

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.

Why you're receiving this Notice

We are required to maintain the privacy of your Protected Health Information (PHI) and other non-public, personal information (collectively, "Information"). We are providing you this Notice of Privacy Practices¹, as required by law, to inform you about our privacy and security principles, our legal duties, and your rights concerning your Information.

This Notice takes effect September 23, 2013, and we will follow these terms while it is in effect. We may revise this Notice at any time and apply those changes to all Information we maintain (including Information previously created or received). If revised, we will post the revised Notice on our website and send you a copy through the mail, unless otherwise permitted by law.

What you need to know

Your PHI and Other Non-Public Personal Information

PHI is health information that identifies you or could be used to identify you that was created or received by a health care provider, a health plan, an employer, etc. and that relates to:

- (1) your past, present, or future physical or mental health or condition;
- (2) providing you health care; or
- (3) the past, present, or future payment for providing you health care.

Other non-public personal information is information that identifies you, such as account balance information, payment history, information obtained in connection with a loan, or information from a consumer report.

Our Privacy Principles and Security Procedures

The privacy and security of your Information is very important to us and we take precautions to protect it. Information in oral, written, and electronic form is protected by establishing and enforcing security and privacy policies and procedures, providing all of our workforce members with security and privacy awareness training, and using appropriate physical and electronic safeguards to protect and prevent unauthorized access to your Information.

¹ This Notice of Privacy Practices is consistent with the Privacy Rule requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the requirements of Title 11, Part 420 of the New York Codes, Rules and Regulations (11 NYCRR 420). Any terms not defined in this Notice have the same meaning as they have in the HIPAA Privacy Rules and/or 11 NYCRR 420.

We limit employee access to your Information only to those who need it to perform their jobs. Our business associates that provide you with products or services on our behalf are required by law and contract to protect the confidentiality and limit the use of your Information as we would do ourselves. We provide prospective, existing, and former customers the same protections with respect to their Information.

Information We May Collect and Share with Others

We collect your Information as necessary to provide you with health insurance products and services and to administer our business. We may also disclose this Information to non-affiliated third parties as described in this Notice. The types of information we may collect and disclose include:

- (1) information you or your employer provide on applications and other forms, such as names, addresses, social security numbers, and dates of birth;
- (2) information about your interactions with us or others (such as health care providers) regarding your medical information or claims; and
- (3) information you provide in person, by phone, email, or through visits to our website.

How We May Use and Disclose Your Information

Federal and state laws permit our use and disclosure of your Information, without specific authorization or approval. For example, we may use and/or disclose your Information for:

- **Treatment** purposes to your health care providers so they can provide you with appropriate care.
- **Payment** purposes (1) to pay your physicians, hospitals and other providers for covered services delivered to you; (2) to coordinate benefits, determine medical necessity, or issue explanations of benefits to the subscriber of the health plan or insurance policy; (3) for the payment activities of a health care provider or other entity subject to the HIPAA Privacy Rules.
- **Health care operations** (1) to rate our risk and determine premiums for your health plan or policy; (2) for medical review, legal services, and auditing, or (3) for customer service activities, resolution of internal grievances, and other business management purposes; (4) certain operations of other entities subject to the HIPAA Privacy Rules including, but not limited to, quality assessment and improvement activities, and fraud and abuse detection and compliance.
- **Business associate** functions or services performed on our behalf (such as claims administration, pharmacy benefit management, or member service support).

Other Permitted Uses and Disclosures of Your Information

We may also use and/or disclose your Information without your authorization in the following circumstances:

- **When required by law** such as (1) responding to a court order, subpoena, or other lawful process; (2) reporting to law enforcement officials about suspected crime victims or to provide evidence of a crime that occurred on our premises; (3) reporting to appropriate authorities suspected cases of abuse, neglect, or domestic violence; (4) to other third parties, as permitted by law.
- **For public health activities** to help prevent or control disease, injury, or disability; to conduct public health investigations and interventions; or to report suspected cases of child abuse or neglect.
- **For health oversight activities** including, but not limited to, audits, civil and criminal investigations or inspections, licensure or disciplinary actions conducted to oversee: (1) the health care system; (2) government benefit programs; (3) other government regulatory programs; and (4) compliance with civil rights laws.

- **For disaster relief** purposes to coordinate with organizations authorized to identify, locate, and notify an individual's family member or personal representative about the individual's location, general condition, or death.
- **To prevent harm or serious threats** to the health or safety of a person or public.
- **To comply with workers' compensation** laws.
- **For research** activities, subject to specific criteria.
- **For coroners, medical examiners, and funeral directors'** activities to help identify a deceased person, or to perform and carry out their duties.
- **For organ procurement** activities such as the procurement and banking of organs, eyes, or tissue and facilitating donation and transplantation.
- **For military, national security, and protective services** activities (with respect to Armed Forces personnel or foreign military service) to ensure the proper completion of the military assignment. We also may disclose your Information to authorized federal officials for conducting national security and intelligence activities.
- **For correctional institution** activities (with respect to inmates' Information) such as (1) providing health care to inmates; (2) protecting inmates' health and safety and the health and safety of others; (3) law enforcement at the correctional institution; or (4) ensuring the safety and security of the correctional institution.
- **For underwriting** purposes such as premium rating and activities relating to the creation, renewal or replacement of health insurance contracts or benefits except that we are prohibited from using any genetic information to conduct these activities.

Disclosures to Others Involved in Your Care

Subject to certain criteria and requirements, we may also use and disclose your Information:

- **To your family and friends** or other person you identify as involved with your health care or payment for your health care. The person requesting your Information must accurately verify details about you (e.g., name, identification number, date of birth, etc.) and prove involvement with your health care or payment for your healthcare by providing details relevant to the information requested.
 - For example, if a family member calls us with prior knowledge of a claim (e.g., provider's name, date of service, etc.), we may confirm the claim's status, patient responsibility, etc.

We will only disclose Information directly relevant to that person's involvement with your health care or payment for your health care. You may request we restrict this kind of disclosure by calling the number on your member ID card or at the end of this Notice.

- **To your employer or organization sponsoring your group health plan** or its authorized agents or representatives, to perform plan administration functions including, but not limited to, certain health care operations and payment activities of the plan. The plan sponsor must certify that it is compliant with and will protect the Information in accordance with the HIPAA Privacy Rules. Otherwise, we may disclose your eligibility status in the employee benefit plan and/or provide enrollees' aggregate claims experience summaries so your employer may research other insurance options such as changing or terminating benefits or coverage.

More detailed and specific Information is not released to employers unless the proper agreements are in place as permitted by law and/or you have authorized the release. Please see your group health plan document for a full explanation of the disclosures of Information to the employer or organization that sponsors your group health plan and how it may use your Information in providing plan administration.

Uses and Disclosures for Which We Will Obtain Your Authorization

In situations other than those described earlier, we will request your written authorization before using or disclosing your Information. For example, we must obtain your authorization to:

- **Make marketing communications** other than those encouraging the use of a product or service related to your health plan or insurance policy
- **Sell your Information** for any purpose
- **Disclose your psychotherapy notes**
- **Make certain disclosures of Information considered sensitive in nature**, such as HIV/AIDS, mental health, alcohol or drug dependency, and sexually transmitted diseases. Certain federal and state laws require that we limit how we disclose this information. In general, unless we obtain your written authorization, we will only disclose such information as provided for in applicable laws.

What you need to do

Know Your Rights Regarding Your Information

Various federal and state laws give you specific rights regarding your Information. You may exercise or ask questions about any of the rights described below by calling the number on your member ID card or at the end of this Notice.

- **You have the right to authorize individuals to act on your behalf** with respect to your Information. You must identify your authorized representatives on a HIPAA compliant authorization form (available on our website) and explain what type of Information they may receive.
- **You have the right to revoke an authorization** except for actions already taken based on your authorization.
- **You have the right to receive a paper copy of this Notice.**
- **You have the right to access or get copies of your Information** (with some exceptions) that is contained in a “designated record set.” A designated record set contains medical and billing information as well as other records that are used to make decisions about your health care benefits. Please note, if you want to obtain copies of your medical records, you should contact the practitioner or facility considered to be the source of these documents as we do not generate, modify, or maintain complete medical records.
- **You have the right to request a list of disclosures of your Information** we or our business associates made for purposes other than treatment, payment or healthcare operations, and for certain other activities.
- **You have the right to request restrictions** on our use or disclosure of your Information for treatment, payment, or health care operations purposes. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except when necessary for treatment in an emergency).
- **You have the right to request confidential communications** of your Information by alternative means or to an alternative location if not doing so could endanger you. You must make this request in writing and attest that the disclosure of information could endanger if it is continued in the current manner (e.g., mailing address or phone number). We will comply with your request if it is reasonable and continues to permit us to collect premiums and pay claims under your policy, including issuing certain explanations of benefits and policy information to the subscriber of the policy. For example, even if you request confidential communications: (1) we will mail the check for services you receive from a nonparticipating provider to you but made payable to the subscriber; (2) accumulated payment information such as deductibles (in which your Information

might appear), will continue to appear on explanations of benefits sent to the subscriber; and (3) we may disclose to the subscriber, as the contract holder, policy details such as eligibility status or certificates of coverage. Please note that it may take a short period of time for us to accommodate your request.

- **You have the right to request amendment** of your Information if you believe your records are inaccurate or incomplete. We may deny your request if we did not create the information you want changed and the originator remains available or for certain other reasons (for example, BlueCross BlueShield of Western New York maintains that the record in question is accurate and complete).
- **You have the right to receive notification of a breach** of your unsecured protected health information.
- **You have the right to file a complaint** with us using the contact information at the end of this Notice if you believe your privacy rights have been violated. You also may submit a written complaint to the Secretary of the Department of Health and Human Services. We will not retaliate in any way in response to the filing of a complaint.

Questions

Please use the contact information provided if you want more information about our privacy practices, have questions or concerns, or would like to file a complaint. Requests sent to persons, offices, or addresses other than the one indicated might result in a delayed response.

BlueCross BlueShield of Western New York

1-877-576-6440 (TTY: 711)

8 a.m. - 7 p.m., Monday - Friday

PO Box 80, Buffalo, New York 14240

Child Health Plus, HealthyNY, Medicaid Managed Care

1-866-231-0847 (TTY: 711)

8:30 a.m. - 5 p.m., Monday - Friday

PO Box 80, Buffalo, New York 14240

Medicare Advantage, Medigap, Part D Prescription Drug Plan

1-800-329-2792 (TTY: 711)

October 1 through February 14: 8 a.m. - 8 p.m., 7 days a week

February 15 through September 30: 8 a.m. - 8 p.m., Monday - Friday

PO Box 80, Buffalo, New York 14240

Marketplace Individual and Family Plans

1-855-344-3425 (TTY: 711)

8 a.m. - 8 p.m., Monday - Friday

PO Box 80, Buffalo, New York 14240

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