

## **ALLIED PHYSICIAN HEALTHCARE PLAN**

### **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.**

Protected Health Information ("PHI") is information, including demographic information, that may identify you and that relates to health care services provided to you, the payment of health care services provided to you or your physical or mental health or condition in the past, present or future.

This Notice of Privacy Practices (the "Notice") describes how we may use and disclose your PHI. It also describes our obligations and your rights to access and control your PHI. We are required by law to (i) maintain the privacy of PHI; (ii) provide you with this Notice of our legal duties and privacy practices with respect to PHI; and (iii) abide by the terms of the notice currently in effect.

#### **Mandatory Uses and Disclosures**

We are required to disclose your PHI to you, at your request, to allow you to exercise your rights regarding your PHI, as described below.

We are also required to disclose your PHI to the Secretary of the Department of Health and Human Services (the "Secretary"), if the Secretary requests such information, to investigate or determine our compliance with federal privacy regulations.

#### **Permitted Uses and Disclosures**

The following categories describe different ways that we may use and disclose your PHI without your consent or authorization:

- **Treatment.** We may use or disclose your PHI to facilitate care and treatment. As a group health plan we do not provide treatment.
- **Payment.** We may use and disclose your PHI to facilitate payment. For example, a bill may be sent to you or a third party payer. The information on the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
- **Health Care Operations.** We may use and disclose your PHI during the course of running our health business – that is, during operational activities, including, but not limited to, quality assessment and improvement, licensing, accreditation, performance measurement and outcomes assessment population based activities relating to improving health or reducing health care costs and related functions that do not include treatment, case management and care coordination. For example, we may use information about your claims to project future benefit costs or we may use your PHI to determine the cost impact of benefit design changes.
- **Other Health Care Providers.** We may disclose your PHI to any hospital, nursing home, or other health care facility to which you have been admitted; to an assisted living or personal care facility of which you are a resident; to any physician providing you care; and to licensing or state agencies acting as a representative of the Medicare/Medicaid programs.
- **Emergency Treatment.** We may also use or disclose your PHI for treatment in emergency situations. In such emergencies, we will inform you in advance and provide you the opportunity to either agree or to prohibit or restrict the use or disclosure of your PHI unless you are incapacitated or cannot otherwise agree or object, in which case we may use or disclose your PHI if it is in your best interest, as determined in the exercise of our professional judgment.

- **Others Involved in Your Care.** We may disclose your PHI to family members, other relatives, your close personal friends, and any other person you choose is allowed under federal law if (i) the information is directly relevant to the family or friend's involvement with your care or payment for that care, and (ii) you have agreed to the disclosure, or we can reasonably infer from the circumstances, based on our professional judgment, that you do not object to the disclosure, or you have been given an opportunity to object to the disclosure and have not objected, or, if you are not present or cannot agree or object because you are incapacitated or because of an emergency situation and we, in the exercise of our professional judgment, determine that the disclosure is in your best interest. You have the right to restrict information that is provided to such persons as more fully described below. We also may, under certain circumstances, use or disclose your PHI to notify or assist in the notification of a family member, your personal representative or another person responsible for your care of your location, general condition or death. We also may disclose your PHI to any authorized public or private entities assisting in disaster relief efforts.
- **Your Personal Representatives.** We may disclose your PHI to your personal representative in accordance with applicable state and federal law.
- **Business Associates.** We may disclose your PHI to our business associates and may allow our business associates to create or receive PHI on our behalf.
- **As Required By Law.** We may use or disclose PHI when required to do so by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
- **To Plan Sponsor.** We may disclose your PHI to the sponsor of the Plan.
- **Public Health Activities.** We may disclose your PHI for public health activities. These activities may include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or problems with medical products; notifying you of recalls of products you may be using; notifying you or another person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and evaluating work-related illness or injury and carrying out workplace medical surveillance. In the case of work-related illness and workplace surveillance, we will provide you with written notice that your PHI will be disclosed to your employer.
- **Victims of Abuse, Neglect or Domestic Violence.** We may disclose your PHI to an appropriate government authority if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. We will only make such disclosures if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for oversight activities authorized by law. Oversight activities may include audits; civil, administrative or criminal investigations; inspections; licensure or disciplinary actions and civil, administrative or criminal proceedings or actions.
- **Judicial or Administrative Proceedings.** We may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process, but only if we receive satisfactory assurance that reasonable efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may disclose PHI if asked to do so by a law enforcement official (i) in response to a court order, subpoena, warrant, summons or similar process or as otherwise required by law, for example in relation to a legitimate law enforcement inquiry; (ii) to identify or locate a suspect, fugitive, material witness or missing person; (iii) about an individual who is or is suspected to be a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (iv) about an individual who has died if we have a suspicion that such death may have occurred as a result of criminal conduct; and (v) about criminal conduct occurring on our premises.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties authorized by law. We may also disclose your PHI to funeral directors, as necessary to carry out their duties.

- **Organ, Eye and Tissue Donation.** Consistent with your wishes, we may use or disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue to facilitate organ or tissue donation and transplantation.
- **Research.** We may use or disclose your PHI for research purposes under certain circumstances.
- **To Avert a Serious Risk to Health or Safety.** Consistent with applicable law and standards of ethical conduct, we may use or disclose your PHI if we believe such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of the public or another person.
- **Military.** If you are a member of the armed forces, we may use and disclose your PHI when required by military command authorities, as may be applicable. We may also release the PHI of individuals who are foreign military personnel to the appropriate foreign military authorities.
- **National Security and Intelligence Activities.** We may disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may also disclose your PHI to authorized federal officials for the protection of the President or foreign heads of state or other authorized persons.
- **Workers' Compensation.** We may disclose your PHI to the extent necessary to comply with laws relating to workers' compensation and other similar programs created by law that provide benefits for work-related injuries or illness without regard to fault.
- **Inmates.** If you are an inmate of a correctional facility or under the custody of a law enforcement officer, we may disclose your PHI to the correctional institution or the law enforcement officer.

Generally, we will make every reasonable effort to disclose only the minimum necessary amount of PHI to achieve the purpose of the use or disclosure.

**Note:** HIV-related information, alcohol and/or substance abuse records, mental health records and other specially protected health information may enjoy certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.

### **Other Uses and Disclosures**

Other uses and disclosures of your PHI not covered by this Notice will be made only with your written authorization. If you authorize us to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use your PHI for the reasons covered by your written authorization; however, we will not reverse any uses or disclosures already made in reliance on your prior authorization.

### **Your Rights With Respect to Protected Health Information**

You have the following rights regarding your PHI:

**Right to Inspect and Copy.** Generally, you may inspect and/or obtain a copy of your PHI for as long as the PHI is kept by or for us. If you request a copy of your PHI, 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/or obtain a copy of your PHI in very limited circumstances. If we deny your request to inspect and/or obtain a copy of your PHI, you may have a right to have that decision reviewed.

**Right to Request Amendment.** If you feel that your PHI is inaccurate or incomplete, you have the right to request that we amend it for as long as the PHI is kept by or for us. You must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that (i) was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment; (ii) is not part of the PHI kept by or for us; (iii) is not part of the information that you would be permitted to inspect and copy; or (iv) is accurate and complete. If we deny your request for amendment, you have the right to have a statement of disagreement included with the PHI and we have a right to include a rebuttal to your statement, a copy of which will be provided to you.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of disclosures of your PHI that we have made to others. This list will not include disclosures made for the purpose of treatment, payment, or health care operations, disclosures made to you or other disclosures exempted from the disclosure accounting requirements by the federal rules governing such disclosures. Your request must state a time period, which may not be longer than six years and may not include dates before October 1, 2009. The first list that you request within a 12 month period will be free of charge. 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 at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a restriction on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or a friend. Your request must state (i) what information you want to restrict; (ii) whether you want to restrict our use, disclosure or both; and (iii) to whom you want the restriction to apply. We are not required to agree to a restriction that you request. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you regarding PHI in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**Right to Receive a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice upon request. This right applies even if you have previously agreed to accept this Notice electronically.

You may make any of the requests described above by calling the Plan Administrator at (866) 621-2769 or writing to the Plan Administrator at Allied Physician Healthcare Plan 3 Huntington Quadrangle Suite 105S Melville, NY 11747.

### **Complaints**

If you believe that your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the Plan Administrator. To file a complaint with the Secretary, contact Office for Civil Rights, U.S. Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312, New York, New York 10278. All complaints must be submitted in writing. We will not retaliate against you for filing a complaint.

### **For More Information**

If you have any questions regarding this Notice or the subjects addressed in it you may call or write to the Plan Administrator.

### **Changes to this Notice**

We reserve the right to revise the terms of this Notice and to make the revised notice applicable to PHI that we already have as well as PHI that we receive in the future. We will provide you with a copy of the revised notice via first class mail. We will post a copy of the current notice on our website.

### **Effective Date**

This Notice is effective October 11, 2018.