

## Notice of Privacy Practices

Effective September 21, 2020

**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.**

If you have any questions about this notice, please contact the Privacy Officer (Chief Quality and Compliance Officer) at (828) 465-8022.

### **WHO WILL FOLLOW THIS NOTICE**

During the course of providing you with health coverage, the Plan will have access to information about you that is deemed to be “protected health information,” or PHI, by the Health Insurance Portability and Accountability Act of 1996, or HIPAA. The procedures outlined in this section have been added to the Plan to ensure that your PHI is treated with the level of protection required by HIPAA. This notice describes the medical information practices of this Plan and that of any third party that assists in the administration of Plan claims.

### **The Plan’s Pledge Regarding Medical Information**

This health plan understands that medical information about you and your health is personal. The Plan is committed to protecting medical information about you. The Plan creates a record of the health care claims reimbursed under the Plan for Plan administration purposes. This notice applies to all of the medical records that are maintained. Your personal doctor or health care provider may have different policies or notices regarding the doctor’s use and disclosure of your medical information created in the doctor’s office or clinic.

This notice will tell you about the ways in which the Plan may use and disclose medical information about you. It also describes the Plan’s legal obligations and your rights regarding the use and disclosure of medical information.

The Plan is required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of the Plan’s legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

### **HOW THE PLAN MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that the Plan uses and discloses medical information. An explanation and some examples are provided for each category of uses or disclosures. Not every use or disclosure in a category will be listed. However, all of the ways the Plan is permitted to use and disclose information will fall within one of the categories.

**For Payment (as described in applicable regulations).** The Plan may use medical information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, the Plan may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational or medically necessary or to determine whether the Plan will cover the treatment. The Plan may also share medical information with a utilization review or precertification service provider. Likewise, the Plan may share medical information with another entity to

assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

**For Health Care Operations (as described in applicable regulations).** The Plan may use and disclose medical information about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, the Plan may use medical information in connection with: conducting quality assessment and improvement activities; underwriting, premium rating and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services and fraud and abuse detection programs; business planning and development such as cost management and business management and general Plan administrative activities.

**For Treatment.** The Plan may disclose information to doctors, dentists, pharmacies, hospitals and other health care providers who take care of you. For example, doctors may request medical information from the Plan to supplement their own records or obtain information for treatment options and approvals.

**As Required by Law.** The Plan will disclose medical information about you when required to do so by federal, state or local law. For example, the Plan may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action or when the Plan is required to disclose information the state or federal agencies that regulate this industry.

**To Avert a Serious Threat to Health or Safety.** The Plan may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, the Plan may disclose medical information about you in a proceeding regarding the licensure of a physician.

**Business Associates.** The Plan contracts with individuals and entities (Business Associates) to perform various functions on the Plan's behalf or to provide certain types of services. To perform these functions or to provide the services, the Plan's Business Associates will receive, create, maintain, use or disclose protected health information but only after the Plan requires the Business Associates to agree in writing to contract terms designed to appropriately safeguard your information. For example, the Plan may disclose your protected health information to a Business Associate to administer claims or to provide service support, utilization management, subrogation or pharmacy benefit management. An example of a Business Associate would be the Plan's Third Party Administrator, ACS Benefit Services, Inc., which will be handling many of the functions in connection with the operation of the Group Health Plan.

## **SPECIAL SITUATIONS**

**Disclosure to Health Plan Sponsor.** Medical information may be disclosed to your employer, the Plan Sponsor, solely for purposes of administering benefits under the Plan. This would include providing information to the Plan Sponsor when the Plan Sponsor is helping you understand your claims or when the Plan Sponsor helps you to make a claim payable.

**Organ and Tissue Donation.** If you are an organ donor, the Plan may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, the Plan may release medical information about you as required by military command authorities. The Plan may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** The Plan may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** The Plan may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if the Plan believes a patient has been the victim of abuse, neglect or domestic violence. The Plan will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** The Plan may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, the Plan may disclose medical information about you in response to a court or administrative order. The Plan may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** The Plan may release medical information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness or missing person;
- about the victim of a crime if, under certain limited circumstances, the Plan is unable to obtain the person's agreement;
- about a death the Plan believes may be the result of criminal conduct; and
- in emergency circumstances to report a crime; the location of the crime or victims or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** The Plan may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Plan may also release medical information about Members to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** The Plan may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others or (3) for the safety and security of the correctional institution.

**Fundraising Activities.** The Plan may disclose limited information about you to a foundation which may contact you in raising money to benefit the organization. In such cases, the Plan would also provide you with the opportunity to opt-out receiving further fundraising communications, by notifying the Privacy Official of your desires.

**Treatment Alternatives.** The Plan may use or disclose protected health information to inform you about treatment alternatives that may be of interest to you.

**Health Related Benefits and Services.** The Plan may use or disclose protected health information to inform you about health-related benefits and services that may be of interest to you.

**Research.** The Plan may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Communications.** The Plan may disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care or payment for your care, of your location and health information relevant to that person's involvement in your care or payment related to your care. If appropriate, these communications may also be made after your death, unless you instructed the Plan not to make such communications.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information the Plan maintains about you:

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your Plan benefits. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Official. The Plan may be able to provide your information in an electronic format, if requested and if it is readily producible. You may instruct the Plan in writing to send copies of your medical information to a third party. A form for the request is available from the Privacy Official at the telephone number on the first page of this Notice. If you request a copy of the information, the Plan may charge a fee for the costs of copying, mailing or other supplies associated with your request.

The Plan may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

**Right to Amend.** If you feel that medical information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to the Privacy Official. A form for the request is available from the Privacy Official. In addition you must provide a reason that supports your request.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask to amend information that:

- Is not part of the medical information kept by or for the Plan;
- Was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures” where such disclosure was made for any purpose other than treatment, payment or health care operations.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Official at the telephone number on the first page of this Notice. Your request must state a time period which may not be longer than six (6) years. A form for the request is available from the Privacy Official. Your request should indicate in what form you want the list (for example, on paper, electronic). The first list you request within a twelve (12) month period will be free. For additional lists, the Plan may charge you for the costs of providing the list. You will be notified of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. The Plan is legally required to accept certain requests to withhold health information pertaining solely to a healthcare item or service for which you, or another person on your behalf, have paid for in full out of pocket. You also have the right to request a limit on the medical information the Plan discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had. The Plan is not required to agree to your request.

To request restrictions, you must make your request in writing to the Privacy Official at the telephone number on the first page of this Notice. In your request, you must say (1) what information you want to limit; (2) whether you want to limit the use, disclosure or both and (3) to whom you want the limits to apply, for example, disclosure to your spouse. A form for the request is available from the Privacy Official.

**Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about medical matters in a certain way or at a certain location if you would be endangered if the Plan continued to send your medical correspondence to the subscriber. For example, you can ask that the Plan send your explanation of benefits to an alternate address.

To request confidential communications, you must make your request in writing to the Privacy Official at the telephone number on the first page of this Notice. No one will ask you the reason for your request.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, please contact the Privacy Official at the telephone number on the first page of this Notice.

**Right to Notification if a Breach of Your Protected Health Information Occurs.** You have the right by federal law to be notified in the event of a breach of medical information about you. If a breach of your protected health information occurs, and if that information is unsecured (not encrypted), the Plan will notify you promptly with the following information: 1) A brief description of what happened; 2) A description of the health information that was involved; 3) Recommended steps you can take to protect yourself from harm; 4) What steps the Plan is taking in response to the breach; and 5) Contact procedures so you can obtain further information.

**Right to Opt-Out of Fundraising Communications.** If the Plan is involved in conducting fundraising and uses communications like the U.S. Postal Service or electronic email for fundraising, you have the right to opt-out of receiving such communications from the Plan. Please contact the Privacy Official to opt-out of fundraising communications if you choose to do so.

**Rights Regarding Genetic Information.** Your genetic information cannot be used or disclosed for the purpose of determining enrollment or underwriting eligibility.

### **CHANGES TO THIS NOTICE**

The Plan reserves the right to change this Notice. The Plan reserves the right to make the revised or changed notice effective for medical information the Plan already has about you as well as any information received in the future. The Plan will post a copy of the current notice on the organization's website and in a prominent location at each operating Center.

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to the Plan will be made only with your written authorization. If you give authorization to the Plan to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that the Plan is unable to take back any disclosures already made with your authorization, and that the Plan is required to retain records of the claims submitted on your behalf.

The following uses and disclosures of protected health information about you will only be made with your authorization: 1) Uses and disclosures for marketing purposes; 2) Uses and disclosures that constitute the sale of medical information about you; 3) Most uses and disclosures of psychotherapy notes; and 4) Any other uses and disclosures not described in this Notice.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint or obtain further information, please contact the Chief Quality and Compliance Officer (828) 465-8022, or the Integrity Hotline (800) 826-6762.

To file a complaint with the federal government, please use the following contact information: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201; Toll-free phone: (877) 696-6775; Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov); Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

There will be no retaliation against individuals for filing a complaint.

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