

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.

We are required by law to maintain the privacy of your protected health information (PHI). We are obligated to provide you with a copy of this Notice of our legal duties and of our privacy practices with respect to PHI and we must abide by the terms of this Notice. We reserve the right to change the provisions of our Notice and make the new provisions effective for all PHI that we maintain. If we make a material change to our Notice, we will mail a revised Notice to the address that we have on record for the policy holder.

If you have any questions or want additional information about this Notice or the policies and procedures described in this Notice, please contact Self Funding Administrators at (410) 757-4200.

Effective Date: This Notice of Privacy Practice becomes effective on April 14, 2004.

PRIMARY USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Payment: We may use or disclose your PHI to pay claims for services provided to you and to fulfill our responsibilities for plan coverage and providing plan benefits. For example, we may disclose your PHI when a provider (doctor, hospital, clinic, etc.) requests information regarding your eligibility for coverage under our health plan, or we may use your information to determine if a treatment that you received was medically necessary.

Health Care Operations: We may use or disclose your PHI to support our business functions. These functions include, but are not limited to: medical care, quality assessment and improvement, stop-loss insurance underwriting, business planning, and business development. For example, we may use or disclose your PHI: (i) to provide you with information about one of our health management programs; (ii) to respond to a customer service inquiry from you; or (iii) in connection with fraud and abuse detection and compliance programs.

Business Associates: We contract with individuals and entities (Business Associates) to perform various functions on our behalf or to provide certain types of services. To perform these functions or to provide their services, our Business Associates will receive, create, maintain, use, or disclose PHI, but only after we require the Business Associates to agree in writing to contract terms designed to appropriately safeguard your information. For example, we may disclose your PHI to a Business Associate to administer claims or to provide service support, utilization management, subrogation, or pharmacy benefit management.

Other Covered Entities: We may use or disclose your PHI to assist other covered entities in connection with payment activities and certain health care operations. For example, we may disclose or share your PHI with other insurance carriers in order to coordinate benefits, if you or your family members have coverage through another carrier.

PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Personal Representatives: We may disclose PHI to the patient or the patient's personal representative. A personal representative is a legal guardian, or a person designated by you to act on your behalf in making decisions related to your health care.

Public Health Activities: We may disclose PHI to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability.

Abuse or Neglect: If we believe you are the victim of abuse or neglect, we may disclose PHI to a government authority such as social services or protective services agency.

Health Oversight Activities: We may disclose PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance.

Legal Proceedings: We may disclose PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

Law Enforcement Officials: We may disclose PHI to the police or other officials in compliance with a court order or subpoena.

Organ & Tissue Procurement: We may disclose PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

Coroners: We may disclose PHI to a medical examiner as authorized by law.

Specialized Government Functions: We may use and disclose PHI to units of the government with special functions such as the U.S. military or the U.S. Department of State.

Workers' Compensation: We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to Workers' Compensation or other similar programs.

Health & Safety: We may use and disclose PHI, if in good faith, we believe it is necessary to prevent or lessen a serious and imminent threat to the health & safety of a person or the public.

As Required by law: We may use and disclose PHI when required to do so by any other law not already referred to in the preceding categories.

To the Plan Sponsor: We may disclose your PHI to the plan sponsors of the group health plan for purposes of plan administration.

Others involved in your care: We may disclose your PHI to a family member, relative or close personal friend that you identify. Such a use will be based on how involved the person is in your care. If you are not present or able to agree to these disclosures of your PHI, then, using our professional judgment, we may determine whether the disclosure is in your best interest.

Other uses and disclosures of your PHI that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing. Authorizations are not required if your PHI is used or disclosed for the payment (if eligible) and other health care operations of this Plan.

YOUR RIGHTS

Right to Request a Restriction: You have the right to request a restriction on the PHI we use or disclose about you for claim payment or healthcare operations. We are not required to agree to any restriction that you may request. If we do agree to the restriction, we will comply with the restriction unless the information is needed to provide emergency treatment to you.

Right to Request Confidential Communications: If you believe that a disclosure of your PHI may endanger you, you may request that we communicate with you regarding your information in an alternative manner or at an alternative location. For example, you may ask that we only contact you at your work address or via your work e-mail.

Right to Inspect and Copy: You have the right to inspect and copy your PHI that is contained in a “designated record set.” A “designated record set” contains your medical and billing records, as well as other records that are used to make decisions about your health care benefits. However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set.

Right to Amend: If you believe that your PHI is incorrect or incomplete, you may request that we amend your information. In certain cases, we may deny your request for an amendment. For example, we may deny your request if the information you want to amend is not maintained by us, but by another entity.

Right of an Accounting: You have a right to an accounting of certain disclosures of your PHI that are made for reasons other than claim payment or health care operations. No accounting of disclosures is required for disclosures you authorized. You should know that most disclosures of your PHI will be for purposes of claim payment or health care operations, and, therefore, will not be subject to your right to an accounting.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this Notice, even if you may have agreed to accept this Notice electronically.

COMPLAINTS

You may complain to us if you believe that we have violated your privacy rights. You may file a complaint with us by calling us at the number listed in this Notice.

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. You may submit this complaint to:

Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201.

We will not penalize or in any other way retaliate against you for filing a complaint with the Secretary or with us.