



## Notice of HIPAA Privacy Practices

Your Medical Flexible Spending Account Plan and/or Health Reimbursement Arrangement (“Plan”) has the duty to protect your medical information. The Plan further has the duty to provide you with a notice of its privacy practices, which follows. The Plan has the right to change or modify this notice, at any time, and any modifications will be communicated to you. The Plan is required by law to notify affected individuals following a breach of unsecured Protected Health Information (PHI). This notice describes how your medical information may be used and disclosed, and how you can get access to it. Please review it carefully.

The Health Insurance Portability and Accountability Act limits how a covered entity can use and disclose PHI. Generally, a covered entity, including your health plan, your health care provider, or a health care clearinghouse, can share information without your authorization for purposes of treatment of you, payment for your medical services and for the health plan’s operation. In all other instances, you must authorize any disclosure of your health information.

### *Permitted Disclosures*

The Plan can use and disclose your PHI for the following purposes, without your authorization; for making or obtaining payment for your health care, and for conducting health plan operations.

Examples of when and how your PHI can be used and disclosed for payment purposes, without your authorization, are:

- For coordination of benefits among multiple plans that cover you
- For utilization review purposes
- For case management purposes
- For precertification purposes
- Any other purpose necessary to ensure coverage for you, and to obtain or make payment for services rendered to you.

Examples of when and how your PHI can be used and disclosed for health plan operations, without your authorization, are:

- To ensure coverage for you
- For quality assessment purposes
- For cost containment purposes
- To ensure compliance with the terms of the Plan, or with clinical or other relevant medical guidelines and protocols
- To provide you with treatment alternatives
- For health plan and provider accreditation verification, licensure, or any other credentialing purposes
- For underwriting, premium rating, and related functions
- To create, renew, or replace your health insurance or health benefits
- To conduct audits, including compliance, medical, legal, business planning, cost containment, or customer service audit functions.

The Plan can share your PHI with the plan sponsor for certain administrative activities, without your authorization.

Examples of sharing PHI include, but are not limited to:

- Seeking premium bids for current or future coverage
- Obtaining reinsurance
- Amending, modifying, or terminating the plan
- Participant and enrollment information

Your PHI can be released in summary form, or, as a part of “de-identified” information, in accordance with the Code of Federal Regulations.

Other instances in which your PHI may be released, without your authorization, include:



- When legally required by federal, state, or local law. This instance would include the release of PHI upon the receipt of an order, subpoena, or other judicial or administrative process that would compel the disclosure of your PHI. However, your PHI would only be disclosed after a reasonable effort has been made to notify you of the request for such information.
- For law enforcement purposes, such as investigation of a crime.
- To respond to a threat to public health or safety.
- For workers compensation purposes or other no fault law.
- To a government authority, such as a social service or other protected services organization, authorized to receive reports of abuse, neglect, or domestic violence.

#### *Authorization for Use and Disclosure*

Except as provided above, the Plan will not release any of your PHI without your authorization. If you authorize the release of some, or all of your PHI, you may revoke the authorization at any time. If you authorize release of your PHI, your authorization must include the following items:

1. A description of information used or disclosed
2. Identification of the parties releasing, and the parties requesting the information.
3. An expiration date of the authorization
4. Your signature
5. Information about how to revoke the authorization

There are three instances where an Authorization is required from you before we disclose your PHI: (1) MOST Uses and Disclosures of psychotherapy notes; (2) Uses and Disclosures for marketing; and (3) Uses and Disclosures that involve the sale of PHI.

You may, at your own discretion, provide us with other Authorizations. It is our Policy only to use and disclose PHI requiring an Authorization consistent with the Authorization as provided by you. Our Compliance Officer will ensure that all Authorizations meet the requirements of the Privacy Rule and that our staff is trained regarding those instances of Uses and Disclosures wherein Authorizations are implicated.

#### *Your Individual Rights*

You have certain individual rights regarding your PHI; specifically:

1. If the Plan maintains your PHI, you have the right to inspect and request a copy it. The plan may charge a reasonable fee for copying this information. If the Plan does not maintain the PHI, which is the subject of your request, you will be directed to the appropriate party who can assist you with your inquiry.
2. You have the right to restrict the use and disclosure of your PHI, although the Plan is not required to agree with your request.
3. You have a right to restrict certain disclosures of PHI to a health plan where you have paid out of pocket in full for the healthcare item or service. You are required to notify all downstream healthcare providers (e.g. a pharmacist) and business associates, including Health Information Exchanges(s), of the restriction. We are required by law to honor this restriction and will do so unless affirmatively terminated by you in writing.
4. You have the right to receive confidential communications. You have the right to limit or restrict where, or how, the Plan may contact you regarding your PHI.
5. You have the right to request amendments or modifications to your PHI. If you believe your PHI is inaccurate or incomplete, you have the right to request an amendment to your records. In order to be entitled to amend the records, the Plan must maintain the relevant records, and you must make the request for amendment in writing. The Plan has the right to deny your request to amend or modify your PHI if:
  - a. You do not have a substantive reason for the request
  - b. The relevant records were not created by the Plan
  - c. The request falls within an exception to the amendment rights provided by the law
  - d. It is determined that the information is complete or accurate
6. You have the right to obtain an accounting of any disclosure that has been made of your PHI, other than those disclosures made for health care payment, treatment, or other health care plan operations.



# SWERDLIN & COMPANY

ACTUARIES AND EMPLOYEE BENEFITS CONSULTANTS

If you would like to pursue any of your individual rights regarding your PHI, contact:

David Benoit, Privacy Officer  
General Counsel and Director of Compliance Services  
Swerdlin & Company  
5901 Peachtree Dunwoody Road  
Building B, Suite 170  
Atlanta, GA 30328  
(678) 775-5517

You have the right to contact U.S. Department of Health and Human Services' Office for Civil Rights (OCR) if you have any complaints about how the Plan has handled your PHI. You can submit your complaint on-line, or download a complaint form at this OCR website (<http://cms.hhs.gov/hipaa>). Or, you can send your complaint or question to this e-mail address: [askhipaa@cms.hhs.gov](mailto:askhipaa@cms.hhs.gov). Or, you can call the CMS HIPAA Hotline: 1-866-282-0659.