



## NOTICE OF PRIVACY PRACTICES

Effective April 14, 2004

### **Blue Cross of California BC Life & Health Insurance Company**

We keep our members' financial and health information private as required by law, accreditation standards and our own policies. This Notice explains your rights, our legal duties and our privacy practices.

#### **Your Financial Information**

We collect and use several types of financial information to carry out insurance activities. This includes information that you give us on applications or other forms, such as your name, address, age, and dependents. We keep records about your business with our affiliates, others, or us such as insurance coverage, premiums, and payment history.

We use physical, technical, and procedural methods to protect your private information. We share it only with our employees, affiliates or others who need it to provide service on your policy, to do insurance business, or for other legally allowed or required purposes.

#### **Your 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.

We collect, use and communicate information about you for health care payment and operations or when we are allowed or required by law to do so.

For Payment: We use and disclose information about you to manage your account or benefits and to pay claims for health care you receive through your plan. For example, we keep information about your premium and deductible payments. We may also give information to a doctor's office to confirm your benefits or we may ask a hospital for details about your treatment so that we may review and pay the claim for your care.

For Health Care Operations: We use and disclose information about you for our operations. For example, we may use information about you:

- To review the quality of care and services you receive;
- To provide you case management or care coordination services, such as for asthma, diabetes, or traumatic injury; or
- For quality or accreditation reviews.

We may contact you with information about treatment options or other health-related benefits and services. For example, when you or your dependents reach a certain age, we may notify you about other products or programs for which you may become eligible, such as Medicare supplements or individual coverage. We may also send you reminders about routine medical check-ups and tests.

If you are in a group health plan, we may share certain health information with your employer (the plan sponsor) or other organizations that help pay for your membership in the plan to enroll you in the plan or so the plan sponsor can manage the health plan. Plan sponsors that receive this information are required by law to have controls in place to protect it from improper uses.

To Your Family or Person Designated by You: We may disclose your medical information, with your verbal permission and in circumstances where it is impracticable to get your written permission, to a family member or other person designated by you to the extent necessary to help with your health care or with payment for your health care. We may use or disclose your name, location, and general condition or death to notify, or assist in the notification of (including identifying or locating), a person involved in your care.

Before we disclose your medical information to a person involved in your health care or payment for your health care, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest.

**As Allowed or Required by Law:** Information about you may be shared for oversight activities required or allowed by law; for judicial or administrative proceedings; to public health authorities; for law enforcement purposes; to coroners, funeral directors or medical examiners (about decedents); for research purposes; to avert a serious threat to health or safety; for specialized government functions; for workers' compensation purposes and to respond to requests from the Secretary, US Department of Health and Human Services.

**Authorization:** We will get your written permission before we use or share your protected health information for any other purpose, unless otherwise stated in this notice. You may withdraw this permission at any time, in writing. We will then stop using your information for that purpose. However, if we have already used or shared your information based on your authorization, we cannot undo any actions we took before you withdrew your permission.

## **Your Rights**

Under current federal privacy regulations, you have the right to:

- See or get a copy of certain information that we have about you (contained in the Designated Record Set) or ask that we correct your personal information that you believe is missing or incorrect. If someone else (such as your doctor) gave us the information, we will let you know so you can ask them to correct it.
- Ask us not to use your health information for payment or health care operations activities. We are not required to agree to these requests.
- Ask us to communicate with you about health matters using reasonable alternative means or at a different address if communications to your home address could endanger you.
- Receive a list of disclosures of your health information that we make on or after April 14, 2003, except when:
  - You have authorized the disclosure;
  - The disclosure is made for treatment, payment or health care operations; or
  - The law otherwise restricts the accounting.

## **Potential Impact of Other Applicable Law**

The HIPAA Privacy Rule generally does not “preempt” (or override) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, if any state privacy laws or other applicable federal laws provide for a stricter privacy standard, then we must follow the more strict state or federal laws.

## **Complaints**

If you believe we have not protected your privacy, you can file a complaint with us or with the Office for Civil Rights in the US Department of Health and Human Services. We will not take action against you for filing a complaint.

## **Contact Information**

If you want to exercise your rights under this notice or to talk with us about privacy issues or to file a complaint, please contact a Customer Service Representative at the phone number printed on your identification card.

## **Copies and Changes**

You have the right to receive another 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.

We reserve the right to change this notice. A revised notice will apply to 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. We will communicate any changes to our notice through subscriber newsletters, mail, and/or our website.