



> Payment

We will use or disclose your protected health information to make payments or to otherwise fulfill our responsibilities for coverage and providing benefits as established under your enrollee contract. For example, we may disclose your protected health information when a provider requests information regarding your eligibility for coverage under our health care benefits program, or we may use your information to determine if a treatment that you received was medically necessary.

**NOTE:** We may attempt to contact you by mail, e-mail or by telephone (at the address, e-mail address and telephone number you have provided to us) in connection with payment related activities. If we attempt to reach you by telephone for this reason and you are unavailable, we may leave such information on your answering machine or with the person that answers your telephone.

> Health Care Operations

We will use or disclose your protected health information to support our business functions. These functions include, but are not limited to: quality assessment and improvement, reviewing provider performance; underwriting, premium rating and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits or ceding, securing or placing a contract of reinsurance of risk relating to claims for health care; conducting or arranging for medical review, legal review and auditing functions; business planning and development; and business management and general administrative activities. For example, we may use or disclose your protected health information: (i) to send you information about one of our disease management programs; (ii) to respond to a customer service inquiry from you; (iii) in connection with fraud and abuse detection and compliance programs; and (iv) to survey you concerning how effectively we are meeting your health insurance needs. We may also use or disclose protected health information we receive or maintain on the [www.mhip.org](http://www.mhip.org) website to support our business functions.

**NOTE:** We may attempt to contact you by mail, by e-mail or by telephone (at the address, e-mail address and telephone number you have provided to us) to remind you to obtain preventive health services or to inform you of treatment alternatives, and/or health related benefits and services that may be of interest to you. If we attempt to reach you by telephone for this reason and you are unavailable, we may leave such information on your answering machine or with the person that answers your telephone.

• **Business Associates**

Any of the payment or health care operations functions mentioned in this Notice may be conducted for us by a third party. When that occurs, we enter into written contracts with the individuals and entities (“business associates”) to perform those functions on our behalf or to provide certain types of services. To perform these functions or to provide these services, business associates will receive, create, maintain, use, or disclose your protected health information. We require business associates to agree in writing to contract terms designed to appropriately safeguard your information. For example, we may disclose your protected health information to a business associate to administer claims or to provide enrollee service support or utilization management, or investigate subrogation.

• **Other Covered Entities**

A Covered Entity is defined as: (i) a health plan; (ii) a health care clearinghouse; or (iii) a health care provider who transmits any health information in electronic form in connection with a transaction covered by the HIPAA Electronic Transaction Standards.

We may disclose your protected health information to assist health care providers in connection with their treatment or payment activities. We may also disclose your protected health information to assist covered entities in connection with their payment activities or certain health care operations. For example, we may disclose your protected health information to a health care provider when such protected health information is needed by the health care provider to render treatment to you. And we may disclose protected health information to another covered entity to conduct health care operations in the areas of: quality assurance and improvement activities; accreditation, certification, licensing or credentialing activities; or health care fraud and abuse detection or compliance activities.

• **Potential Impact of State Law**

In some situations, we may be required to follow state privacy or other applicable laws that provide you greater privacy protections. If a state law requires that we not use or disclose certain protected health information, then we may not use or disclose that information according to the applicable state law.

**(b) Other Possible Uses and Disclosures of Protected Health Information**

The following is a description of other possible ways in which we may (and are permitted to) use and/or disclose your protected health information under the Privacy Regulations. Please note that these descriptions are merely brief summaries of a number of different ways in which the Privacy Regulations authorize us to use and disclose your protected health information, as well as some examples illustrating such uses or disclosures. These summaries do not include a complete description of all of the requirements, conditions and limitations that apply to each such use and disclosure, complete descriptions of which exceed the required scope of this Notice. As a result, if you desire more information with respect to any of the possible uses and disclosures summarized below, please feel free to contact us at the address set forth on the first page of this Notice.

• **Required by Law**

We may use or disclose your protected health information when we are required to do so by law and the use or disclosure complies with and is limited by the relevant requirements of such law. For example, we may disclose your protected health information as required by public health or safety laws or national security laws.

- **Public Health Activities**

We may use or disclose your protected health information for public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a foreign government agency that is collaborating with that public health authority. We may also disclose such information to a public health authority authorized to receive reports of child abuse or neglect. In certain circumstances outlined in the Privacy Regulations, we may disclose your protected health information to a person who is subject to the jurisdiction of the Food and Drug Administration with respect to the reporting of certain occurrences involving food, drugs or other products distributed by such person. In certain limited circumstances, we may also disclose your protected health information to a person that may have been exposed to a communicable disease or may otherwise be at risk of spreading or contracting such disease, if such disclosure is authorized by law. For example, we may disclose protected health information regarding the fact that you have contracted certain communicable diseases to a public health authority authorized by law to collect or receive such information.

- **Abuse or Neglect**

We may disclose your protected health information, as required by law, to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence, if we reasonably believe that you have been the victim of abuse, neglect, or domestic violence. For example, if we believe that you have been a victim of abuse, neglect or domestic violence, we may disclose such fact to a governmental authority that is authorized by law to receive such reports.

- **Health Oversight Activities**

We may disclose your protected health information 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; (iv) health insurance carriers; and (v) compliance with civil rights laws.

- **Legal Process and Legal Proceedings**

We may disclose your protected health information in the course of any judicial or administrative proceeding (i) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized); and (ii) in response to a subpoena, a discovery request, or other lawful process, to the extent permitted by the Privacy Regulations. For example, we may disclose your protected health information in response to a subpoena for such information, but only after we first meet certain conditions required by the Privacy Regulations.

- **Law Enforcement**

Under certain conditions, as outlined in the Privacy Regulations, we may disclose your protected health information to law enforcement officials. Some of the reasons for such a disclosure may include, but not be limited to: (1) it is required by law or some other legal process; (2) it is necessary to locate or identify a suspect, fugitive, material witness, or missing person; and (3) it is necessary to provide evidence of a crime that occurred on our premises.

- **Coroners, Medical Examiners, Funeral Directors, and Organ Donation**

We may disclose protected health information 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 information to funeral directors, as authorized by law, so that they may carry out their duties. We may also disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation for the purpose of facilitating organ, eye and tissue donation and transplantation.

- **Research**

We may disclose your protected health information to researchers when you expressly authorize us to make such disclosure. We may also disclose your protected health information to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information; and (2) approved the research. In addition, we may disclose your protected health information as part of a limited data set for purposes of research, public health or health care operations.

- **To Prevent a Serious Threat to Health or Safety**

Consistent with applicable federal and state laws, we may disclose your protected health information 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 protected health information 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 protected health information 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 protected health information 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 protected health information to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.

- **Workers' Compensation**

We may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

- **Others Involved in Your Health Care**

Using our best judgment, we may make your protected health information known to a family member or another person involved in your care or payment for your care. Such a use or disclosure will be based on how involved the person is in your care, or payment for your care. If you so request, we will not disclose your protected health information to such family member or other person.

We also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

If you are not present or able to agree to these disclosures of your protected health information, then, using our professional judgment, we will determine whether the disclosure is in your best interest.

- **Personal Representatives**

Subject to certain limitations and qualifications under the Privacy Regulations, we may disclose your protected health information to anyone who has authority to make decisions, on your behalf, relating to your health care ("Personal Representative"). As to adults and emancipated minors, Personal Representatives include court-appointed guardians and persons named as personal representatives under a power of attorney. As to unemancipated minors, Personal Representatives include parents, legal guardians and other persons acting in loco parentis.

(c) **Required Disclosures of Your Protected Health Information**

We are required by law to make the following disclosures:

- **Disclosures to the Secretary of the U.S. Department of Health and Human Services**

We are required to disclose your protected health information 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 Regulations.

- **Disclosures to You (or your Personal Representative)**

Subject to certain limitations and qualifications under the Privacy Regulations, we are required to disclose to you (or your Personal Representative) your protected health information 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 treatment or benefits. We also are required to provide, upon your request, an accounting of most disclosures of your protected health information that are for reasons other than treatment, payment or health care operations.

**Even if you have a Personal Representative**, the Privacy Regulations permit 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.

(d) **Other Uses and Disclosures of Your Protected Health Information**

Other uses and disclosures of your protected health information not described in this Notice will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing. This revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that we already have used or disclosed, relying on the written authorization.

## 2. **YOUR RIGHTS**

Your rights with respect to your protected health information are as follows:

(a) **Right to Request a Restriction**

You have the right to request us to restrict the protected health information 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. We may, however, by written notice to you, terminate our agreement to comply with the restrictions, provided that the termination is only effective as to protected health information we receive after the date of the termination.

Requests for a restriction must be in writing. Such requests should be sent to us at the address set forth on the first page of this Notice. It is important that you direct your request to this address so that we can process your request in a timely manner. Requests sent to persons, offices or addresses other than the address indicated might delay processing your request.

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 you may be endangered by a disclosure of all or part of your protected health information through our normal means of communicating with you, you may request that we communicate with you in an alternative manner or at an alternative location. For example, you may ask that we only contact you at your work address or work telephone number. Note, however, that certain communications with you that are normally sent to you in paper form, such as an Explanation of Benefits (EOB), cannot be sent to you via telephone or e-mail, and an alternate address must be supplied if you request confidential communication of your protected health information.

You may request a confidential communication form by writing to us or calling us using the contact information listed in the first page of this Notice. It is important that you direct your request for confidential communications to our Privacy Office so that we can process your request in a timely manner. Requests sent to persons, offices or addresses other than the one indicated might delay processing the request.

We will accommodate a request for confidential communications that is reasonable. Once we receive the information needed to comply with your request, the request will be processed as soon as is practicable under the circumstances. Prior to receiving the information necessary for this request, or during the time it takes to process it, protected health information may still be disclosed to the contract holder's address (such as through an EOB). Therefore, it is extremely important that you contact us at the address listed in the summary page of this Notice **as soon as** you determine that you need to request confidential communication of your protected health information.

Once a request for confidential communications goes into effect, **all your protected health information** will be processed in accordance with your instructions. This means that we cannot process a request to withhold only the protected health information relating to a specific condition, diagnosis, or treatment. Therefore, all documents that might contain protected health information about all of the services you receive (such as letters or EOBs), will be addressed to you and not the contract holder.

**Importantly, even if you request confidential communication**, the check for services you receive from a non-participating provider could be sent to you but made payable to the contract holder. In addition, accumulated payment information such as deductible status, which may contain your protected health information, will continue to appear on all future EOBs sent to the contract holder for services rendered by all providers (participating and non-participating).

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

#### **(b) Right to Access (Inspect or Copy)**

You have the right to inspect or to receive a copy of your protected health information 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 receive a copy of psychotherapy notes or certain other information that may be contained in a designated record set.

To inspect or to receive a copy of your protected health information that is contained in a designated record set, you must submit your request to us at the address listed on the first page of this Notice. It is important that you direct your request for inspection or copying to this address so that we can process your request in a timely manner. Requests sent to persons, offices or addresses other than the one indicated might delay processing your request. If you request a copy of the information, we will charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect or to receive a copy of your protected health information 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 us at the address provided in this Notice. Our denial will not always be subject to the review process. If this occurs, we will inform you in our denial that the decision is not subject to the review process.

#### **(c) Right to Amend**

If you believe that your protected health information in a designated record set is incorrect or incomplete, and the information is

created by us and/or maintained solely by us, you may request that we amend your information. Your request that we amend your information must be in writing and should be sent to us at the address provided on the first page of this Notice. Additionally, your request should include the reason(s) the amendment is necessary. It is important that you direct your request for amendment to this address so that we can process your request in a timely manner. Requests sent to persons, offices or addresses other than the one indicated might delay processing your request.

We may deny your request for an amendment if, for example, the information you want to amend is not created and/or maintained by us, but by another entity. If we deny your request, you have the right to file a statement of disagreement with us. In response, we have the right to file a rebuttal to your statement of disagreement. If you file a statement of disagreement, your request for an amendment, our denial of the request, your statement of disagreement and our rebuttal will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

**(d) Right to an Accounting**

You have a right to an accounting of disclosures of your protected health information that are permitted or required by the Privacy Regulations and that are for reasons **other than disclosures for** treatment, payment, or health care operations, and for other reasons designated under the Privacy Regulations. Most disclosures of your protected health information will be for purposes of treatment, payment or health care operations.

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.

Your request for an accounting must be submitted in writing and should be sent to us at the address listed on the first page of this Notice. It is important that you direct your request for an accounting to this address so that we can process your request in a timely manner. Requests sent to persons, offices or addresses other than the one indicated might delay processing your 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 will charge you a fee to cover 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.

**(e) 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 accept this Notice electronically.

**(f) Right to File a Complaint**

You may complain to us if you believe that we have violated your privacy rights. You may file a complaint with us by writing to the address on the first page of this Notice.

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.

Under no circumstances will we penalize or in any other way retaliate against you for filing a complaint with the Secretary or with us or in any way exercising your rights under the Privacy Regulations.