

BLUE CROSS & BLUE SHIELD OF RHODE ISLAND

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 PRIVACY OF YOUR INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

This Notice of Privacy Practices 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 for 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.

Protected health information (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.

OUR USES AND DISCLOSURES OF YOUR PHI

We use and disclose PHI about you for payment and healthcare operations purposes. When using or disclosing your information for these purposes, we use or disclose just the minimum amount necessary to accomplish the task. For example:

Payment: We may use and disclose your PHI to pay claims from doctors, hospitals, and other providers for services delivered to you that are to be 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, to determine our premiums for your health plan, to conduct quality assessment and improvement activities, to credential providers and review their performance, to engage in care coordination or case management, for obtaining necessary certificates, and 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 email addresses or other information that is entered on the www.BCBSRI.com Website in connection with our surveying.

We may disclose your protected health information to qualified personnel for the purpose of conducting scientific research, management audits, program evaluations, actuarial, insurance underwriting, or similar studies, provided that there are no individual identifiers in any report produced.

Your Family and Friends: Only with your permission, may we disclose to a family member, a friend, or to other persons you indicate who are involved in your care or payment for your care, your protected health information that is directly relevant to their involvement. 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 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; or (ii) treating such person as your personal representative could endanger you.

Your Employer Sponsoring Your Group Health Plan: We do not typically disclose your PHI to the sponsor of your group health plan, but do provide enrollment and disenrollment information, or de-identified information for the plan sponsor to perform plan administration functions. We may also disclose summary information about the enrollees in your group health plan to the plan sponsor to use to obtain premium bids for the health insurance coverage offered through your group health plan or to decide whether to modify, amend, or terminate your group health plan. We may disclose information which summarizes claims history, claims expenses, or types of claims experienced by the enrollees in your group health plan. The summary information will be stripped of demographic information about specific enrollees in the group health plan, but the plan sponsor may still be able to identify you or other enrollees in your group health plan from the summary information.

For BCBSRI Employees Participating in the Healthcare Flexible Spending Account Benefit Plan: In addition to sponsoring health insurance benefits, Blue Cross & Blue Shield of Rhode Island has established a healthcare flexible spending account benefit plan (the “Plan”) for its employees. The Plan may disclose certain of your health information to BCBSRI without your authorization. The Plan will disclose your health information only if it is necessary for BCBSRI to administer the Plan, however, and the information will be in aggregate form only (i.e., the total amount “spent” from your account per year). For instance, upon a request from BCBSRI, the Plan may disclose health information about you to enable BCBSRI to modify, amend, or terminate the Plan; however, the information the Plan discloses will not include any information that identifies you other than your zip code. The Plan may also disclose to BCBSRI information on whether you are participating in, enrolled in, or disenrolled from the Plan. Under no circumstances, however, will the Plan disclose your health information to BCBSRI for the purpose of employment-related actions or decisions (e.g., for employment termination) or for the purpose of administering any other plan that BCBSRI may offer. Should the Plan determine that it must disclose additional information to BCBSRI for Plan administrative purposes, it first must amend both the Plan documents and this Notice.

In addition, the Plan has entered into a contract with a third party, vendor, to administer the Plan. The Plan may disclose to this vendor your healthcare information, including information that identifies you, without authorization, for certain permitted uses and disclosures as set forth in its contract with the vendor. These permitted uses include Plan administration and vendor’s own management and administration. Once the vendor receives your healthcare information, it may only disclose it to third parties, such as consultants or advisors, if vendor first ensures that the third party will be subject to the same restrictions and limitations that apply to vendor with respect to such information.

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 will 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 for utilization review purposes. 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 (such as Medicare, United Health, etc.) in order 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 protected health information 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 or as part of a limited data set which includes no unique identifiers (information such as name, address, social security number, etc., that can identify you).

Health and Safety: We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or 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.

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 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; and review of healthcare that is required by the federal government and other governmental agencies. We may use and disclose PHI to a public health authority authorized to receive reports of child abuse or neglect. We may also disclose PHI, if directed by a public health authority, to a foreign government agency that is collaborating with the 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 Medicaid fraud control unit of the attorney general's office, or to the Department of Children, Youth, and Families on children in their custody.

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 officials. For example, 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; (3) it is necessary to provide evidence of a crime that occurred on our premises; or (4) to protect the legal interest of an insurance institution agent or insurance-support organization in preventing and prosecuting 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 the workers' compensation fraud prevention unit for investigation purposes.

Secretary of DHHS: We are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services (DHHS) when the Secretary is investigating or determining our compliance with the HIPAA Privacy Regulation.

Marketing: Although generally we will need to obtain your authorization before using or disclosing your protected health information for marketing purposes, there are certain types of marketing communications for which we may use and disclose your protected health information without authorization (e.g., 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, 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 PHI (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 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, relying on the authorization.

An authorization will be required for any use or disclosure of psychotherapy notes. We will rely on our 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, certain kinds of fundraising) without your 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.

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 this 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. There is a form that you can complete and send to us for this 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 this 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. There is a form that you can complete and send to us for this 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 as 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(s) of the disclosure, to whom we made the disclosure, a brief description of the information disclosed, and the purpose for the 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 this 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. There is a form that you can complete and send to us for this request.

Your request may be for disclosures made up to six 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 this 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 whose disclosure you want to limit and (2) how you want to limit our use and/or disclosure of the information. There is a form that you can complete and send to us for this 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 this 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. There is a form that you can complete and send to us for this 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 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 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. Therefore, documents that might contain PHI about services you receive, such as letters or EOBs, will be addressed to you and not the contract holder. The contract holder will be entitled to access to billing information and other PHI in connection with the member contract, unless you request confidential communications in accordance with this section.

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* 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.

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 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 any other way retaliate against you 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.

CONTRACT ADDRESS AND INFORMATION

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