



## Members Health Insurance Company

### 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 AND KEEP ON FILE FOR REFERENCE.**

#### LEGAL OBLIGATIONS

Members Health Insurance Company (“MHIC”) is required by law to maintain the privacy of all medical information within its organization; provide this notice of privacy practices to all members; inform members of its legal obligations; advise members of additional rights concerning their medical information; and to notify affected members following a breach of unsecured Protected Health Information (“PHI”). MHIC must follow the privacy practices contained in this notice from its **effective date of September 23, 2013**, and continue to do so until this notice is changed or replaced.

MHIC reserves the right to change its privacy practices and the terms of this notice at any time, provided applicable law permits the changes. Any changes made in these privacy practices will be effective for all medical information that is maintained including medical information created or received before the changes were made. All members will be notified of any changes by receiving a new notice of privacy practices.

You may request a copy of this notice of privacy practices at any time by contacting Ryan D. Brown, MHIC, Chief Compliance and Privacy Officer, P.O. Box 1424, Columbia, TN 38402-01424.

#### USES AND DISCLOSURES OF MEDICAL INFORMATION

Your medical information may be used and disclosed for treatment, payment and health care operations. For example:

**TREATMENT:** Your medical information may be disclosed to a doctor or hospital that requests it to provide treatment to you or for disease and case management programs.

**PAYMENT:** Your medical information may be used or disclosed to pay claims for services which are covered under your health care coverage.

**HEALTH CARE OPERATIONS:** Your medical information may be used and disclosed to determine premiums, conduct quality assessment and improvement activities, to engage in care coordination or case management, to pursue Right of Recovery and Reimbursement/Subrogation, accreditation, conducting and arranging legal services, underwriting and rating, and for other administrative purposes. MHIC cannot use or disclose your genetic medical information for underwriting purposes unless you apply for long term care coverage.

**AUTHORIZATIONS:** You may provide written authorization to use your medical information or to disclose it to anyone for any purpose. You may revoke this authorization in writing at any time but this revocation will not affect any use or disclosure permitted by your authorization while it was in effect. MHIC cannot use or disclose your medical information for marketing purposes or make any disclosures of your medical information that could constitute a sale of Protected Health Information unless you give written authorization. We must also disclose to you if MHIC receives payment for your medical information. Unless you give written authorization, we cannot use or disclose your medical information, including psychotherapy notes, for any reason except those described in this notice.

**PERSONAL REPRESENTATIVE:** Your medical information may be disclosed to you or to a family member, friend or other person to the extent necessary to assist with your health care or with payment for your

health care but only if you agree we may do so or if they have the legal right to act for you, as described in the Individual Rights section of this notice.

**UNDERWRITING:** Your medical information may be received for underwriting, premium rating or other activities relating to the creation, renewal, or replacement of health care coverage or benefits. If MHIC does not issue that health care coverage, your medical information will not be used or further disclosed for any purpose, except as required by law.

**RESEARCH:** Your medical information may be used or disclosed for research purposes provided that certain established measures to protect your privacy are in place.

**HEALTH RELATED COMMUNICATIONS WITH YOU:** Your medical information may be used to contact you with information about health-related benefits, services or treatment alternatives that may be of interest to you. Your medical information may be disclosed to a business associate to assist us in these activities. Unless the information is provided to you by a general newsletter or in person or is for products or services of nominal value, you may opt-out of receiving further information by telling us.

**AS REQUIRED BY LAW:** Your medical information may be used or disclosed as required by state or federal law. For example, we will use and disclose your PHI in responding to court and administrative orders and subpoenas, and to comply with workers' compensation laws. We will disclose your PHI when required by the Secretary of Health and Human Services and state regulatory authorities.

**COURT OR ADMINISTRATIVE ORDER:** Medical information may be disclosed in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances.

**MATTERS OF PUBLIC INTEREST:** Medical information may be released to appropriate authorities under reasonable assumption that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. Medical information may be released to the extent necessary to avert a serious threat to your health or safety or to the health or safety of others. Medical information may be disclosed when necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody. Medical information may be disclosed for purposes of child abuse reporting.

**MILITARY AUTHORITIES:** Medical information of Armed Forces personnel may be disclosed to Military authorities under certain circumstances. Medical information may be disclosed to federal officials as required for lawful intelligence, counterintelligence, and other national security activities.

**BUSINESS ASSOCIATES:** From time to time we engage third parties to provide various services for us. Whenever an arrangement with such a third party involves the use or disclosure of your PHI, we will have a written contract with that third party designed to protect the privacy of your PHI. For example, we may share your information with business associates who process claims or conduct disease management programs on our behalf.

## INDIVIDUAL RIGHTS

**You have the following rights. To exercise these rights, you must make a written request on our standard form. To obtain the form, call the Privacy Office at 1-888-708-0123. Forms are also available at [www.mhinsurance.com](http://www.mhinsurance.com).**

**ACCESS:** You have the right to receive or review copies of your medical information, with limited exceptions. You may request a format other than photocopies, which will be used unless MHIC cannot practicably do so. Any request to obtain access to your medical information must be made in writing. You may obtain a form to request access by using the contact information at the end of this notice or you may send us a letter requesting access to the address located at the end of this notice. If you request copies, there will be a charge of \$ .25 per page and \$10 for staff time to review, copy and prepare your medical information, and postage if you want the

copies mailed to you. If your PHI is maintained in an electronic health record (“EHR”) you also have the right to request that an electronic copy be sent to you or to another individual or entity. The fee for providing an electronic copy may not be greater than our labor costs in responding to your request for such a copy. If you request an alternative format, the charge will be cost-based for providing your medical information in that format. For a more detailed explanation of the fee structure, please contact our office using the information at the end of this notice. MHIC requires advance payment before copying your medical information.

**ACCOUNTING:** You have the right to receive an accounting of the disclosures of your medical information made by MHIC or by a business associate of MHIC. This accounting will list each disclosure that was made of your medical information for any reason other than treatment, payment, health care operations and certain other activities since April 14, 2003; however, if disclosures for purposes of treatment, payment, or health care operations were made through an EHR, you have the right to request an accounting for such disclosures made during the previous three years. This accounting will include the date the disclosure was made, the name of the person or entity the disclosure was made to, a description of the medical information disclosed, the reason for the disclosure, and certain other information. If you request an accounting more than once in a 12-month period, there may be a reasonable cost-based charge for responding to these additional requests. For a more detailed explanation of the fee structure, please contact our office using the information at the end of this notice.

**DESIGNATION OF PERSONAL REPRESENTATIVE:** You have the right to designate a family member, friend or other person as your personal representative. Your medical information may be disclosed to your personal representative to the extent necessary to help with your health care or with payment for your health care. You may obtain a form to designate a personal representative by using the contact information at the end of this notice.

**RESTRICTIONS ON DISCLOSURES:** You have the right to request restrictions on MHIC’s use or disclosure of your medical information. Generally MHIC is not required to agree to these additional requests. You also have the right to request a limit on the medical information we communicate about you to someone who is involved in your care or the payment for your care. Any agreement to restrictions on the use and disclosure of your medical information must be in writing and signed by a person authorized to make such an agreement on behalf of MHIC; such restrictions shall not apply to disclosures made prior to granting the request for restrictions. MHIC will not be bound unless the agreement is so memorialized in writing.

**CONFIDENTIAL COMMUNICATIONS:** You have the right to request confidential communications about your medical information by alternative means or alternative locations. You must inform MHIC that confidential communication by alternative means or to an alternative location is required to avoid endangering you. You must make your request in writing and you must state that the information could endanger you if it is not communicated by the alternative means or to the alternative location requested. MHIC must accommodate the request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premium and pay claims under your health plan.

**AMENDMENT:** You have the right to request that MHIC amend your medical information. Your request must be in writing and it must explain why the information should be amended. MHIC may deny your request if the medical information you seek to amend was not created by MHIC or for certain other reasons. If your request is denied, MHIC will provide a written explanation of the denial. You may respond with a statement of disagreement to be appended to the information you wanted amended. If MHIC accepts your request to amend the information, MHIC will make reasonable efforts to inform others, including the people you name, of the amendment and to include the changes in any future disclosures of that information.

**BREACH NOTIFICATION:** You have the right to receive notice of a breach. We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breaches of unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. “Unsecured Protected Health Information” is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of

Health and Human Services to render the PHI unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:

- A brief description of the breach, including the date of the breach and the date of its discovery, if known;
- A description of the type of unsecured PHI involved in the breach;
- Steps you should take to protect yourself from potential harm resulting from the breach;
- A brief description of the actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
- Contact information, including a toll-free telephone number, e-mail address, web site, or postal address to permit you to ask questions or obtain additional information.

In the event the breach involves 10 or more patients whose contact information is out of date we will post a notice of the breach on the home page of our web site or in a major print or broadcast media. If the breach involves more than 500 individuals in the state or jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 individuals, we are required to immediately notify the Secretary of Health and Human Services. We also are required to submit an annual report to the Secretary of Health and Human Services of a breach that involves less than 500 individuals during the year and we will maintain a written log of breaches involving less than 500 patients.

If you receive this notice on the MHIC web site or by any other electronic means, you may request a written copy of this notice by using the contact information at the end of this notice.

### **COMPLAINTS, QUESTIONS AND CONCERNS**

If you want more information concerning MHIC's privacy practices or you have questions or concerns, please contact our Privacy Office.

If you are concerned that: (1) MHIC has violated your privacy rights; (2) you disagree with a decision made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information; (3) to request that MHIC communicate with you by alternative means or at alternative locations, you may complain to us using the contact information below. You may also submit a written complaint to the U.S. Department of Health and Human Services. The address to file a complaint with the U.S. Department of Health and Human Services will be provided upon request.

MHIC supports your right to protect the privacy of your medical information. There will be no retaliation in any way if you choose to file a complaint with MHIC or with the U.S. Department of Health and Human Services.

**Privacy Office**  
**Members Health Insurance Company**  
**P.O. Box 1424, Columbia, TN 38402-1424**  
**Phone 1-888-708-0123**  
**E-mail: [privacyoffice@mhinsurance.com](mailto:privacyoffice@mhinsurance.com)**

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