

PRIVACY NOTICE OF <INSERT COMPANY NAME> GROUP HEALTH PLAN

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.

In this document, “we” refers to the <INSERT EMPLOYEE GROUP HEALTH PLAN>, also referred to as “the Plan.” “You” or “yours” refers to individual participants in the Plan. We are required by federal law to protect the privacy of your individual health information (referred to in this notice as “Protected Health Information”). We are also required to provide you with this notice regarding our legal duties and privacy practices with respect to your protected health information, and to abide by the terms of this notice, as it may be updated from time to time.

The Plan provides health and/or dental benefits to you as described in your summary plan description(s). The Plan receives and maintains medical information about you in the course of providing these health benefits to you. The Plan hires business associates, such as Blue Cross Blue Shield, to help it provide these benefits to you. These business associates also receive and maintain medical information about you in the course of assisting the Plan. The Plan is sponsored by <INSERT COMPANY NAME> (the “Plan Sponsor”).

THE EFFECTIVE DATE OF THIS NOTICE IS APRIL 14, 2003. The Plan is required to follow the terms of this notice until it is replaced. The Plan reserves the right to change the terms of this notice at any time. If the Plan makes changes to this notice, the Plan will revise it and send a new notice to all participants covered by the Plan at that time. The Plan reserves the right to make the new changes apply to all medical information about you maintained by the Plan before and after the effective date of the new notice.

Purposes for which the Plan May Use or Disclose Medical Information About You Without Your Consent or Authorization

The Plan may use and disclose medical information about you for the following purposes:

- *Health Care Providers’ Treatment Purposes.* For example, the Plan may disclose medical information about you to your doctor, at the doctor’s request, for your treatment.
- *Payment.* For example, the Plan may use or disclose medical information about you to pay claims for covered health care services or to provide eligibility information to your doctor when you receive treatment.
- *Health Care Operations.* For example, the Plan may use or disclose medical information about you for underwriting, premium rating, or other activities relating to the creation, renewal or replacement of a contract of health insurance.
- *Health Services.* For example, the Plan may use medical information about you to contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- *As Required By Law.* For example, the Plan must allow the U.S. Department of Health and Human Services to audit Plan records. The Plan may also disclose medical information about you as authorized by and to the extent necessary to comply with workers’ compensation or other similar laws.
- *To Business Associates.* The Plan may disclose medical information about you to business associates the Plan hires to assist the Plan. Each business associate of the Plan must agree in writing to ensure the continuing confidentiality and security of medical information about you.

- To Plan Sponsor. The Plan may disclose to the Plan Sponsor, in summary form, claims history and other similar information. Such summary information does not disclose your name or other distinguishing characteristics. The Plan may also disclose to the Plan Sponsor the fact that you are enrolled in, or disenrolled from the Plan. The Plan may disclose medical information about you to the Plan Sponsor for Plan administrative functions that the Plan Sponsor provides to the Plan if the Plan Sponsor agrees in writing to ensure the continuing confidentiality and security of medical information about you. The Plan Sponsor must also agree not to use or disclose medical information about you for employment-related activities or for any other benefit or benefit plans of the Plan Sponsor.

The Plan may also use and disclose medical information about you as follows:

- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes.
- To your personal representatives appointed by you or designated by applicable law.
- For research purposes, as long as certain privacy-related standards are satisfied.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.
- To a governmental agency authorized to oversee the health care system or government programs.
- For specialized government functions (e.g., military and veterans activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations).
- To public health authorities for public health purposes.
- We may disclose to one of your family members, to a relative, to a close personal friend, or to any other person identified by you, Protected Health Information that is directly relevant to the person's involvement with your care or payment related to your care. In addition, we may use or disclose the Protected Health Information to notify a member of your family, your personal representative, another person responsible for your care, or certain disaster relief agencies of your location, general condition, or death. If you are incapacitated, there is an emergency, or you otherwise do not have the opportunity to agree to or object to this use or disclosure, we will do what in our judgment is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the person's involvement with your health care.

Authorizations: Uses and Disclosures with Your Permission

The Plan will not use or disclose medical information about you for any other purposes unless you give the Plan your written authorization to do so. If you give the Plan written authorization to use or disclose medical information about you for a purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all medical information about you the Plan maintains, except for information the Plan has already released based on your authorization.

Your Rights

You may make a written request to the Plan to do one or more of the following concerning medical information about you that the Plan maintains:

- To put additional restrictions on the Plan's use and disclosure of medical information about you. The Plan does not have to agree to your request.
- To communicate with you in confidence about medical information about you by a different means or at a different location than the Plan is currently doing. The Plan does not have to agree to your request unless such confidential communications are necessary to avoid endangering you and your request continues to allow the Plan to collect premiums and pay claims. Your request must be in writing and must specify the alternative means or location to communicate with you in confidence.
- To see and get copies of medical information about you. In limited cases, the Plan does not have to agree to your request.

- To amend medical information about you. In some cases, the Plan does not have to agree to your request for amendment.
- To receive a list of disclosures of medical information about you that the Plan and its business associates made for certain purposes for the last 6 years (but not for disclosures before April 14, 2003).
- To send you a paper copy of this notice if you received this notice by e-mail or on the internet. In some cases, the Plan may charge you a nominal, cost-based fee to carry out your request.

If you want to exercise any of these rights described in this notice, please contact the location shown below. The Plan will give you the necessary information and forms for you to complete and return to the location.

Complaints

If you believe your privacy rights have been violated, you may complain to us in writing at the location described below under “Contacting Us” or to the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Contacting Us

To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact our Privacy Officer at:

<INSERT COMPANY NAME, ADDRESS, AND TELEPHONE NUMBER>

Conclusion

PHI use and disclosure by the Plan is regulated by a federal law known as HIPAA. You may find these rules at 45 *Code of Federal Regulations* Parts 160 and 164. This Notice attempts to summarize the Privacy Standards. The Privacy Standards will supersede any discrepancy between the information in this Notice and the Privacy Standards.