

while providing benefits to you or your child, such as your address and Social Security number.

The law says we must give you this notice. It will tell you about the ways we may use health information about members. It tells about your rights. It also tells about our responsibilities in the use and disclosure of that information.

MEMBERS HEALTH INFORMATION

In providing health services, we may get health information from you, or others. We also get information from the member's health care claims and encounters, medical history, service requests and complaint and appeal information.

HOW WE PROTECT THE CONFIDENTIALITY OF PERSONAL INFORMATION

We protect member health information by giving personal information about the member only to employees who need to know that information to provide products or services. We keep all personal information safe and secure.

We do need to send information to some people (like doctors or hospitals or other billing departments) without asking permission each time. We do that only when the law allows. By law, the others cannot tell anyone else about the information we give them about you or your child.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The law says that that we can use health information for "treatment," "payment," and "health care operations." Here are some examples, (but the list doesn't include every reason that information can be given):

- For Treatment. We may give information to doctors, nurses, technicians, office staff or other personnel who provide services.
- For Payment. We may use and give others health information about the member when we need to decide on eligibility for coverage, coordinate care, review medical necessity, pay claims or review and respond to complaints. For example, while we work on claims, we get personal information about the member to find out what services he/she actually received.
- For Health Care Operations. We may use and give others the member's personal information for our health care operations. That may include quality improvement activities; accreditation; responses to inquiries; appeals and review programs. It may also be used for health promotion; case management and care coordination; and general administrative activities. Sometimes it may be used for auditing; administering pharmaceutical programs and payments; or in the facilitation of a sale, transfer or merger of all or a part of The HSC System with another organization. Our authorization form, which you or the member is asked to sign usually, includes these activities.

- Other permitted or required uses or disclosures. We may use or disclose health information about the member without permission for the following reasons, allowed by law:
 - To comply with responsibilities to federal or state oversight agencies who oversee health care.
 - To fulfill our obligations with our sister companies as your health care insurer.
 - To permit health plan sponsors to perform plan administration.
 - To researchers where all procedures required by law have been taken to protect confidentiality.
 - To comply with a court order or other lawful process.
 - To persons providing services to us. They have to make sure that they will keep all information safe and secure.
 - To let the member and patient/caregiver know about treatment alternatives or health-related benefits or services.
 - Sometimes, we are allowed by federal and state law to give an agency health information about the member without authorization. An example would be information to protect victims of abuse or neglect, to avoid a serious threat to health or safety, or to track diseases or medical devices. We may also inform military or veteran authorities if the member is an armed forces member. We may give information to coroners, or for worker's compensation, national security and anyone the law says we must give it to.
 - We will give health information to organizations that handle organ, eye or tissue transplantation or to an organ donation bank. We will do that to make it easier for organ transplants and organ donation.
 - We are allowed to use health information about the member in a way that does not personally identify the member.
 - We may give health information about you to your family members or friends if you agree to it in writing.

If you make a request, we will tell you what information was disclosed. We will also tell you who got it and why.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or tell anyone about the member health information for any reason except the ones we have told you about in the sections above unless we have your written *Authorization*. We must obtain *Authorization* separate from any *Consent we have received from you in the past*. If we are given *Authorization* to use or disclose health information, the authorization may be revoked or stopped in writing, at any time. If the *Authorization is stopped*, we will no longer use or give anyone else information about the member for the reasons covered by the written *Authorization*. We cannot take back any uses or disclosures already made with the member or patient/caregiver permission.

If we have HIV or substance abuse information about the member, we cannot release that information without a special signed, written authorization (different than the *Authorization* and *Consent we talked about* above). We will have to have both a signed *Consent* and a special written *Authorization*, according to law. There are special laws for HIV or substance abuse records.

All consents/authorizations must be received from the member or patient/caregiver.

RIGHTS REGARDING HEALTH INFORMATION

Members or patient/caregivers have the following rights regarding their health information:

- Right to look at and copy health information

Members or patient/caregivers have the right to look at and copy health information, except for psychotherapy notes or other limited reasons. We need a written request from you before you may look at and/or copy the member's health information. A fee may be charged for the costs of copying, mailing or other supplies.

- Right to change the Record

If member and/or patient/caregiver believes that the health information we have is not right, the member or patient/caregiver may ask us to change the information. If we do not let you change the information, we will tell you why in writing.

- Right to an Accounting of Disclosures

Members and/or patient/caregivers have the right to request an "accounting of disclosures." This is a list of who we have given medical information about the member for purposes other than treatment, payment and health care operations. To get this list, the member and/or patient/caregiver must ask for it in writing and tell us the dates, which may not be longer than six years ago. This may not include dates before April 14, 2003. We will provide the member and/or patient/caregiver with the list free of charge unless we have already provided the member or patient/caregiver with a list within the same 12 month period. We may temporarily suspend a member's or patient/caregiver's right to receive an accounting of disclosures in certain circumstances, as defined by law.

- Right to Request Restrictions (Limits)

The member or patient/caregiver has the right to request a restriction or limit on the health information we use or give someone else about the member for treatment, payment or health care operations. The member and/or patient/caregiver also has the right to ask for a limit on the health information we give about the member to someone who is involved in the member's care or payment for it. We do not have to agree to a requested restriction.

- Right to Confidential Communications

Sometimes, the member or patient/caregiver has the right to request that health information be talked about in a particular place or in a certain way. We will agree to all reasonable requests.

- Right to a Paper Copy of This Notice

The member or patient/caregiver has the right to a paper copy of this notice and may ask for it at any time.

CHANGES TO THIS NOTICE

We can change this notice, and make the revised or changed notice effective for medical information we already have about the member. Or, we can change it for any information we receive in the future. We will post a summary of the current notice with its effective

date in the top right hand corner. The member or patient/caregiver can always get a copy of the notice currently in effect.

FOR MORE INFORMATION OR TO REPORT A COMPLAINT

If you believe that privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with the Secretary, write to: 200 Independence Avenue, S.E., Washington, D.C. 20201, or call 1-877-696-6775. To file a complaint with our office: contact the HSC Privacy Officer at 202-454-1223 or at HSC Foundation 1808 Eye Street, NW, Suite 600, Washington, D.C., 20006. You will not have problems with us or be penalized for filing a complaint.