

# 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. The privacy of your information is important to us.**

## Our Legal Duty

This Notice of Privacy Practices describes how Blue Cross & Blue Shield of Rhode Island (BCBSRI) may use and disclose health information about you (your “protected health information” or “PHI”) to carry out payment activities, healthcare operations, and for other purposes that are permitted or required by law. We are required by applicable federal and state laws to maintain the privacy of your PHI. We are required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must provide you notice of a non-permitted use or disclosure of your unsecured PHI if your information has been compromised under applicable State and Federal standards. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice became effective on December 15, 2013, and will remain in effect until we replace it.

This Notice of Privacy Practices is intended to incorporate the requirements of HIPAA—the Health Insurance Portability and Accountability Act of 1996 (HIPAA)—and the Rhode Island Confidentiality of Health Care Communications and Information Act.

You are entitled to receive a copy of this Notice in written form upon request. You may print a copy from our Web site or contact us using the information listed at the end of this Notice to obtain a paper copy of this Notice.

**Organizations Covered by this Notice:** This Notice applies to the privacy practices of BCBSRI.

## Our Uses And Disclosures Of Your PHI

We use and disclose PHI about you for treatment, payment, and healthcare operations. When using or disclosing your information for these purposes, we use or disclose just the minimum amount of PHI necessary to accomplish the task. We may use or disclose your PHI:

**For Treatment Activities:** For example, we may disclose information about your prescription medications to your doctor so that s/he can better understand how to provide you medical care.

**For Payment Activities:** For example, we may use and disclose your PHI to pay claims from doctors, hospitals, and other providers for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, or to issue explanations of benefits to the person who subscribes to the health plan in which you participate.

**For Health Care Operations:** For example, we may use and disclose your PHI to conduct quality assessment and improvement activities, to credential providers and review their performance, or to engage in care coordination or case management. We may also use or disclose PHI for purposes of underwriting, enrollment, and other activities related to creating, renewing, or replacing a benefits plan, or to enroll you in programs offered by your employer in connection with your health insurance, such as a health savings account or health reimbursement account. We may not, however, use or disclose genetic information for underwriting purposes.

**To Make Disclosures to You:** We may use and disclose your PHI to communicate with you for purposes of customer service or to provide you with information you request. We may use and disclose information about you for the access and disclosure accounting purposes described in the “Your Rights” section of this notice.

### **To Make Disclosures to Your Family and Friends:**

We may disclose your PHI to a family member, a friend, or other person that you indicate is involved in your care or payment for your care. We may also disclose your PHI to one of these people if you are not present or if you are unable to provide the required permission because of a medical emergency, accident, or similar situation, if we determine that disclosure would be in your best interests. In these situations, we may disclose only the protected health information directly relevant to the person's involvement with your health care or payment for health care. We will disclose your PHI to an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with relevant state law. Before we will disclose PHI to such a person, you must submit a written notice of his/her designation, along with supporting documentation such as a power of attorney or properly executed Member's Designation of a Personal Representative form. You may also give us permission to disclose your PHI to anyone based on your written authorization (see section on "Other Uses and Disclosures of Your PHI," below).

### **To the Employer (or Union) That Sponsors Your Group Health Plan:**

If you are covered by a plan sponsored by an employer (or employee organization, such as a union), we generally cannot disclose your PHI to the employer (or other sponsor) of your health plan. But, we do provide employers (and other plan sponsors) information about who is enrolled in (or has disenrolled from) the group health plan. We also provide the plan sponsor a summary of claims history, claims expenses, or types of claims experienced by the enrollees in your group health plan to use for obtaining premium bids for the group health insurance coverage or for deciding whether to modify, amend, or terminate your group health plan. The summary information will be stripped of demographic information about specific enrollees in the group health plan, but the plan sponsor may still be able to identify you or other enrollees in your group health plan from the summary information. If the sponsor of your group health plan takes appropriate steps to comply with federal privacy regulations, we may disclose more detailed protected health information to the sponsor for the sponsor's administration of the group health plan.

**Permitted Uses and Disclosures:** We may use and disclose your PHI as permitted or required by law, including for the following purposes:

- **Required by Law:** We may use or disclose PHI when we are required to do so by State or Federal law.
- **Research:** We may disclose PHI to researchers, provided that the researchers comply with applicable confidentiality requirements.
- **Health and Safety:** We may disclose PHI to the extent necessary to avert a serious and imminent threat to an individual's health or safety or to report or prevent abuse, neglect, domestic violence, or other crimes.
- **Public Health Activities:** We may use or disclose PHI for public health activities that are permitted or required by law, such as preventing or controlling communicable diseases.
- **Health Oversight Activities:** We may disclose PHI to a health oversight agency, such as the Insurance Division of the Department of Business Regulation, for oversight activities authorized by law.
- **Process and Proceedings:** We may disclose PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process, in accordance with specified procedural safeguards.
- **Law Enforcement:** We may disclose PHI to law enforcement officials for limited purposes, such as when necessary to provide evidence of a crime that occurred on our premises.
- **Workers' Compensation:** We may disclose PHI in accordance with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.
- **Special Government Functions:** We may disclose PHI for various government functions, including disclosures to the Armed Forces for active personnel, to Intelligence Agencies for national security, and the Department of State for foreign services reasons.

**Impact of State Law:** We may be required to comply with state privacy or other applicable laws that limit our use or disclosure of PHI to a greater extent than HIPAA.

**Other Uses and Disclosures of Your PHI:** We must obtain your written authorization to use or disclose your PHI for any purpose not described above. If you provide us with such an authorization, you may revoke the authorization in writing and your revocation will be effective for future uses and disclosures of PHI. Your revocation will not be effective, however, for PHI that we already have used or disclosed relying on the authorization. To revoke an authorization you have provided us, contact us using the information provided at the end of this notice.

An authorization will be required for any use or disclosure of psychotherapy notes. We will rely on our behavioral health provider to secure an authorization to allow for our use of the psychotherapy notes; if we need to disclose the psychotherapy notes, we will obtain your written authorization. We also must obtain your written authorization to sell information about you to a third party or, in most circumstances, to use or disclose your PHI to send you communications about products and services. We do not need your written authorization, however, to send you communications about health-related products or services, as long as the products or services are associated with your coverage or are offered by us.

## **YOUR RIGHTS**

**Right to Inspect and Copy:** You have the right to view or get copies of the PHI that we use to make decisions about payment for your health care. To view or copy your PHI, you must submit your written request to us at the address listed on the last page of this Notice. It is important that you direct your request for inspection and copying to this address so that we can begin to process your request. If you send a request to another person, office, or address, our response might be delayed. We will provide a form for you to complete and send to us for this request. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other costs associated with your request. We may deny your request for access in limited circumstances.

**Right to Amend:** If you believe that your PHI is incorrect or incomplete, you may request that we amend your information. To do so, write to us at the address provided on the last page of this Notice. Your request should include the reason the amendment is necessary. It is important that you direct your request for amendment to this address so that we can begin to process your request. If you send a request to another person, office, or address, our response might be delayed. We will

provide a form for you to complete and send to us for this request. We may deny your request for an amendment in some circumstances, such as if we believe the information we have is accurate and complete.

**Right of an Accounting:** You have the right to know about certain disclosures of your health information. We are not required to inform you of disclosures we make for treatment, payment, health care operations, and certain other purposes. But, you may request a list of other disclosures going back six years from the date of your request. The list will include, for example, disclosures that are required by law, for judicial or administrative proceedings, or for research purposes (except for disclosures that also qualify as our health care operations).

You may request an accounting by submitting your request in writing to us at the address listed on the last page of this Notice. It is important that you direct your request for an accounting to this address so that we can begin to process your request. If you send a request to another person, office, or address, our response might be delayed. We will provide a form for you to complete and send to us for this request. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

**Right to Request a Restriction:** You have the right to request a restriction on the PHI we use or disclose about you for payment or for health care 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.

You may request a restriction by writing to us at the address provided on the last page of this Notice. If you send a request to another person, office, or address, our response might be delayed. We will provide a form for you to complete and send to us for this request.

**Right to Request Confidential Communications:** If you believe that sending your PHI to your regular address could endanger you, you may request that we communicate with you regarding your PHI in an alternative manner or at an alternative location. For example, you may ask that we only contact you at your work address or at another secondary address.

Please send your request to us at the address listed on the last page of this Notice. It is important that you direct your request for confidential communications to this

address so that we can begin to process your request. If you send a request to another person, office, or address, our response might be delayed. We will provide a form for you to complete and send to us for this request.

We will accommodate a written request for confidential communications that is reasonable and that states that the disclosure of all or part of your PHI could endanger you. Once a request for confidential communications goes into effect, all of your PHI will be processed in accordance with your instructions. We will not agree to requests to withhold PHI that relates only to a specific condition, diagnosis, or treatment. Therefore, documents that might contain PHI about services you receive, such as letters or EOBs, will be addressed to you and not the contract holder. The contract holder will be entitled to access billing information and other PHI in connection with our contract, unless you request confidential communications in accordance with this section.

Even if you request confidential communications, the check we send to reimburse you for services you receive from a non-participating provider will be made payable to the contract holder, unless you have made other payment arrangements with us. In addition, accumulated payment information, such as deductibles and out-of-pocket maximums, which will be affected by services you receive, will continue to appear on all future EOBs we send to the contract holder. We urge you to discuss with us how we can arrange to pay your claims for services that you receive from a non-participating provider.

If you terminate your request for confidential communications, the restriction will be removed for *all* your PHI that we hold, including PHI that was previously protected. Therefore, you should not terminate a request for confidential communications if you remain concerned that disclosure of your PHI would endanger you.

## QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this Notice. You may complain to us if you believe that we have violated your privacy rights. You may file a complaint with us by writing to the address listed at the end of this Notice. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. We will not penalize or retaliate against you in any way for filing a complaint with us or the Secretary.

We reserve the right to change our privacy practices and the terms of this Notice at any time. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all PHI that we maintain, including PHI we created or received before we made the changes. If we make a material change to our Notice, we will change the notice and post the new notice on our website. We will provide a copy of the new notice (or information about the changes to our privacy practices and how to obtain the new notice) in our next annual mailing to enrollees who are then covered by one of our health plans.

## CONTACT ADDRESS AND INFORMATION

Privacy Officer  
Blue Cross & Blue Shield of Rhode Island  
500 Exchange St.  
Providence, RI 02903  
Phone: (401) 459-1077  
Fax: (401) 459-1279

