

Sample Notice of Health Plan's 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.

[Health Plan] is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this Notice or if you want more information about the privacy practices at [Health Plan], please contact [include title of contact person and address/phone number].

How [Health Plan] May Use or Disclose Your Health Information

The following categories describe the ways that [Health Plan] may use and disclose your health information. For each category of uses and disclosures, we will explain what we mean and present some examples. [Examples are for illustrative purposes only; insert examples that would apply to your specific organization.] Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

1. **Payment Functions.** We may use or disclose health information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services you receive from health care providers, determine plan responsibility for benefits, and to coordinate benefits. For example, payment functions may include reviewing the medical necessity of health care services, determining whether a particular treatment is experimental or investigational, or determining whether a treatment is covered under your plan.
2. **Health Care Operations.** We may use and disclose health information about you to carry out necessary insurance-related activities. For example, such activities may include underwriting, premium rating and other activities relating to plan coverage; conducting quality assessment and improvement activities; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and business planning, management and general administration.
3. **Required by Law.** As required by law, we may use and disclose your health information. For example, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.
4. **Public Health.** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury, or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the

Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

5. Health Oversight Activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure, and other proceedings related to oversight of the health care system.
6. Judicial and Administrative Proceedings. We may disclose, your health information in the course of any administrative or judicial proceeding.
7. Law Enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, or missing person, complying with a court order or subpoena and other law enforcement purposes.
8. Coroners, Medical Examiners and Funeral Directors. We may disclose your health information to coroners, medical examiners, and funeral directors. For example, this may be necessary to identify a deceased person or determine the cause of death.
9. Organ and Tissue Donation. We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues, as necessary.
10. Public Safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
11. National Security. We may disclose your health information for military, national security, prisoner, and government benefits purposes.
12. Worker's Compensation. We may disclose your health information as necessary to comply with worker's compensation or similar laws.
13. Marketing. We may contact you to give you information about health-related benefits and services that may be of interest to you.
14. Disclosures to Plan Sponsors. We may disclose your health information to the sponsor of your group health plan, for purposes of administering benefits under the plan.
15. [If state law materially limits or prohibits any of the uses and disclosures described above, each such use and disclosure described above must reflect the more stringent law.]

When [Health Plan] May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any

time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

Statement of Your Health Information Rights

1. **Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your health information. [Health Plan] is not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to [include title of contact person and address].
2. **Right to Request Confidential Communications.** You have the right to receive your health information through a reasonable alternative means or at an alternative location. To request confidential communications, you must submit your request In writing to [include title of contact person and address]. We are not required to agree to your request.
3. **Right to Inspect and Copy.** You have the right to inspect and copy health information about you that may be used to make decisions about your plan benefits. To inspect and copy such information, you must submit your request in writing to [include title of contact person and address]. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request.
4. **Right to Request Amendment.** You have a right to request that [Health Plan] amend your health information that you believe is incorrect car incomplete. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make you request in writing to [include title of contact person and address]. You must also provide a reason for your request.
5. **Right to Accounting of Disclosures.** You have the right to receive a list or "accounting of disclosures" of your health information made by us, except that we do not have to account for disclosures made for purposes of payment functions or health care operations, or made to you. To request this accounting of disclosures, you must submit your request in writing to [include title of contact person and address]. Your request should specify a time period of up to six years and may not include dates before April 14, 2003. [Health Plan] will provide one list per 12-month period free of charge; we may charge you for additional lists.
6. **Right to Paper Copy.** You have a right to receive a paper copy of this Notice of Privacy Practices at any time. To obtain a paper copy of this Notice, send your written request to [include title of contact person and address]. You may also obtain a copy of this Notice at our website, www._____

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact [include title of contact person and address/ phone number].

Changes to this Notice of Privacy Practices

[Health Plan] reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains. We will promptly revise our Notice and distribute it to you whenever we make material changes to the Notice. Until such time, [Health Plan] is required by law to comply with the current version of this Notice.

Complaints

Complaints about this Notice of Privacy Practices or about how we handle your health information should be directed to [include title of contact person and address]. [Health Plan] will not retaliate against you in any way for filing a complaint. All complaints to [Health Plan] must be submitted in writing. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services.

Effective Date of This Notice April 14, 2003