

ATTACHMENT 1

DRAFT EXEMPLAR NOTICES OF PRIVACY PRACTICES

The reproduction of the notices in this document is intended to serve as exemplars of Privacy Notices required by the HIPAA privacy rule. This information should not be considered as legal advice and this organization assumes no liability for the use of or reliance on these draft exemplar notices.

SAMPLE NOTICE A

Notice of Privacy Practices for the Use and Disclosure of Private Health Information

**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.**

Effective Date: 04/13/03

Anyone has the right to ask for a paper copy of this notice at any time.
Para recibir esta noticia en español por favor llamar al _____.

Q. Why are you providing this notice to me?

A. We are required by a new federal law, the Health Insurance Portability and Accountability Act (HIPAA), to make sure that your personal health information (PHI) is kept private. We must give you this notice of our legal duties and privacy practices with respect to your PHI. We are also required to follow the terms of the notice that is currently in effect. PHI includes information that we have created or received about your past, present, or future health or medical condition that could be used to identify you. It also includes information about medical treatment you have received and about payment for health care you have received. We are required to tell you how, when, and why we use and/or share your personal health information (PHI).

Q. How and when can you use or disclose my PHI?

A. HIPAA and other laws allow or require us to use or disclose your PHI for many different reasons. We can use or disclose your PHI for some reasons without your written agreement. For other reasons, we need you to agree in writing that we can use or disclose your PHI. We describe in this Notice the reasons we may use your personal health information without getting your

permission. Not every use or disclosure is listed, but the ways we can use and disclose information fall within one of the descriptions below.

So you can receive treatment. We may use and disclose your PHI to those who provide you with health care services or who are involved in your care. These people may be doctors, nurses, and other health care professionals. For example, if you are being treated for a knee injury, we may give your PHI to the people providing your physical therapy. We may also use your PHI so that health care can be offered or provided to you by a home health agency.

To get payment for your treatment. We may use and disclose your PHI in order to bill and get paid for treatment and services you receive. For example, we may give parts of your PHI to our billing or claims department or others who do these things for us. They can use it to make sure your health care providers are paid correctly for the health care services you received under a health plan.

To operate our business. We may use and disclose your PHI in order to administer our health plans. For example, we may use your PHI in order to review and improve the quality of health care services you receive. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are obeying the laws that affect us. Another time when we may provide PHI to other organizations is when we ask them to tell us about the quality of our health plans and how we operate our business. Before we share PHI with other organizations, they must agree to keep your PHI private.

To meet legal requirements. We share PHI with government or law enforcement agencies when federal, state, or local laws require us to do so. We also share PHI when we are required to in a court or other legal proceeding. For example, if a law says we must report private information about people who have been abused, neglected, or are victims of domestic violence, we share PHI.

To report public health activities. We share PHI with government officials in charge of collecting certain public health information. For example, we may share PHI about births, deaths, and some diseases. We may provide coroners, medical examiners, and funeral directors information that relates to a person's death.

For health oversight activities. We may share PHI if a government agency is investigating or inspecting a health care provider or organization.

For purposes of organ donation. *Even though the law permits it, we do not share PHI with organizations that help find organs, eyes, and tissue to be donated or transplanted.*

For research purposes. We do not use or disclose your PHI in order to conduct medical research.

To avoid harm. In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement or people who may be able to stop or lessen the harm.

For specific government functions. We may share PHI for national security reasons. For example, we may share PHI to protect the president of the United States. In some situations, we may share the PHI of veterans and people in the military when required by law.

For workers' compensation purposes. We may share PHI to obey workers' compensation laws.

Appointment reminders and health-related benefits or services. We may use PHI to send you appointment reminders. We may also use PHI to give you information about other health care treatment, services, or benefits.

Fundraising activities. Even though permitted by law, we do not use or disclose your PHI to contact you in order to raise funds for our business or related charities.

Other Uses and Disclosures Require Your Prior Written Agreement. In other situations, we will ask for your written permission before we use or disclose your PHI. You may decide later that you no longer want to agree to a certain use of your PHI for which we received your permission. If so, you may tell us that in writing. We will then stop using your PHI for that certain situation. However, we may have already used your PHI. If we had your permission to use your PHI when we used it, you cannot take back your agreement for those past situations.

Q. Will you give my PHI to my family, friends, or others?

A. We may share medical information about you with a friend or family member who is involved in or who helps pay for your medical care when you are present. For example, if one of our home health nurses or case managers visits you at your home or in the hospital and your mother is with you, we may discuss your PHI with you in front of her. We will not discuss your PHI with you when others are present if you tell us not to.

In order to enroll you in a health plan, we may share limited PHI with your employer or other organizations that help pay for your membership in the plan. However, if your employer or another organization that pays for your membership asks for specific PHI about you, we will get your permission before we disclose your PHI to them.

There may be a situation in which you are not present or you are unable to make health care decisions for yourself. Then we may use or share your PHI if professional judgment says that doing so is in your best interests. For example, if

you are unconscious and a friend is with you, we may share your PHI with your friend so you can receive care.

Q. What are my rights with respect to my PHI?

A. You have the right to ask that we limit how we use and give out your PHI. You also have the right to request a limit on the PHI we give to someone who is involved in your care or helping pay for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a treatment you had. We will consider your request. However, we are not required to agree to the request. If we accept your request, we will put any limits in writing. We will honor these limits except in emergency situations. You may not limit the ways we use and disclose PHI when we are required to make the use or disclosure.

You have the right to ask that we send your PHI to you at an address of your choice or to communicate with you in a certain way if you tell us that this is necessary to protect you from danger. You must tell us in writing what you want and that the reason is you could be put in danger if we do not meet your request. For example, you may ask us to send PHI to your work address instead of your home address. You may ask that we send your PHI by e-mail rather than regular mail.

You have the right to look at or get copies of your PHI that we have. You must make that request in writing. You can get a form to request copies or look at your PHI by calling Customer Service at _____ or _____. If we do not have your PHI, we will tell you how you may be able to get it. We will respond to you within 30 days after we receive your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, the reasons we are denying your request. We will also explain your right to have our denial reviewed.

If you ask for a copy of your PHI, we will charge you a reasonable fee based on the cost of copying and postage. We can send you all your PHI, or if you request, we may send you a summary or general explanation of your PHI if you agree to the cost of preparing and sending it.

You have the right to get a list of instances in which we have given out your PHI. The list will not include: a) disclosures we made so you could get treatment; b) disclosures we made so we could receive payment for your treatment; c) disclosures we made in order to operate our business; d) disclosures made directly to you or to people you designated; e) disclosures made for national security purposes f) disclosures made to corrections or law enforcement personnel; g) disclosures we made before we sent you this notice; or h) disclosures we made when we had your written permission.

We will respond within 60 days of receiving your written request. The list we give you can only include disclosures made after April 14, 2003, the date this notice

became effective. We cannot provide you a list of disclosures made before this date. You may request a list of disclosures made the six years (or fewer) preceding the date of your request. The list will include a) the date of the disclosure; b) the person to whom PHI was disclosed (including their address, if known); c) a description of the information disclosed; and d) the reason for the disclosure. We will give you one list of disclosures per year for free. If you ask for another list in the same year, we will send you one if you agree to pay the reasonable fee we will charge for the additional list.

You have the right to ask us to correct your PHI or add missing information if you think there is a mistake in your PHI. You must send us your request in writing and give the reason for your request. You can get a form for making your request by calling Customer Service at _____. We will respond within 60 days of receiving your written request. If we approve your request, we will make the change to your PHI. We will tell you that we have made the change. We will also tell others who need to know about the change to your PHI.

We may deny your request if your PHI is a) correct and complete, b) not created by us, c) not allowed to be disclosed, or d) not part of our records. If we deny your request, we will tell you the reasons in writing. Our written denial will also explain your right to file a written statement of disagreement. You have the right to ask that your written request, our written denial, and your statement of disagreement be attached to your PHI anytime we give it out in the future.

Q. How may I complain about your privacy practices?

A. If you think that we may have violated your privacy rights, you may send your written complaint to Customer Service, city/state, zip. You also may make a complaint to the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint about our privacy practices.

Q. How will I know if my rights described in this notice change?

A. We reserve the right to change the terms of this notice and our privacy policies at any time. Then the new notice will apply to all your PHI. If we change this notice, we will put the new notice on our website at www and mail a copy of the new notice to our subscribers (but not to dependents).

Q. Who should I contact to get more information or to get a copy of this notice?

A. For more information about your privacy rights described in this notice, or if you want another copy of the notice, please visit our website: where you can download the notice. You may also write us at Customer Service, _____, _____, City, Zip or call Customer Service at - _____.

SAMPLE NOTICE B

PLAN PRIVACY NOTICE

Effective (Add Date)

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.

We care about the privacy of your medical information. We are required by law to maintain the privacy of that information and to provide you with this notice of our legal duties and our privacy practices. Unless you give us a written authorization, we will only disclose your medical information for treatment, payment or healthcare operations or when we are otherwise required or permitted by law to do so.

Treatment. We may disclose medical information about you to your personal doctor or to other health care providers who take care of you. For example, we may notify your personal doctor about treatment you receive in an emergency room. We might also use health information about you to help you manage your healthcare by suggesting ways to improve your health.

Payment. We may use and disclose medical information about you so that the medical services you receive can be properly billed and paid for. For example, we may ask a hospital emergency department for details about your treatment before we pay the bill for your care.

Health Care Operations. We may use and disclose medical information about you for our operations. For example, we may use medical information about you to review the quality of services you receive or to seek accreditation.

Authorizations. If you give us a written authorization to do so, we may use and disclose your medical information. If you give us a written authorization, you have the right to change your mind and revoke that authorization.

Copies of this Notice. You have the right to receive an additional 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.

Changes to this Notice. We reserve the right to revise this notice. A revised notice will be effective for medical information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever privacy notice is currently in effect. Any change to our Privacy Notice will be published in our enrollee newsletter.

Your Right to Inspect and Copy. Upon written request, you have the right to inspect the health information we maintain about you and to have copies of that information.

Your Right to Amend. If you feel that the medical information about you which we have is incorrect or incomplete, you can make a written request to us to amend that information. We can deny your request for certain limited reasons, but we must give you a written basis for our denial.

Your Right to a List of Disclosures. Upon written request, you have the right to receive a list of our disclosures of your medical information, except when you have authorized those disclosures or if the disclosures are made for treatment, payment or health care operations. We are not required to give you a list of disclosures made before April 14, 2003.

Your Right to Request Restrictions on Our Use or Disclosure of Information. If you do so in writing, you have the right to request restrictions on the medical information we may use or disclose about you. We are not required to agree to such requests.

Your Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Your request must be in writing. For example, you can ask that we only contact you only at work or only at a certain address or only by mail.

How to Use Your Rights Under This Notice. If you want to use your rights under this Notice, you may call us or write to us. If your request to us must be in writing, we will help you prepare your written request, if you wish.

Complaints to the Federal Government. If you believe your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to: Office of the Secretary, Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. You will not be penalized for filing a complaint with the federal government.

Complaints and Communications With Us. If you want to exercise your rights under this Notice or if you wish to communicate with us about privacy issues or if you wish to file a complaint with us, you can write to: Chief Privacy Officer, Health Plan Name, Address, City, State Zip. You can also call us at (Health Plan telephone). You will not be penalized for filing a complaint with us.