

# BLUE CROSS & BLUE SHIELD OF RHODE ISLAND

## NOTICE OF PRIVACY PRACTICES

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**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 PRIVACY OF YOUR PERSONAL HEALTH INFORMATION IS IMPORTANT TO US.**

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### OUR LEGAL DUTY

This Notice of Privacy Practices (“Notice”) describes how Blue Cross & Blue Shield of Rhode Island (“BCBSRI”) may use and disclose your protected health information (“PHI”) to carry out payment activities, healthcare operations, and other purposes that are permitted or required by law. We are required by applicable federal and state laws to maintain the privacy of your PHI. We are required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice became effective on April 14, 2003, and will remain in effect until we replace it.

PHI is individually identifiable health information, including demographic information collected from you or created or received by a healthcare provider, a health plan, your employer, or a healthcare clearinghouse, and that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of healthcare to you; or (iii) the past, present, or future payment for the provision of healthcare to you. This Notice of Privacy Practices is intended to incorporate the requirements of the Privacy Regulation contained in the federal law, the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and the Rhode Island Confidentiality of Health Care Communications and Information Act. Any of the terms not defined in this Notice have the same meaning as they have in the HIPAA Privacy Regulation. 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.

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## **OUR USES AND DISCLOSURES OF YOUR PHI**

We use and disclose PHI about you for many purposes, including to pay for your health care and conduct our healthcare operations. When using or disclosing your information for these purposes, we use or disclose just the minimum amount necessary to accomplish the task. Examples of our uses and disclosures of your PHI include:

**You, Your Family, and Friends:** We use and will disclose your PHI to you and, with your permission, to a family member, friend, or any other person who you specifically indicate is involved in your care or payment for your care. For any such indicated family member, friend, or person, we will disclose the PHI which is directly relevant to their involvement in your care. We will disclose your PHI 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 PHI to such a person, you must submit a written notice of his/her designation, along with supporting documentation such as a power of attorney or properly executed Member's Designation of a Personal Representative form. Even if you designate a personal representative, the HIPAA Privacy Regulation permits 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; or (ii) treating such person as your personal representative could endanger you.

**Federal Agencies:** We are required to disclose your PHI to the United States Department of Health and Human Services ("DHHS") to ensure compliance with federal requirements regarding PHI since the Secretary of DHHS is responsible for investigating and determining covered entities' compliance with the HIPAA Privacy Regulation. Moreover, the Centers for Medicare and Medicaid Services and other government agencies mandate that we provide them with data, which may include your PHI, relevant to the administration of their programs.

**Payment:** We may use and disclose your PHI to pay claims from doctors, hospitals, and other providers for services delivered to you and considered for coverage by your health plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, to issue explanations of benefits to the person who subscribes to the health plan in which you participate, and the like. For example, we may disclose your PHI when a provider requests information regarding your eligibility for coverage under our health plan, or we may use your information to determine if a treatment that you received was medically necessary.

**Healthcare Operations:** We may use and disclose your PHI to support our business functions. These functions include, but are not limited to: rating our risk; determining our premiums for your health plan; conducting quality assessment and improvement activities; credentialing providers and reviewing their performance; engaging in care coordination or case management; obtaining necessary certificates; and carrying out business planning and business development. For example, we may use or disclose your PHI: (i) to provide you with 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; (iv) to send you general information such as our newsletter; or (v) to survey you concerning how effectively we are providing services, among other issues. We may use PHI we receive or maintain, including PHI such as e-mail addresses or other information that is entered on the [www.BCBSRI.com](http://www.BCBSRI.com) Web site in connection with our surveying. We may disclose your PHI to qualified personnel for the purpose of conducting scientific research, management audits, program evaluations, and actuarial, insurance underwriting, or similar studies, provided that any report produced for such purposes can only contain de-identified data which cannot be linked to you.

**Business Associates and Consultants:** 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 may receive, create, maintain, use, or disclose PHI, but only after we require the business associates to agree in writing to contract terms designed to appropriately safeguard the confidentiality and security of your information with access limited only to those with a “need-to-know.” For example, we may disclose your PHI to a business associate to administer our pharmacy benefits program, to coordinate behavioral health services, or to facilitate a utilization review by a professional standards review organization. We may also disclose PHI to a consultant of a plan sponsor, for the purpose of preparing statistical reports and analyses for its employer groups.

**Providers and Other Covered Entities:** We may use, receive, or disclose your PHI to assist healthcare providers in connection with their treatment or payment activities, or to assist another entity which has a relationship with you and is subject to the federal Privacy Regulation in connection with certain healthcare operations. For example, we may disclose your PHI to a healthcare provider to coordinate care for you, and we may disclose PHI to another covered entity to conduct healthcare operations in the areas of quality assurance and improvement activities, reviewing the competence or qualifications of healthcare professionals, or detecting or preventing healthcare fraud and abuse. This also means that we may disclose or share your PHI with other healthcare programs or insurance carriers to coordinate benefits, if you or your family members have coverage through another carrier.

**Underwriting:** We may use and disclose your PHI 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 information for any other purpose, except as required by law, unless the contract of health insurance or health benefits is placed with us. In that case, our use and disclosure of your medical information will only be as described in this Notice.

**Research:** There are limited circumstances in which we may disclose your PHI to researchers without your authorization: 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 as part of a limited data set which includes no unique identifiers (information such as name, address, social security number, or any other information that could be used to identify you).

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

**Public Health Activities:** We may use or disclose your PHI for public health activities that are permitted or required by law. For example, we may use or disclose information for the purpose of preventing, reporting, or controlling disease, injury, or disability; investigation of reportable diseases; the control of public health hazards; enforcement of sanitary laws; certification and licensure of health professionals and facilities; reporting of vital statistics; and review of healthcare that is required by federal, state, or local governmental agencies. We may use and disclose PHI to a public health authority authorized to receive reports of abuse, neglect, domestic violence, or other crimes. We may also disclose PHI, if directed by a public health authority, to a foreign government agency that is collaborating with such a public health authority.

**Health Oversight Activities:** We may disclose your PHI 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 healthcare system; (ii) government benefit programs; (iii) other government regulatory programs; and (iv) compliance with civil rights laws.

**Required by Law:** We may use or disclose your PHI when we are required to do so by law. For example, we may disclose confidential healthcare information to the Attorney General's Medicaid Fraud Control Unit, to the Department of Children, Youth & Families for children in their custody, or to other governmental oversight programs designed to prevent, investigate, and prosecute fraud and abuse.

**Process and Proceedings:** We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process, in accordance with specified procedural safeguards.

**Law Enforcement:** Under certain circumstances, we may disclose your PHI to law enforcement, intelligence, or national security officials. For example, some of the reasons for such a disclosure may include, but not be limited to, when it is required: (1) by law or some other legal process; (2) to locate or identify a suspect, fugitive, material witness, or missing person; (3) to provide evidence of a crime that occurred on our premises; or (4) to protect the legal interest of an insurance institution, an insurance-support organization, or the agents of either of those entities, in preventing and responding to the perpetration of fraud upon them.

**Workers' Compensation:** We may disclose your PHI to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses. For example, we may disclose confidential healthcare information in relation to information that is directly related to a current claim for worker's compensation benefits or to any proceeding before the Workers' Compensation Commission or before any court proceeding relating to workers' compensation. We may also disclose confidential healthcare information to a workers' compensation fraud prevention unit for investigation purposes.

**Marketing:** Although generally we will need to obtain your authorization before using or disclosing your PHI for marketing purposes, there are certain types of marketing communications for which we may use and disclose your PHI without authorization (i.e., face-to-face marketing communications made by us to you and promotional gifts of nominal value provided by us to you). In addition, we may communicate to you without your authorization about certain products and services referred to as “value-added items or services” that are available to you but are not part of your benefit plan, so long as the item or service is health-related and actually adds value to your membership in the plan. For instance, we may offer you a special discount opportunity for a health club without obtaining your authorization.

**Potential Impact of State Law:** In some situations, state privacy or other applicable laws may provide individuals with greater privacy protections than HIPAA. For example, if a state law to which we are subject requires that we not use or disclose PHI (such as age of majority or parental notification restrictions), then we may not use or disclose that information pursuant to the applicable state law.

**Emergencies:** In the event that you are incapacitated or otherwise unavailable in an emergency (and if you have not designated a personal representative as set forth herein), we may decide, based on reasonable professional judgment exercised in your best interest, to use or disclose the minimum necessary amount of your personal information required to provide treatment to you under such circumstances.

**Disaster Relief:** If you are involved in a disaster, we may use your PHI and disclose it to a public or private organization, such as the American Red Cross, which is authorized to provide disaster-related assistance.

**Other Uses and Disclosures of Your PHI:** Other uses and disclosures of your PHI that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information that we already have used or disclosed, in reliance upon your authorization. We have established mandatory procedures to ensure that adequate authorization is given for any use or disclosure of psychotherapy notes. We will rely on the behavioral health provider to secure an authorization to allow for our use of the psychotherapy notes, and if we need to disclose the psychotherapy notes, we will obtain your written authorization. While federal law allows providers to use and disclose patients’ information for certain purposes to benefit the public (e.g., treatment and certain kinds of fundraising) without the patients’ authorization, we do not currently use or disclose your information in these ways. We promise not to use or disclose your information for such purposes in the future without your authorization. Federal law prohibits us from breaking this promise to you.

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## **YOUR RIGHTS**

**Right to Inspect and Copy:** You have the right to look at or get copies of your PHI 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 healthcare benefits. To inspect and copy your PHI that is contained in a designated record set, you must submit your request to us at the address listed on the last page of this Notice. It is important that you direct your request for inspection and copying to that address so that we can begin to process your request. Requests sent to persons, offices, or addresses other than the one indicated might delay processing of the request. If you are unsure how to make such a request, you can ask us provide you with a form that you can complete and send to us for such a 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 copy your PHI 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 healthcare 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. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable.

**Right to Amend:** If you believe that your PHI is incorrect or incomplete, you may request that we amend your information. You may request that we amend your information by writing to us at the address provided on the last page of this Notice. Additionally, your request should include the reason the amendment is necessary. It is important that you direct your request for amendment to that address so that we can begin to process your request. Requests sent to persons, offices or addresses other than the one indicated might delay processing the request. If you are unsure how to make such a request, you can ask us provide you with a form that you can complete and send to us for such a 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 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 receive a list of instances in which we or our business associates disclosed your PHI for purposes other than treatment, payment, or healthcare operations, or for disclosures other than those made to you or authorized by you. You should know that most disclosures of PHI will be for purposes of payment or for healthcare operations. An accounting will include the date of each disclosure, the identity of the entity or person to whom each disclosure was made, a brief description of the information disclosed, and the purpose for each disclosure. You may request an accounting by submitting your request in writing to us at the address listed on the last page of this Notice. It is important that you direct your request for an accounting to that address so that we can begin to process your request. Requests sent to persons, offices, or addresses other than the one indicated might delay processing the request. If you are unsure how to make such a request, you can ask us provide you with a form that you can complete and send to us for such a request. Your request may be for disclosures made up to six (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 before any costs are incurred.

**Right to Request a Restriction:** You have the right to request a restriction on the PHI we use or disclose about you for payment or for healthcare 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. You may request a restriction by writing to us at the address provided on the last page of this Notice. It is important that you direct your request for restriction to that address so that we can begin to process your request. Requests sent to persons, offices, or addresses other than the address indicated might delay processing the request. In your request, please tell us: (1) the information which you wish to be restricted; and (2) how you want to limit the use and/or disclosure of the information. If you are unsure how to make such a request, you can ask us provide you with a form that you can complete and send to us for such a request.

**Right to Request Confidential Communications:** 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. For example, you may ask that we only contact you at your work address or at another secondary address. You may request a restriction by writing to us at the address listed on the last page of this Notice. It is important that you direct your request for confidential communications to that address so that we can begin to process your request. Requests sent to persons, offices, or addresses other than the one indicated might delay processing the request. If you are unsure how to make such a request, you can ask us provide you with a form that you can complete and send to us for such a request. In your request, please tell us: (1) that you want us to communicate your PHI with you in an alternative manner or at an alternative location and (2) that the disclosure of all or part of the PHI 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 clearly states that the disclosure of all or part of your PHI could endanger you. Once we receive all of the information for such a request, along with the instructions for handling future communications, the request will usually be processed within twenty-four (24) hours. Prior to receiving the information necessary for this request, or during the time it takes to process it, PHI may be disclosed such as through an Explanation of Benefits (“EOB”). Therefore, it is extremely important that you contact us at the address listed on the last page of this Notice as soon as you determine that you need to restrict disclosures of your PHI. Once a request for confidential communications goes into effect, all of your PHI will be processed in accordance with your instructions. We will not process requests on a diagnostic-specific basis. This means that we cannot process a request to withhold only the PHI relating to a specific condition, diagnosis, or treatment. As a general rule, the contract holder will be entitled to access to billing information and other PHI in connection with the member contract, unless you make a request for confidential communications in accordance with this section. If such a request is accepted by us, documents that might contain PHI about 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: (i) 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; and (ii) accumulated payment information such as deductibles, in which your PHI could appear, will continue to appear on all future EOBs sent to the contract holder. 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. If you terminate your request for confidential communications, the restriction will be removed for *all* of your PHI that we hold, including PHI that was previously protected. Therefore, you should not terminate a request for confidential communications if you remain concerned that disclosure of your PHI would endanger you.

**Electronic Notice:** If you receive this notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form. Please contact us using the information listed at the end of this Notice to obtain a paper copy of this Notice.

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### **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this Notice. 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 listed at the end of this Notice. You may also file a complaint with the Secretary of DHHS. Complaints filed directly with the Secretary of DHHS must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the alleged relevant problems; and (4) be filed within one hundred eighty (180) days of the time you became or should have become aware of the problem. You may obtain detailed information on how to file a complaint with the Secretary of DHHS by visiting the following page on the DHHS Web site: <http://www.hhs.gov/ocr/office/file/index.html>. You may also do so by calling the following toll-free number: 1-866-627-7748 (1-800-537-7697 for TTY/TDD users). We will not penalize or retaliate against you in any other way for filing a complaint with the Secretary or with us. 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 PHI that we maintain, including medical information we created or received before we made the changes. If we make a material change to our Notice, we will mail a revised Notice to the address we have on record for the contract holder.

### **CONTACT ADDRESS AND INFORMATION**

Blue Cross & Blue Shield of Rhode Island  
500 Exchange Street  
Providence, RI 02903  
Phone: (401) 459-1077  
Fax: (401) 459-1279