

DIOCESE OF PALM BEACH HEALTH PLAN TRUST PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Si usted desea una copia de esta notificación en español, por favor comuníquese con un representante de Diocese of Palm Beach Health Plan Trust (561) 775-9525

**Health Insurance Portability And Accountability Act-
Administrative Simplification (HIPAA-AS) Notice of Privacy
Practices** for Diocese of Palm Beach Health Plan Trust, the group health plan Sponsored by Diocese of Palm Beach.

Our Legal Duty

As your group health plan, we are required by applicable federal and state laws to maintain the privacy of your health information. We want you to be aware of our privacy practices, our legal duties, and your rights concerning your health information. We will follow the privacy practices that are described in this notice while it is in effect. This notice takes effect **April 14, 2003**, and will remain in effect until a revised notice is issued. Revised notices may be sent because:

1. The U.S. Department of Health and Human Services or other government agency informs us of an amendment to the law.
2. We modify the information contained in the Notice of Privacy Practices. A new Notice of Privacy Practices will be sent before any modifications are put into practice.

We modify our business practices. We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to our participants and adult dependents at the time of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

How we can use or disclose health information without a specific authorization

To you: We must disclose your health information to you, as described in the Individual Rights section of this notice, below. Additionally, we use and disclose health information about you for treatment, payment, and health care operations. For example:

Treatment: We may disclose your health information to a doctor or a hospital when requested, in order for the treating provider to provide treatment to you.

Payment: We may use and disclose your health information to pay claims for services provided to you by doctors or hospitals. Payment activities include, for example: coordinating benefits between auto and health insurance.

Health Care Operations: Our operations as a group health plan require us to make many uses of your health information. Some examples are: We may use and disclose your health information to conduct quality assessment and improvement activities, plan administration, for underwriting purposes, claim administration and other related services, premium ratings and other insurance activities relating to creating or renewing insurance contracts and to engage in care coordination or case management, disease management conducting or arranging for. This could also include an entity that may access your health information when providing services on our behalf (i.e. a business associate). For example: On occasion, we may use care coordination vendors. We make enrollment and eligibility information available to allow them to coordinate care for our members. Also Included are legal services, medical reviews and auditing functions including fraud and abuse compliance programs, business management and general administration. We have agreements in place with them to protect the information we share.

Public Health and Safety: We may disclose your health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your health information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes. We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

Required by Law: We may use or disclose your health information when we are required to do so by law. For example, we must disclose your health information to the U.S. Department of Health and Human Services or state agencies upon request for

purposes of determining whether we are in compliance with applicable law or are satisfying applicable reporting obligations. We may disclose your health information when authorized by workers' compensation or similar laws.

Process and Proceedings: We may disclose your health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under other limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your health information to law enforcement officials.

Law Enforcement: We may disclose limited information to a law enforcement official concerning the health information of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the health information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances.

We may disclose health information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

Military and National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

To the Plan Sponsor (Diocese of Palm Beach): We may disclose to the plan sponsor of your group health plan whether you are enrolled in or disenrolled from health insurance coverage offered under your group health plan. We may disclose summary health information to the plan sponsor to use to obtain premium bids for the health insurance coverage offered under your group health plan or decide whether to terminate that group health plan. Summary health information is aggregated claims history, claims expenses or types of claims experienced by the enrollees in your group health plan. We may disclose your health information and the health information of others enrolled in your group health plan to the plan sponsor to permit it to perform plan administration functions. Please see your plan documents for a full explanation of the limited uses and disclosures that the plan sponsor may make of your health information in providing plan administration functions for your group health plan.

Research; Death; Organ Donation: We may use or disclose your health information for research purposes in limited circumstances. We may disclose the health information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

To Family and Friends: With your authorization, as noted below, we may disclose your health information to family, friends or others. Additionally, if you are unable to authorize such disclosure, but emergency or similar circumstances indicate that

disclosure would be in your best interest, we may disclose your health information to family, friends or others to the extent necessary to help with your health care coverage arrangements.

Fundraising: We may use or disclose to a business associate or the Diocese of Palm Beach, your name, address and phone number for fundraising purposes.

Underwriting: We may receive your health information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. We will not use or further disclose this health information for any other purpose, except as required by law, unless the contract of health information or health benefits is placed with us. In that case, the use and disclosure of your health information will only be as described in this notice.

Uses and disclosures of health information permitted only after Authorization received

Authorization: You may give us written authorization to use your health information or to disclose it to anyone for any purpose not otherwise permitted or required by law. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect.

Marketing: We may use your health information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. However, we may not use your health information to communicate with you about any non-health related benefits or services without first obtaining your authorization to do so.

Individual Rights

Access: With limited exceptions, you have the right to review in person or obtain copies of your health information. You must make a request in writing to obtain access to your health information. You may obtain the form to request access by calling the Diocese of Palm Beach Health Plan Trust office number (561) 775-9525. We reserve the right to impose reasonable costs associated with this access request as allowed by law.

Amendment: You have the right to request that we amend your health information that we have on file. Your request must be in writing, and it must explain why the information should be amended. You may obtain the form to request an amendment by calling the Diocese of Palm Beach Health Plan Trust office at (561) 775-9525. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you

wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, health care operations and certain other activities, since April 14, 2003. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your health information, a description of the health information we disclosed, the reason for the disclosure, and certain other information. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. You may obtain the form to request an accounting of disclosure by calling the Diocese of Palm Beach Health Plan Trust office number (561) 775-9525.

Restriction Requests: You have the right to request that we place certain additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement. However, if you are in need of emergency treatment and the restricted health information is needed to provide the emergency treatment, we may use or disclose that information to a health care provider in order to facilitate the provision of emergency treatment to you. Any agreement we may make to a request for additional restrictions must be in writing and signed by a person authorized to make such an agreement on our behalf. We will not be bound unless the agreement is so memorialized in writing.

Confidential Communication: You have the right to request that we communicate with you in confidence about your health information at an alternative address. To receive confidential communications at an alternative address, please call the Diocese of Palm Beach Health Plan Trust office at (561) 775-9525 and ask for a Protected Health Information, (PHI) address. We must accommodate your request if it is reasonable, specifies the alternative address, and allows us to conduct needed payment and health care operations activities such as collecting your contributions or paying claims under your group health plan.

Not all communications will be sent to the PHI address. **Some** of the communications identified that would continue to be sent directly to the **participant address of record** may include:

- Benefit booklets
- Provider Directories
- ID cards
- Certificates of creditable coverage
- Over-age dependent letters
- Endorsement and riders
- Invoices and refunds

Some of the communications identified that would be sent to you at your PHI address include:

- Explanation of benefit (EOB)
- Reimbursements to you associated with an EOB
- Medical clearances
- Continuity of care letters
- Illness/disease management communications
- Case management communications
- Utilization management letters
- Coordination of benefit letters
- Communications about health- related benefits/services

We will provide written confirmation of your request for a PHI address.

If you choose to have confidential communications sent to you at a PHI address, we will only respond to inquiries from you. For example, if your spouse calls for information and you have specified a PHI address, we will not be able to share any of your confidential health information with him/her, even if you have previously submitted an authorization for him/her to receive it.

Provider Services and Confidential Communications: If you receive services from any health care providers, you would be responsible for notifying those providers directly if you would like to request a PHI address from them.

This notice takes effect April 14, 2003.

Organization Covered by this Notice:

This notice applies to the privacy practices of the organization listed below:

Diocese of Palm Beach Health Plan Trust sponsored by Diocese of Palm Beach and for which Blue Cross and Blue Shield of Florida or Florida Combined Life, Inc. provides claim administration and other services.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns about this Notice of Privacy Practices, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you in confidence at an alternative address, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Office: Diocese of Palm Beach Health Plan Trust - Privacy Officer

Telephone: (561) 775-9525

Address: P.O. Box 109650, Palm Beach Gardens, Florida 33410

Si usted desea una copia de esta notificación en español, por favor comuníquese con un representante de Diocese of Palm Beach Health Plan Trust (561) 775-9525.