

Change Management Record #: 351479

Implement HIPAA Privacy



Federal Employee Program

JOHN DOE
107 LESORE STREET
ST PAUL MN 33122

DECEMBER 19, 2002

IDENTIFICATION NUMBER: R#####

DEAR MR. JOHN DOE

SUMMARY OF OUR NOTICE OF PRIVACY PRACTICES

This summary briefly describes how we, Blue Cross and Blue Shield Service Benefit Plan, may use and disclose your Protected Health Information (PHI) to carry out payment activities, health care operations, and for other purposes that are permitted or required by law, and your rights to access and control your PHI. *For a more complete description of how we may use and disclose your PHI, please refer to the attached Notice of Privacy Practices.*

This Notice of Privacy Practices becomes effective on April 14, 2003.

Our Responsibilities

We are required by law to maintain the privacy of your PHI. In accordance with the HIPAA Privacy Regulations, we have the right to use and disclose your PHI for payment activities and health care operations as explained in the Notice of Privacy Practices. We are most likely to use and/or disclose your PHI for these functions.

Additionally, we may use or disclose your PHI as permitted and required by law. For example, we may use or disclose your PHI for public health activities, legal proceedings, or law enforcement purposes.

Your Rights

You have the following rights regarding your PHI:

- You have the right to request that we restrict the PHI we use or disclose about you for payment or health care operations.
- 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.
- Generally, you have the right to inspect and copy your PHI that is contained in a "designated record set."
- If you believe that your PHI is incorrect or incomplete, you may request that we amend your information.
- 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.

Complaints

You may complain to us if you believe that we have violated your privacy rights. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services.

Please refer to the following information to inquire about the use of your PHI, to exercise your rights about your PHI, or to register a complaint:

Mountain State Blue Cross and Blue Shield
FEP Customer Service Representative
P.O. Box 7026
Wheeling, WV 26003
Phone: (800) 535-5266

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.

The 2003 Blue Cross and Blue Shield Service Benefit Plan brochure (RI 71-005) also includes a Notice of Privacy Practices from the U.S. Office of Personnel Management (“OPM”) concerning how it may use and disclose your protected health information. This Notice of Privacy Practices describes how we, the Service Benefit Plan, may use and disclose your protected health information to carry out payment, health care operations, and for other purposes that are permitted or required by law. It includes our legal obligations concerning your protected health information and describes your rights to access and control your protected health information.

WHAT IS PROTECTED HEALTH INFORMATION?

Protected health information 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, 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 written to be consistent with what is known as the “HIPAA Privacy Regulations.” These final regulations were published in the December 28, 2000 and August 14, 2002 Federal Register. They can be accessed on the Health and Human Services web site page www.hhs.gov/ocr/hipaa/. Any of the terms not defined in this Notice should have the same meaning as they have in the HIPAA (Health Insurance Portability and Accountability Act) Privacy Regulations.

- If you have any questions or want additional information about the Notice or the policies and procedures described in the Notice, please contact us at the address or phone number provided on the summary page of this Notice.

EFFECTIVE DATE

This Notice of Privacy Practices becomes effective on April 14, 2003.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your protected health information. We are also obligated to provide you with a copy of this Notice of our legal duties and of our privacy practices with respect to protected health information, and we must abide by the terms of this Notice. We reserve the right to change the provisions of our Notice and make the new provisions effective for all protected health information that we maintain. If we make a material change to our Notice, we will mail a revised Notice to the address that we have on record for the contract holder for your enrollment.

Primary Uses and Disclosures of Protected Health Information

We are most likely to use and/or disclose your protected health information in the following ways.

Payment and Health Care Operations

We have the right to use and disclose your protected health information 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 Regulations). 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 protected health information to obtain premiums or make payments or to otherwise fulfill our responsibilities for coverage and providing benefits as established under your member contract. For example, we may disclose your protected health information when a provider requests information regarding your or your covered family member’s 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 protected health information to support our business functions. These functions include, but are not limited to: quality assessment and improvement, reviewing provider performance, licensing, business planning, and business development. 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 or (iv) to survey you concerning how effectively we are meeting your health insurance needs. We may use protected health information we receive or maintain, including protected health information such as email addresses or other information that is entered on the www.fepblue.org web site.

Appointment/Service Reminders

We may contact you 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.

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, business associates will receive, create, maintain, use, or disclose 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 member service support or utilization management, or investigate subrogation.

Other Covered Entities

A Covered Entity is defined as: (1) a health plan; (2) a health care clearinghouse; or (3) a health care provider who transmits any health information in electronic form in connection with a transaction covered by the Administrative Simplification provisions.

We may use or disclose your protected health information to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain health care operations. For example, we may disclose your protected health information to a health care provider needed by the 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, or accreditation, certification, licensing or credentialing. This also means that we may disclose or share your protected health information with other health care programs or insurance carriers (such as Medicare, Prudential, etc.) to coordinate benefits if you or your covered family members have Medicare or other health insurance.

The U.S. Office of Personnel Management and Other Federal Agencies

We may use or disclose your protected health information to the U.S. Office of Personnel Management (OPM) or to your employing agency in connection with payment or health care operations, or when required by federal law. For example, we may disclose protected health information to your Health Benefits Officer who will work with you to resolve questions concerning your enrollment. We also will disclose protected health information when responding to your requests for reconsideration for a *denied claim*. You should continue to follow the process as described in the Service Benefit Plan brochure to request a reconsideration of any *denied claim*.

• **Potential Impact of State Law**

In some situations, we may choose to follow state privacy or other applicable laws that provide individuals greater privacy protections. If a state law that we follow requires that we not use or disclose protected health information (such as age of majority or parental notification restrictions), then we may not use or disclose that information according to the applicable state law.

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.

Required by Law

We may use or disclose your protected health information to the extent that federal law requires the use or disclosure. When used in this Notice, “required by law,” means it is in the HIPAA Privacy Regulations. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

Public Health Activities

We may use or disclose your protected health information 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. In addition, we may disclose such information to a public health authority authorized to receive reports of child abuse or neglect. We also may disclose protected health information, if directed by a local or US public health authority, to a foreign government agency that is collaborating with that public health authority.

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; and (iv) compliance with civil rights laws. The U.S. Office of Personnel Management (OPM), in its role under the Federal Employees Health Benefits Program, may be a health oversight agency.

Abuse or Neglect

We may disclose your protected health information 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 your information to a governmental entity authorized to receive such information, if we believe that you have been a victim of abuse, neglect, or domestic violence.

Legal Proceedings

We may disclose your protected health information: (1) in the course of any judicial or administrative proceeding; (2) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized); and (3) in response to a subpoena, a discovery request, or other lawful process, once we have met all administrative requirements of the HIPAA 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 HIPAA Privacy Regulations.

Law Enforcement

Under certain conditions, we also 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. Further, we may disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation.

Research

We may 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, 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.

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 may determine whether the disclosure is in your best interest.

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, making sure your privacy is protected.

Disclosures to You

We are required to disclose your protected health information to you, in accordance with the HIPAA Regulations, 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 protected health information that are for reasons other than treatment, payment or health care operations.

We will disclose your protected health information 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 protected health information 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 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.

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.

YOUR RIGHTS

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

Right to Request a Restriction

You have the right to request we 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.

Requests for a restriction must be in writing. Such requests should be sent to us at the address provided in the summary 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 a disclosure of all or part of your protected health information 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.

You may request a confidential communication by writing to us at the address listed in the summary page of this Notice. It is important that you direct your request for confidential communications to this address so that we can process your request as quickly as possible. Requests sent to persons, offices or addresses other than the one indicated might delay processing the request. You may, however, initiate the process by calling us at the number listed in the summary page of this Notice. In your request, please tell us: (1) that you want us to communicate your protected health information with you in an alternative manner or at an alternative location; and (2) that the disclosure of all or part of the protected health information 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 protected health information could endanger you. Once we receive all of the information related to your request (along with the instructions for handling future communications), 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 be disclosed (such as through an Explanation of Benefits, "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 restrict disclosures 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 communications: The check for services you receive from a *Non-participating provider* could be sent to you but made payable to the contract holder, unless you have made other payment arrangements with us. Therefore, we urge you to discuss with us how we can arrange to pay your claims for services that you receive from a *Non-participating provider*. Accumulated payment information such as deductible status and catastrophic protection benefits in which your protected health information might appear, 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.

Right to Inspect and Copy

You have the right to inspect and 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 and 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 in the summary page of this Notice. It is important that you direct your request for inspection and 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 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 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. 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. 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.

Right to Amend

If you believe that your protected health information is incorrect or incomplete, 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 in the summary 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.

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 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. 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 disclosures of your protected health information that are required by the HIPAA Privacy Regulations and that are for reasons **other than** treatment, payment, or health care operations. Most disclosures of your protected health information will be for purposes of 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 in the summary 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 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 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.

COMPLAINTS

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 in the summary 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.

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

[END]