Plan or with other group health plans maintained by the same employer to carry out the Plan's health care operation activities.

To Family and Friends. The Plan may disclose your PHI to a family member, friend, or other person to the extent necessary to help with your care or payment for health care if you agree or, if you are unavailable to agree, the Plan determines that a medical emergency or other situation indicates that disclosure would be in your best interest.

To the Employer. The Plan may disclose the minimum necessary PHI to your employer to permit the employer, in its capacity as Plan administrator, to perform Plan administration functions.

To Business Associates of the Plan. The Plan may disclose the minimum necessary PHI to service providers, known as business associates who perform various functions on behalf of the Plan. The Plan will take appropriate steps to ensure that the business associates will safeguard your PHI.

To Create De-Identified Information. The Plan may use the minimum necessary PHI or disclose the minimum necessary PHI to a business associate to create "de-identified information" by removing sufficient data that the health information is no longer individually identifiable.

As Required by Law. The Plan may use or disclose PHI when the Plan is required to do so by law.

For Public Health Activities. The Plan may disclose the minimum necessary PHI to public health authorities authorized to receive the information for purposes of preventing or controlling disease, injury or disability, or to the appropriate authorities to report child abuse or neglect.

To Report Victims of Abuse, Neglect or Domestic Violence. In certain circumstances, the Plan may disclose your PHI to appropriate authorities, if it reasonably believes you are a victim of abuse, neglect, or domestic violence.

For Health Oversight Activities. The Plan may disclose the minimum necessary PHI to health oversight agencies authorized to oversee the health care system or entities subject to government regulatory programs.

In Response to Judicial and Administrative Proceedings. The Plan may disclose the minimum necessary PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances.

To Law Enforcement Officials. Under certain conditions, the Plan may disclose limited PHI to a law enforcement official for certain law enforcement activities.

In the Event of Death. The Plan may disclose your PHI to a medical examiner or coroner (and if legally authorized, a funeral director) for identification, to determine cause of death or to carry out other legally authorized duties.

For Cadaveric Organ, Eye or Tissue Donation. The Plan may disclose the minimum necessary PHI to facilitate organ, eye or tissue donation and transplantation.

To Prevent Serious Threat To Health or Safety. The Plan may disclose the minimum necessary PHI to appropriate authorities, if it believes disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

For Military and National Security Purposes. The Plan may disclose to military authorities the minimum necessary PHI of Armed Forces personnel under certain circumstances. The Plan may disclose the minimum necessary PHI to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities.

For Workers' Compensation. The Plan may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs.

To The U.S. Department of Health and Human Services. The Plan must disclose PHI upon request to the Secretary of the U.S. Department of Health and Human Services for purposes of determining the Plan's compliance with federal privacy laws.

By Written Authorization. Except as described above, the Plan may use or disclose your PHI only if it has received a written authorization from you or your authorized personal representative. You or your personal representative may revoke the authorization in writing at any time, but that revocation will not affect any permitted use or disclosure while the authorization was in effect.

4. **Your Individual Rights**

You have the following rights with respect to the ways in which the Plan maintains, uses, or discloses your health information:

Right to Inspect and Copy. You have the right to view and receive copies of your PHI kept in the Plan's designated record set for you (with some limited exceptions). The Plan will provide the information to you in the format you request unless the Plan determines that the request is unreasonable.

You must make a request in writing to obtain access to or get copies of your PHI. You may obtain a request form by contacting the Plan's Privacy Official. The request form contains additional information about procedures and charges for obtaining your records.

Right to Obtain List of Certain Disclosures. You have the right to receive a list of all instances in which the Plan disclosed your PHI for purposes OTHER THAN treatment, payment, health care operations and certain other activities. The Plan will provide you with the date of the disclosure, the name of the person or entity to whom the Plan disclosed your information, a description of the information the Plan disclosed, the reason for the disclosure, and certain other information. You may obtain a request form from the Plan's Privacy Official. The request form contains additional information and procedures.

Right to Request Restrictions on Use or Disclosures. You have the right to request restrictions on the use or disclosure of your PHI. The Plan is not required to agree to these additional restrictions, but if the Plan does agree, the Plan will abide by the agreement (except in an emergency). The Plan will not be bound unless the agreement is in writing and signed by the Privacy Official.

Right to Request Confidential Communication. You have the right to request that the Plan communicate with you about your PHI by means other than the phone numbers or address contained in the Plan's records. You must inform the Plan that communication by other means or at other locations is required to avoid endangering you. You must make your request in writing. The Plan will accommodate your request if it is reasonable, if it specifies the other means or location, and provides a satisfactory explanation of how payments for services will be handled.

Right to Amend. You have the right to request that the Plan amend your PHI. Your request must be in writing, and it must explain why the information should be amended. The Plan may deny your request under certain circumstances. Please contact the Privacy Official for more information and procedures for amending your health information.

Right to Have Written Notice of this Form. If you receive this Notice on our web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form upon request.

5. **Questions And Complaints**

Who should I contact if I have questions about the Plan's privacy practices? If you want more information about these privacy practices or have questions or concerns about this Notice, please contact the Plan's Privacy Official.

What if I have a complaint about the Plan's privacy practices? If you are concerned that the Plan may have violated your privacy rights, or you disagree with a decision the Plan makes about access to your PHI, an accounting of disclosures, a request to amend, or a request to restrict the use or disclosure of your PHI, you may file a complaint with our Privacy Official. **You also may submit a written complaint to the U. S. Department of Health and Human Services.**

Will I be penalized if I file a complaint? You will not be penalized if you choose to file a complaint with the Plan or with the U. S. Department of Health and Human Services.

6. **Contact Information**

Privacy Official: _____

Address: _____ Office Telephone: _____

Fax: _____ E-mail: _____