

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disseminated and how you can access this information.

This notice is effective November 1, 2001 and is required to be provided to you by the plan under the law "Health Insurance Portability and Accountability Act of 1996, otherwise known as "HIPAA." HIPAA requires that a company, medical provider, etc. take reasonable steps to ensure the privacy of your protected health information (PHI).

The term "PHI" refers to all individually identifiable health information transmitted or maintained regardless of form including oral, electronic or written.

The term "HIPAA Officer" refers to the individual appointed the responsibility of managing HIPAA privacy practices.

USE AND DISSEMINATION OF PHI

Use of PHI without your consent or authorization to carry out treatment, health care operations and payment is permitted. Disclosure of PHI is also allowed to plan administrators/sponsor at Brick Women's Physicians for purposes related to treatment, health care operations and payment. Brick Women's Physicians has amended its plan documents to protect your PHI as required under HIPAA.

The following categories describe the different ways that your PHI may be disclosed. For each category, there are some examples provided. However, not every permitted use of disclosure in a category is listed.

- ❖ **Treatment.** The Plan may use or disclose PHI for purposes of treatment. Treatment is the provision, coordination or management of health care and related services. It also includes consultations and referrals between one or more of your treatment providers. For example, your primary care physician is permitted to send a copy of your medical records to another medical provider who needs the information to treat your condition.
- ❖ **Payment.** The Plan may use disclose or transmit PHI for the purposes of making payment under the Plan. Payment includes actions to make coverage determinations and payment (including billing, claims management, subrogation, plan reimbursement, review for medical necessity and appropriateness of care and utilization review and preauthorization). For example, the Plan would be permitted to tell your physician whether you are eligible for coverage and what percentage of your medical bill is covered by the Plan. An explanation of benefits (EOB) is also an example of post treatment PHI.
- ❖ **Health Care Administrative Operations.** The plan is permitted to use or disclose PHI for purposes of its health care operations. Health care operations include functions that are necessary for the Plan to operate as a health plan, including such things as conducting service assessment and quality activities, reviewing health plan performance activities relative to the creation, renewal or replacement of health insurance contracts. It also includes case management, medical review, legal consultation, audit services and general administrative activities. For example, the Plan may use information about your claims to refer you to a disease management program, project future benefit costs or audit the accuracy of its claims processing.
- ❖ **People Involved in Your Care or Payment for Your Care.** The Plan may use or disclose your PHI to your family members, other relatives and your close personal friends if (1) the information is directly related to the family's or friend's involvement with your care or payment for that care; and (2) you have either agreed to the disclosure or have been given an opportunity to object and have not objected to the disclosure.
- ❖ **As Required by Law.** The Plan will disclose PHI about you when required to do so under local, state, or federal law. An example of this requirement may be in response to a subpoena or reporting requirement.
- ❖ **To Avert A Serious Threat to Public Health or Safety.** The Plan may use or disclose PHI, when necessary to prevent a serious threat to the health and safety of the public or another person. Any disclosure, however, would only be made to an individual or agency able to minimize or eliminate the threat.

- ❖ **Research.** The Plan may conditionally use or disclose PHI for research.
- ❖ **Workers' Compensation.** The Plan may use or disclose PHI when necessary to comply with workers' compensation providers, administrators or similar programs.
- ❖ **Public Health Risks.** The Plan may use or disclose PHI for public health activities. These activities usually include the following:
 - To prevent or control disease, injury or disability.
 - To report child abuse or neglect;
 - To report product recalls;
 - 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; and
 - To notify the appropriate government authority, when authorized by law, to report information about abuse, neglect or domestic violence if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence. In such a case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause risk of serious harm.
- ❖ **Health Oversight Activities.** The Plan may disclose PHI to a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).
- ❖ **Lawsuits and Disputes.** The Plan may disclose your PHI for law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about an individual who is or is suspected to be a victim of a crime but only if the individual agrees to the disclosure. Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be material and adversely affected by waiting to obtain the individual's agreement, and disclosure is in the best interest of the individual as determined by the exercise of the Plan's best judgment.
- ❖ **Coroners, Medical Examiners, and Funeral Directors.** The Plan may use or disclose PHI when required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the deceased.
- ❖ **Other Uses of PHI.** Except as otherwise indicated in this notice, uses and disclosures will be made only with your written authorization subject to your right to revoke such authorization.

RIGHTS OF INDIVIDUALS

You have the following rights regarding your PHI under the Plan.

- ❖ **Right to Inspect and Copy PHI**
- ❖ You have a right to inspect and obtain a copy of your PHI contained in a "designated record set", for as long as the Plan maintains the PHI. The "designated record set" includes enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for the Plan or other information used by the Plan to make decisions about an individual. Information used for quality audit or review analyses and not used to make decisions about individuals is not in or part of the designated record set.

The Plan will provide the requested information within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline.

To inspect and copy PHI in your designated record set, you or your personal representative will be required to submit a signed and dated written request. Requests for access to PHI should be made to the following individual: HIPAA Officer, Paul Vetter ,MD. If you request a copy of the information, the Plan may charge an administrative fee for the costs of copying, mailing or other materials associated with your request.

If access is denied, you or your personal representative will be provided with a written denial describing the basis for the denial, instructions on how you may exercise review rights, and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

❖ **Right to Amend PHI**

You have the right to request the Plan to amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set. Please note, however, that the Plan cannot amend PHI that (1) was not created by the Plan (2) is not part of the PHI or maintained by the Plan, (3) is not part of the PHI which you would be permitted to inspect and copy, or (4) if the information is otherwise accurate and complete.

If the request is denied in whole or part, the Plan must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

Requests for amendment of PHI in a designated record set should be made to the following individual: HIPAA Officer, Paul Vetter , MD (Brick Women's Physicians, 1140 Burnt Tavern Road Suite 2A Brick , NJ 07824 .)

You or your personal representative will be required to submit a signed and dated letter to request amendment of the PHI in your designated record set.

❖ **Your Right to Request Restriction on PHI Uses or Disclosures**

You may request the Plan to restrict uses and disclosures of your PHI to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Plan is not required to agree to your request.

The Plan will accommodate reasonable requests to receive communication of PHI by alternative means or at alternative locations.

You or your personal representative will be required to submit a signed and dated letter to request restriction on uses and disclosures of your PHI.

Such requests should be made to the following individual: HIPAA Officer, Paul Vetter , MD (Brick Women's Physicians, 1140 Burnt Tavern Road Suite 2A Brick , NJ 07824 .)

❖ **Your Right to Receive an Accounting of PHI Disclosures**

Upon your request, the Plan will provide you with an accounting of disclosures by the Plan of your PHI during the six years prior to the date of your request. However, such accounting need not include PHI disclosures made: (1) to carry out treatment, payment or health care operations; or (2) to individuals about their PHI;

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Plan may charge a reasonable, cost-based fee for each subsequent accounting.

❖ **Your Right to Receive a Paper Copy of this Notice Upon Request**

To obtain a paper copy of this Notice, contact the following individual: Privacy Officer HIPAA Officer, Paul Vetter , MD (Brick Women's Physicians, 1140 Burnt Tavern Road Suite 2A Brick , NJ 07824 .)

❖ Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may be demonstrated by:

- A power of attorney for health care purposes, notarized by a notary public.
- A court order of appointment of the person as the conservator or guardian of the individual.
- An individual who is the parent of a minor child.

The Plan retains discretion to deny access of PHI to a personal representative for protective purposes. This also applies to personal representatives of minors.

THE PLAN'S DUTIES

The Plan is required by law to maintain the privacy of PHI and to provide participants with notice of its legal duties and privacy practices.

The plan reserves the right to change its privacy practices and apply the change to any PHI received or maintained by the Plan prior to the date of the policy change. If the privacy practice is changed, a revised version of this notice will be provided to all participants and former participants for whom the Plan still maintains PHI. A revised version of this notice will be distributed within 60 days of the effective date of such change to any privacy practice stated in this notice.

❖ Minimum Necessary Standard

When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purposes of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment.
- Uses or disclosures made to the individual.
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services.
- Uses or disclosures that are required by law.
- Uses or disclosures that are required for the Plan's compliance with legal regulations.

The notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and for which there is not reasonable basis to believe that the information can be used to identify the individual.

In addition, the Plan may use or disclose "summary health information" to the Plan Sponsor for obtaining premium bids or modifying, amending, or terminating the Plan. "Summary health information" is information that is de-identified and that summarizes the claims history, claims expenses or type of claims experienced by individuals who have received benefits under the Plan.

YOUR RIGHT TO FILE A COMPLAINT WITH THE PLAN OR THE HHS SECRETARY

If you believe that your privacy rights have been violated, you may complain to the Plan in care of the following individual: HIPPA Officer, Paul Vetter, MD (Brick Women's Physicians, 1140 Burnt Tavern Road Suite 2A Brick, NJ 07824.)

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building 200 Independence Avenue S.W., Washington D.C. 20201.

The Plan will not retaliate against you for filing a complaint.

WHOM TO CONTACT AT THE PLAN FOR MORE INFORMATION

If you have any questions regarding this notice or the subjects addressed in it, you may contact the following individual: HIPPA Officer, Paul Vetter, MD (Brick Women's Physicians, 1140 Burnt Tavern Road Suite 2A Brick, NJ 07824.)