



Our Commitment to Confidentiality

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.

Our Commitment

We respect your right to privacy. We will not release personally identifiable information about you without your permission, unless the release is to provide service you expect from us or is otherwise in accordance with the law.

Collection of Information

We collect only *personal* or *medical* information we need to carry out our business.

- Examples of *personal* information are name, address, and date of birth. Most often, you and your employer supply this information to enroll you in a plan.
- Examples of *medical* information are diagnoses, treatment, and names of providers who treat you. Most often, your providers supply this information.

Use and Release of Information

We are required by law to protect the confidentiality of your personal and medical information. We will supply your information to you upon your request or to help you understand treatment options and other benefits available to you.

We also may use and disclose your information without your written authorization for the following purposes, and as otherwise permitted or required by law:

- **Treatment**—to help providers manage or coordinate your health care and related services. For example, to refer you to another provider or remind you of appointments.
- **Payment**—to obtain payment for your coverage, provide you with health benefits, and assist another health plan or provider in its payment activities. For example, to manage enrollment records, make coverage determinations, administer claims, and coordinate benefits with other coverage you may have. This includes disclosure necessary to comply with workers' compensation laws.
- **Health Care Operations**—to operate our business, including accreditation, credentialing, customer service, disease management, and fraud prevention activities. For example, to do business planning, arrange for medical review, and conduct quality assessment and improvement activities.
- **Legal Compliance**—to comply with applicable law. For example, to respond to regulatory authorities responsible for oversight of government benefit programs or our operations; to parties or courts in the course of judicial or administrative proceedings; and to law enforcement officials during an investigation.
- **Research and Public Health**—for medical research studies in accordance with laws for the protection of human research subjects, and to report to public health authorities and otherwise prevent or lessen a serious and imminent threat to health or safety. For example, for the purpose of preventing or controlling disease, injury, or disability.
- **To an Account or Party It Designates**—for administration of its health plan. For example, to a self-insured account for claim review and audits. Disclosure only to designated individuals, along with contract obligations, helps protect your information from unauthorized use.

To carry out these purposes, we share information with entities that perform functions for us subject to contracts that limit use and disclosure for intended purposes. We use physical, electronic, and procedural safeguards to protect your privacy. Even when allowed, use and disclosure are limited to the minimum amount reasonably necessary for the intended task.

Special Notes Regarding Release

Special protections apply to certain medical conditions. For example, with very few exceptions allowed by law, we will not release any information regarding HIV or AIDS to any party without your written permission. Also, we will not release mental health treatment records to you without first receiving written permission from your treating provider.

Your Privacy Rights

- **You have the right to receive information about privacy protections.** Your member education materials include a notice of your rights, and you may request a paper copy of this notice at any time.
- **You have the right to inspect and get copies of information we collect about you.** We will provide access to this information within 30 days of receiving a written request. We may charge a reasonable fee for copying and mailing records. You may also ask your providers for access to your records.
- **You have the right to receive an accounting of disclosures.** Your request must be in writing. Our response will exclude any disclosures made in support of treatment, payment, and health care operations, or that you authorized. An example of a disclosure that would be reported to you is a release of your information in response to a subpoena.
- **You have the right to ask us to correct or amend information you believe to be incorrect.** Your request to correct, amend, or delete information should be in writing. We will notify you if we make an adjustment as a result of your request. If we do not make an adjustment, we will send you a letter explaining why within 30 days. In this case, you may ask us to make your request part of your records, or ask the Commissioner of Insurance to review our decision. We may also provide notice of your requested changes to others who received this information in the past two years.
- **You have the right to authorize release of information for purposes not otherwise permitted by law.** Your request and any subsequent revocation must be in writing, and a form for this purpose is available on our website.
- **You have the right to designate someone to receive information and make decisions for you.** Your personal representative has the same rights concerning your information as you. Your designation and any subsequent revocation must be in writing, and a form for this purpose is available on our website.
- **You have the right to ask that we restrict or refuse the release of personally identifiable information, and that we direct communications to you by alternative means or to alternative locations.** While we may not always be able to agree, we will make reasonable efforts to accommodate requests. Your request and any subsequent revocation must be in writing.
- **If you believe your privacy rights have been violated, you have the right to complain to us, using the standard grievance process outlined in your benefit materials, or to the Secretary of the U.S. Department of Health and Human Services, without fear of retaliation.**

About This Notice

This notice is effective January 1, 2003. We are required by law to provide this notice to you and to abide by it. We reserve the right to change this notice. Any changes will apply to all personal and medical information that we maintain, regardless of when it was created or received. A revised notice will be given to you when your coverage is renewed or when this notice is materially revised.

If you have any questions, we're here to help. Please call the Member Service toll-free number on your ID card or visit our website at www.bluecrossma.com.

