

# 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.**

## OUR LEGAL DUTY TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

At Capital BlueCross, we are legally required to protect the privacy of your health information. Protected Health Information (PHI) includes information that we've created or received about:

- your past, present, or future health or condition
- the provision of health care services to you, or
- the payment of these health care services.

Your PHI includes your name, address, contract identification number, etc. We must provide you with this notice about our legal duties and our privacy practices with respect to how we use and disclose your PHI. We are also legally required to notify you if there is a breach of your unsecured PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure.

We are legally required to follow the privacy practices that are described in this notice. This notice will remain in effect until we replace or modify it. However, we reserve the right to change the terms of this notice and our privacy policies at any time as long as such changes are permitted by law. Any changes may apply to the PHI we have already collected before we make the changes. Before we make an important change to our policies, we will change this notice and provide written notification in our next annual mailing to our subscribers. The revised notice will be posted on our website on or prior to the effective date of the change.

## HOW WE MAY USE AND DISCLOSE YOUR PHI

One of our primary goals is to safeguard your PHI. We have policies and procedures in place throughout our organization to protect your information. These policies and procedures include: training all employees on appropriate uses, disclosures, and protection of PHI; limiting employee system access to only the PHI needed to perform job duties; ensuring secure disposal of confidential information; using unique user IDs and passwords, etc. This protection covers oral, written, and electronic forms of PHI. In addition, Capital BlueCross policy restricts us from sharing your information with employers who sponsor group health plans, unless they provide us with the required certification or agreement to ensure that PHI is adequately protected and only used for Plan administrative purposes.

Under the law, we may use and disclose PHI for many different reasons. Below, we describe the different categories of our uses and disclosures and give you some examples of each category. Without your written authorization, we may not use or disclose your PHI for any reason except those described in this notice.

We are required by law to obtain your written authorization for any use or disclosure of your psychotherapy notes, for any use or disclosure of your PHI for marketing purposes (except as described in "Health-Related Benefits or Services," below), or for any sale of your PHI.

You may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. *You may obtain a form to revoke any authorization you provide us by using the contact information at the end of this notice.* Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect.

### **Treatment**

We may disclose your PHI to a health care provider who requests it in connection with your treatment. For example, we may share PHI that we've received through our medical management programs with your physician for use in providing services to you.

### **Payment**

We may use and disclose your PHI to conduct payment activities related to your health benefits contract.

Examples of this would include using and disclosing PHI to determine eligibility, pay claims, and conduct utilization review. A specific example of a payment disclosure would be sharing your PHI with our pharmacy benefits manager to allow for the payment of your drug claims. We may also disclose your PHI to another organization that is subject to federal privacy rules for its payment activities.

### **Health Care Operations**

We may use and disclose your PHI to support other business activities. Examples of this would include using and disclosing PHI for quality assessment and improvement activities; medical management programs, like case management and disease management; and premium rating. A specific example of a health care operations disclosure would be sharing your PHI with our health management vendor. We may disclose your PHI to another organization that is subject to the federal privacy rules and that has a relationship with you to support some of their business activities. We may disclose your information to help these organizations conduct quality assessment and improvement activities, review the competence or qualifications of health care professionals, or detect or prevent health care fraud and abuse.

### **Family, Friends, and Others Involved in Your Health Care**

We may provide your PHI to the extent necessary to obtain help from a family member, friend, or other person that you indicate is involved in your care or the payment for your health care. This may involve sharing claim payment information with a Human Resources representative from your employer if you've asked he or she to get involved on your behalf.

### **Group Health Plans and Plan Sponsors**

We may disclose your PHI and the PHI of others enrolled in your group health plan to the group health plan or the plan sponsor to permit it to perform plan administration functions. Please see your plan documents for a full explanation of the limited uses and disclosures that the plan sponsor may make of your PHI in providing plan administration functions for your group health plan.

### **You or Your Personal Representative**

We may disclose PHI to you for any reason or to your personal representative. Your personal representative would be your legal guardian, someone who has power of attorney over your health care decisions, or your parent

if you are an unemancipated minor under the age of 18. A personal representative would also include an executor, or an administrator acting on behalf of a deceased individual or the estate.

### **Underwriting**

We may receive your PHI for underwriting, premium rating, or other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits. We will not use or disclose your genetic information for underwriting purposes. We will not use or further disclose your PHI for any other purpose, except as required by law, unless the contract of health insurance or health benefits is placed with us. In that case, our use and disclosure of your PHI will only be as described in this notice.

### **Health-Related Benefits or Services**

We may use your PHI to inform you about health-related benefits and services or treatment alternatives that may be of interest to you.

### **Research, Death, Organ Donation**

We may use or disclose your PHI for research purposes in limited circumstances. We may disclose the PHI of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

### **Public Health and Safety**

We may disclose your PHI to the extent necessary to avert a serious and imminent threat to your health or safety, or the health or safety of others. We may disclose your PHI to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes. We may disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or other crimes.

### **Required by Law**

We may disclose your PHI when we are required to do so by law. For example, we must disclose your PHI to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your PHI when authorized by workers' compensation or similar laws.

## **Process and Proceedings**

We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your PHI to law enforcement officials.

## **Law Enforcement**

We may disclose limited information to a law enforcement official concerning the PHI of a suspect, fugitive, material witness, crime victim, or missing person. We may disclose the PHI of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances. We may disclose PHI where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

## **Military and National Security**

We may disclose to military authorities the PHI of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials PHI required for lawful intelligence, counterintelligence, and other national security activities.

## **State Confidentiality Laws**

Certain state regulations provide for greater privacy protections for an individual with any of the following medical conditions: HIV, mental health, or substance abuse. We will use and disclose your PHI only in accordance with these more restrictive regulations.

## **YOUR INDIVIDUAL RIGHTS**

You have the following rights with respect to your PHI.

### **The Right to Request Access to Your PHI**

In most cases, you have the right to look at or obtain a copy of your PHI that we maintain. *You may obtain a form to request this access by using the contact information at the end of this notice.* If you request a copy of your PHI, there may be a charge. If you request that records of your PHI be mailed, you will also be charged for postage.

### **The Right to Request an Amendment to Your PHI**

If you believe that the PHI we have about you is incorrect or incomplete, you have the right to request that we

correct or update this information. Routine member requests to change member-initiated information, such as updating address information, correcting the spelling of a name, etc., can be handled most efficiently by contacting Customer Service. *For other information, you may obtain a form to request an amendment by using the contact information at the end of this notice.* If you are requesting changes to information that we did not create, but that we received from another source such as from your group health plan or from your provider, we have the right to refer you back to the creator of this information to make your request.

If we deny your request, we will provide you with a written explanation of the denial and explain your right to file a written statement of disagreement with the denial, which may be attached to all future disclosures of your PHI to which the disagreement relates. If we accept your request to amend the information, we will make reasonable efforts to inform others that need to know about the change to your information.

### **The Right to Receive an Accounting of Certain Disclosures of Your PHI**

You have the right to receive a list of certain instances in which we have disclosed your PHI to others over the previous six years. This list will not include any disclosures that we make for purposes of treatment, payment, health care operations, including disclosures to your group health plan sponsor for these purposes. This list will also not include permitted disclosures to: you, family, friends, and others involved in your health care or payment for your health care; personal representatives; authorized officials for correctional institutions and other law enforcement custodial situations or for national security purposes; or others as permitted by your written authorization.

This list will not include disclosures we make that are incidental to disclosures we are permitted to make or disclosures of information in a “limited data set” that does not include your name, address, or certain other identifying information. *You may obtain a form to request this accounting by using the contact information at the end of this notice.* We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we made the disclosure, a description of the PHI we disclosed, and the reason for the disclosure. We will provide this list at no charge, but if you make more than one request in a 12-month period, we may charge you a reasonable, cost-based fee to respond to this request.

### **The Right to Request Confidential Communications**

You have the right to request that we send your PHI to you by alternative means or to an alternative location if this is required to avoid harm to you. For example, we typically send Explanations of Benefits (EOBs) to the subscriber and not to the individual member. A member may request that his/her EOB be sent to the member at a different address if the member believes sending the EOB to the subscriber could endanger the member. *You may obtain a form to request confidential communications by using the contact information at the end of this notice.* We must accommodate your reasonable request as long as it permits us to continue to collect premiums and pay claims under your health plan.

### **The Right to Request a Restriction on Uses and Disclosures of Your PHI**

You have the right to ask that we place additional limits on how we use and disclose your PHI. However, we are not required to agree to such requests.

### **The Right to Receive a Written Copy of Our Notice of Privacy Practices**

You have the right to receive a paper copy of this Notice of Privacy Practices at any time, even if you have received this notice via our website or by electronic email. *You can request a paper copy of this notice by using the contact information at the end of this notice.*

### **Effective Date**

This notice is effective on September 23, 2013.

### **IF YOU HAVE PRIVACY QUESTIONS OR COMPLAINTS**

If you are concerned that we may have violated your privacy rights, you may register your complaint with us by sending your written complaint to:

Privacy Office  
Capital BlueCross  
PO Box 772132  
Harrisburg PA 17177-2132

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

If you want more information about our privacy practices, have any questions or concerns, or want to act on any of your individual rights, please contact the Capital BlueCross Privacy Office toll-free at:

Telephone: 1.866.987.4241

**Capital BLUE** 

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

## Nondiscrimination and Foreign Language Assistance Notice

At Capital BlueCross and our family of companies, our customers and the community we serve are at the heart of everything we do. We know health insurance is complicated, and we're here to make it simple so you can focus on living healthy.

Capital BlueCross and its family of companies comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Capital BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Capital BlueCross provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters or written information in other formats (large print, audio, accessible electronic format, other formats). Capital BlueCross provides free language service to people whose primary language is not English, such as: qualified interpreters, and information written in other languages.

If you need these services, contact our Civil Rights Coordinator.

If you believe that Capital BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age disability, or sex, you can file a grievance with our Civil Rights Coordinator at Capital BlueCross, P.O. Box 779880, Harrisburg, PA 17177-9880, call 800.417.7842 (TTY: 711), fax, 855.990.9001 or email at [CRC@capbluecross.com](mailto:CRC@capbluecross.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services, 200 Independence Avenue, SW., Room 509F, HHH Building,  
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice may have important information about your application or coverage through your health plan. Look for key dates in this notice; you may need to take action by certain deadlines to keep your health coverage or help with costs. If you, or someone you're helping, has questions or needs assistance or information about your health plan or this notice, you have the right to get help in your language at no cost. To talk to an interpreter, call 800.962.2242 (TTY: 711).

### Spanish

Este aviso puede contener información importante acerca de su solicitud o cobertura a través de su plan de salud. Ponga atención a la fechas importantes en este aviso; es posible que tenga que actuar antes de ciertas fechas límite para mantener su cobertura de salud o con ayuda del costo. Si usted, o alguien a quien usted ayuda, tiene preguntas o necesita asistencia o información acerca de su plan de salud o este aviso, tiene el derecho de obtener ayuda en su idioma sin costo alguno. Para hablar con un intérprete, llame al 800.962.2242 (TTY: 711).

### Chinese

本通知可能包含有关您的健康计划申请或涵盖范围的重要信息。请注意本通知中的重要日期；您可能需要在具体的截止日期前采取行动维护您的健康涵盖范围或缴纳费用。如果您自己或者您提供帮助的某个人对您的健康计划或本通知有任何疑问或者需要获得帮助或信息，您有权免费获得以您的语言提供的帮助。欲与翻译员通话，请拨打电话 800.962.2242（聋哑人电话 TTY：711）。

## Vietnamese

Thông báo này có thể chứa những thông tin quan trọng về đơn xin của quý khách hoặc phạm vi bảo hiểm trong chương trình bảo hiểm sức khỏe của quý khách hàng. Hãy xem những ngày quan trọng trong thông báo này; quý khách có thể cần xử lý trước khi đến hạn cuối để duy trì bảo hiểm sức khỏe hoặc để giảm chi phí. Nếu quý khách hàng, hoặc người nào đó đang trợ giúp cho quý khách hàng, có câu hỏi hay cần trợ giúp hay thông tin về chương trình bảo hiểm sức khỏe của quý khách, quý khách có quyền yêu cầu được trợ giúp bằng ngôn ngữ của quý khách mà không phát sinh chi phí nào. Để kết nối với thông dịch viên, hãy gọi 800.962.2242 (TTY: 711).

## Russian

Данное уведомление может содержать важную информацию по вашей заявке и медицинской страховке. Просмотрите ключевые даты в этом уведомлении – может понадобиться придерживаться некоторых сроков для сохранения медицинской страховки или же внести плату. Если у вас или помогающего вам есть вопросы, а также нужна помощь или информация по медицинской страховке или по данному уведомлению, позвоните на бесплатный телефон. Для соединения с переводчиком, звоните 800.962.2242 (TTY: 711).

## Pennsylvanian Dutch

Die notice hot vielleicht wichtige information iwwer dei bitt oder coverage darrich dei gesundheitsplans. Guck for die certain days in daere notice; du brauchscht vielleicht ebbes duh bis certain deadlines fa dei gesundheits versicherings bhalde odder fa mit die koschde zu helfe. Wann du, odder ebber ess du am helfe bischt, froge hot odder hilf braucht odder information iwwer dei gesundheits plan odder iwwer die notice, hoscht du die recht fa hilf griege in dei sprooch es nichts koschtet. Fa schwetze mit me dolmetscher, ruf 800.962.2242 (TTY: 711).

## Korean

이 안내문에는 귀하의 건강보험을 통한 신청 또는 보장에 관한 중요한 정보가 포함될 수 있습니다. 이 안내문의 주요 날짜를 확인해 주십시오! 건강보험을 유지하거나 비용 지원을 위해 특정 마감일까지 관련 조치를 해야 할 수도 있습니다. 귀하 또는 귀하가 부양하는 사람이 귀하의 건강보험이나 이 안내문에 관하여 문의 사항이 있거나 도움말 또는 정보가 필요할 때는, 무료로 귀하의 언어를 통하여 도움을 받을 권리가 있습니다. 통역사에게 문의하려면 800.962.2242 (TTY: 711)으로 전화해 주십시오.

## Italian

Questo avviso potrebbe avere importanti informazioni circa la vostra applicazioni o copertura attraverso il vostro programma di salute. Cercate les principali date in questo avviso; potrebbe essere necessario applicare missuri ritoccano alcune scadenze per mantenere le vostre programma di salute o per contribuire con i costi. Se voi, o qualcuno voi state aiutando, ha quesiti o necessita di assistenza o informazione circa il vostro programma di salute o questo avviso, voi avvere può le diritto per ottenere aiuto in la vostra lingua gratuitamente. Per parlare con un interprete, chiamate 800.962.2242 (TTY: 711).

## Arabic

حول التغطية من خلال خطتك الصحية. بلحث عن التواريخ الرئيسية في هذا الإشعار؛ بما يتبع احتياجاتك لإجراء م خالل حل طلبك أو بعض المواعيد التي عليك حفظ على التغطية الصحية أو الخصم قبك أو المساعدي سداداتك لتلقي. إذالتفتتحتاج إلى مساعدة، أو لتفتتساعد شخصاً آخر، أو كان لديك لمؤونة أوبحاجة إلى المساعدة أوبحاجة ذلك حصول على معلومات حول خطتك الصحية أو حول هذا الإشعار فلبيك إلى هاتف النصي: 711. (800.962.2242) لتفتتسأل على المساعدة أو لتفتتسأل على المساعدة فوراً، لتصل على الرقم

## French

Le présent avis peut avoir information importante concernant votre application ou la couverture à travers de votre plan sanitaire. Regarde pour clef dates dans cet avis ; vous pourriez devoir prendre des mesures à certaines dates pour maintenir votre plan sanitaire ou de l'aidé à payer les coûts. Si vous, ou quelqu'un vous les aidez avoir des questions ou il a besoin d'aide ou information concernant votre plan sanitaire ou cet avis, vous avez le droit à obtenir de l'aide dans votre langue à titre gratuit. Pour parler à un interprète, appel 800.962.2242 (TTY: 711).

**German**

Diese Mitteilung enthält eventuell wichtige Informationen bezüglich Ihres Antrages auf oder Ihres Schutzes durch Ihre Krankenversicherung. Suchen Sie nach Schlüsseldaten in diesem Dokument. Eventuell müssen Sie innerhalb von gewissen Fristen handeln um Ihren Versicherungsschutz zu behalten oder Hilfe mit Kosten zu erhalten. Fall Sie oder jemand, dem/der Sie helfen, Fragen hat oder Hilfe benötigt bezüglich dieser Mitteilung oder der Krankenversicherung, haben Sie Anspruch auf kostenlose Hilfe in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, rufen Sie an unter 800.962.2242 (TTY [Schreibtelefon]: 711).

**Gujarati**

આ નોટિસ માં તમારી અરજી અથવા તમારી આરોગ્ય યોજના મારફતે કવરેજ વિશે મહત્વની જાણકારી હોઈ શકે છે. આ નોટિસ માં મહત્વ ની તારીખો જુઓ; તમારા આરોગ્ય કવરેજ ને જાળવવા માટે અથવા ખર્ચ બચાવવા માટે અમુક ચોક્કસ મુદતો સુધી તમને પગલાં લેવા પડી શકે છે. જો તમે, અથવા જેની તમે મદદ કરી રહ્યા છો, તેમણે કોઈ સવાલ હોય અથવા સહાય કે તમારી આરોગ્ય યોજના અથવા આ નોટિસ વિશે માહિતી જોઈએ, તો તમને તમારી ભાષા માં કોઈ પણ ખર્ચ વગર મદદ મેળવવા નું અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, 800.962.2242 (TTY : 711) ફોન કરો.

**Polish**

To powiadomienie może zawierać ważne informacje na temat Pana/Pani wniosku lub zakresu ubezpieczenia w posiadanym planie. Zalecamy zapoznać się z kluczowymi terminami w tym powiadomieniu; może istnieć konieczność podjęcia działania przed upłynięciem pewnych terminów, aby utrzymać ubezpieczenie zdrowotne lub uzyskać pomoc w kosztach. Jeżeli Pan/Pani lub ktoś, komu Pan/Pani pomaga, ma pytania bądź potrzebuje pomocy lub informacji w sprawie planu ubezpieczenia zdrowotnego albo tego powiadomienia, przysługuje Panu/Pani prawo do nieodpłatnego uzyskania pomocy w ojczystym języku. Aby porozmawiać z tłumaczem ustnym, prosimy zadzwonić pod numer 800.962.2242 (TTY: 711).

**French Creole**

Avi sila a ka genyen enfòmasyon ki enpòtan konsènan aplikasyon w lan oubyen asirans ou atravè plan lasante w la. Chèch e dat enpòtan yo ki nan avi sila a; ou ka gen pou w fè sèten bagay anvan kèk dat limit pou w sa kenbe asirans ou a oubyen pou yo ede w ak kèk depans. Si oumenm, oubyen yon lòt moun w ap ede, genyen kesyon oubyen bezwen èd oswa plis enfòmasyon sou plan lasante w oswa sou avi sila a, ou genyen dwa pou w resevwa asistans nan lang ou pale a san li pa kout e w anyen ditou. Pou w pale ak yon entèprèt, rele 800.962.2242 (TTY: 711).

**Cambodian–Mon-Khmer**

ការជូនដំណឹងនេះអាចមានព័ត៌មានសំខាន់ៗអំពីកម្មវិធីការធានារ៉ាប់រងរបស់អ្នកតាមរយៈគម្រោងសុខភាពរបស់អ្នក។ កម្រិតកាលបរិច្ឆេទសំខាន់ៗនៅក្នុងការជូនដំណឹងនេះអាចធ្វើចំណាត់ការដោយកាលបរិច្ឆេទជាក់លាក់ដើម្បីរក្សាការធានារ៉ាប់រងសុខភាពជួយជាមួយនឹងការចំណាយ។ សិនជាអ្នកនរណាម្នាក់ដែលអ្នកកំពុងជួយសំណួរត្រូវការជំនួយព័ត៌មានអំពីគម្រោងសុខភាពរបស់អ្នកការជូនដំណឹងនេះក៏មានសិទ្ធិដើម្បីទទួលជំនួយជាភាសារបស់អ្នកដោយមិនគិតថ្លៃ។ ដើម្បីនិយាយទៅកាន់អ្នកបកប្រែផ្ទាល់មាត់ សូមហៅទៅកាន់លេខ 800.962.2242 (TTY: 711)។

**Portuguese**

Este aviso pode ter informações importantes sobre a sua aplicação ou cobertura de plano de saúde. Olhe para as datas importantes neste aviso; pode ser necessário tomar medidas em determinados prazos para manter a sua cobertura de saúde ou ajudar com os custos. Se você, ou alguém que você está ajudando, tem dúvidas ou precisa de assistência ou informação sobre seu plano de saúde ou este aviso, você tem o direito de obter ajuda na sua língua sem nenhum custo. Para falar com um intérprete, ligue para 800.962.2242 (TTY: 711).