

home instead of work or by U.S. mail only. We will accommodate all reasonable requests whenever possible and will not ask you the reason for your request. To request more confidential communications, please write to US Family Health Plan and indicate the specific location and means by which you would like for us to communicate with you.

Other Uses, Disclosures & Access: of Medical Information: Other uses and disclosures of medical information not specified herein, will be made only after obtaining your written authorization. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization, while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except as described in this notice. We will not use or disclose your medical information if that disclosure is prohibited or significantly limited by other applicable federal or state law. Where the applicable state law provides for additional protections, we will act in accordance with these laws and make disclosures pursuant to such.

Paper Copy of This Notice: If you receive this notice on our Website or by e-mail, you are entitled to receive a hard copy of this notice. Please contact member services at 1-800-241-4848 to request a copy.

RIGHT TO FILE A COMPLAINT

If you are concerned that your privacy rights have been violated, or you disagree with a determination regarding your request or records, you may file a complaint with us in writing to:

US Family Health Plan
Privacy Office
5 Penn Plaza, 9th Floor
New York, NY 10001

You may also write to the Secretary of the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Office will provide you the address upon request.

Please note that we support your right to protect the privacy of your protected health information and will not penalize or retaliate against you in any way for filing a complaint at any time.



US Family Health Plan
5 Penn Plaza, 9th Floor
New York, NY 10001
(800) 241-4848

US Family Health Plan

Notice of Privacy Practices

Effective date: 04/14/2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

US Family Health Plan is committed to protecting the privacy of your personal information. The Health Insurance Portability and Accountability Act (HIPAA) requires all health care providers to maintain the privacy of your medical information and provide you with notice regarding its privacy practices. This notice describes how we may use and disclose information about you in administering your health benefits, and explains our obligations and your rights regarding this information. We share your information only to the extent necessary in order to administer these benefits and comply with the Federal and State laws that govern health care. We will not use or disclose your information for any other purpose without your permission. We reserve the right to make changes in our privacy practices and the terms of this notice at any time. This includes current information on file and any information we may receive in the future, provided such changes are permitted by applicable law. Before we make any significant changes in our privacy practices, we will change this notice and provide a new notice, available upon request. A copy of our current notice will be posted in the reception area of our practice sites and available for your reference through our Corporate Offices. You may also obtain your own copies by accessing our website at www.usfhp.net or calling Member Services at 1-800-241-4848.

Personally Identifiable Information (PII) and Protected Health Information (PHI) are defined as financial, health or other information about you that is not public. US Family Health Plan obtains this information in order to provide you with health insurance coverage. Protected Health information is further defined as specific information that identifies you and relates to your medical history.

WHO WILL FOLLOW THIS NOTICE?

The privacy practices described in this notice shall apply to all employees of US Family Health Plan, its affiliates, agents, interns and the agents, employees or assigns of any business associate, conducting business with US Family Health Plan.

IMPORTANT SUMMARY INFORMATION

Requirement for Written Authorization: US Family Health Plan will generally obtain your written authorization before using or sharing your personal information outside of the Plan.

Exceptions to Written Authorization Requirement: There are some situations in which US Family Health Plan would not need your written authorization before using or disclosing your personal information. These exceptions are including, but not limited to: exceptions for treatment; payment and business operations; exceptions as required by law; for public health and safety; emergency situations; and where the information is completely or partially de-identified or used as part of a limited data set.

HOW WE MAY USE AND DISCLOSE YOUR PERSONAL INFORMATION WITHOUT YOUR WRITTEN CONSENT

In order to administer your health benefits, US Family Health Plan may use and disclose personal information about you in the following ways:

Healthcare Operations: Your personal information may be used and disclosed to run our normal business operations. This may include: all activities for health benefits administration including coordination of benefits and care management with third parties; preventive health, disease management, case management and care coordination; quality performance measurement, improvement, investigations and oversight; customer service operations; accreditation by independent organizations; government entities and sharing initiatives; pharmacy benefit administration; reinsurance and stop loss activities; fraud, complaints, and appeals investigations; and other general administrative activities.

Payment: Your personal information may be used and disclosed when we pay for your covered services. This may include claims payment activities; utilization and medical necessity reviews; eligibility determination; and enrollment fee collection. Explanation of Benefits forms and other information are mailed to the Sponsor on record

Treatment: Your personal information may be used and disclosed to the providers and individuals who care for you. This may include information given to doctors, pharmacies, hospitals, care managers, health care proxy, and other designated individuals, health care providers and facilities.

Disclosure to Other Covered Entities: Your personal information may be used and disclosed to other covered entities or business associates for treatment, payment and other specific business operations.

Disclosures Required by Law: Your personal information may be used and disclosed as required by law or other public health and welfare need. This may include disclosure to DoD, TMA, Federal, State, Local and other law enforcement officials; to U.S. Department of Health & Human Services; Food and Drug Administration; to industry regulatory agencies; health oversight committees; other government programs; for legal proceedings, in response to a judicial order, court order, subpoena, or grand jury request; to workers compensation agents; organ procurement and tissue donation organizations; to address matters of national security; and to a public or private entity (e.g., the Red Cross) authorized by law or by its charter to assist in disaster relief efforts.

Disclosures for Public Health & Safety: Disclosures to public health or other government authorities may be necessary to prevent imminent harm, injury or disability. In certain situations, reporting is mandatory for public health and safety. We are required to report births, deaths, child abuse, elder abuse or neglect, and domestic violence; we are also required to notify persons exposed to a harmful chemical, substance, communicable disease or at risk to contract or spread a disease or condition; and to report adverse reactions to medications or products as required.

Partially or Completely De-identified Information: Your personal information may be used and disclosed if we have removed any information that has the potential to identify

you, so that the information is "completely de-identified." We may also use and disclose "partially de-identified" personal information about you if the party who will receive the information signs an agreement to protect the privacy of the information as required by state and federal law. Partially de-identified information will not contain any information that would identify you directly (such as your name, street address, social security number, phone number, fax number, email address, website address or license number).

YOUR LEGAL RIGHTS

US Family Health Plan wants you to know that you have the following rights to access and control your personal information. These rights are important because they will help ensure the personal information that we have about you is accurate. They may also help you control the way we use your information and share it with others.

Right to Inspect and Copy Your Records: You have the right to inspect and obtain a copy of any of your health information that is contained in a "designated record set", defined as medical records and other records maintained and used in making enrollment, payment, claims adjudication, medical management and other decisions. This is applicable where we maintain such information in our records. We will disclose this information to you unless your physician or other competent medical authority has determined it would be harmful to you. To inspect or obtain a copy of your health information, please submit your request in writing to US Family Health Plan. If you request a copy of this information, we may charge a fee for the cost of copying, mailing and other supplies we use to fulfill your request. The standard fee is \$0.75 per page and must generally be paid before or at the time we give the copies to you. We will respond to your request for inspection of records within 10 days. We ordinarily respond to requests for copies within 30 days if the information is located within our facility, and within 60 days if it is located off-site or at another facility. If we need additional time to respond to a request for copies, we will notify you in writing within the timeframe above to explain the reason for the delay and when you can expect to have a final answer to your request. Under certain limited circumstances, we may deny your request to inspect or obtain a copy of your information.

Right to Amend Your Records: If you believe the information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to ask for an amendment and we will proceed to accommodate your request, if the information is kept in our records and it is reasonable to do so. To request an amendment, please write to US Family Health Plan. Your request should include the reasons why you think we should make the amendment. Ordinarily, we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request. You may appeal, in writing any denial to amend your record directly to our Privacy Office.

Right to an Accounting of Disclosures: Effective April 14, 2003, you have a right to request an "accounting of disclosures" which identifies certain other persons or organizations to whom we have disclosed your health information in accordance with applicable law and the protections noted in this Notice of Privacy Practices. An accounting of disclosure does not describe the ways that your health information has been

shared within and between US Family Health Plan and the entities listed at the beginning of this notice, as long as all other protections described in this Notice of Privacy Practices have been followed. An accounting of disclosures also does not include information about the following:

- Disclosures we made to you or your personal representative;
- Disclosures we made pursuant to your written authorization;
- Disclosures we made for treatment, payment or business operations;
- Disclosures that were incidental to permissible uses and disclosures of your health information (for example, when your information is overheard by another person passing by);
- Disclosures for purposes of research, public health or our business operations of limited portions of your health information that do not directly identify you;
- Disclosures made to federal, state or local law enforcement officials or to the federal government for national security and intelligence activities;
- Disclosures made before April 14, 2003.

To request an accounting of disclosures, please write to US Family Health Plan. Your request must state a time period after April 14, 2003 and no more than six (6) years from the date of your request, for the disclosures you want us to include. You have a right to receive one accounting within any 12-month period for free. However, we may charge you for the cost of providing any additional accounting within that same 12-month period. We will notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred. Ordinarily, we will respond to your request for an accounting within 60 days. If we need additional time to prepare the accounting you have requested, we will notify you in writing about the reason for the delay and the date for when you can expect to receive the accounting. The right to receive this information is subject to the exceptions as noted herein. In rare cases, we may have to delay providing you with the accounting without notifying you because a law enforcement official or governmental agency has asked us to do so. The right to receive this information is subject to the exceptions as noted herein.

Right to Request Restrictions and Additional Privacy Protections: You have the right to request that we further restrict the way we use and disclose your health information for business operations, payment or treatment. To request a restriction or limitation, please write to US Family Health Plan. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply. Please be advised that we will only agree to the requested restriction or limitation if it is reasonable to do so. While we are not required to agree to your request for a restriction or limitation, there are circumstances in which the restriction or limitation may not be permitted by law. Once we have agreed to your request, we will adhere to that restriction or limitation unless you choose to exercise your right to revoke, which must be in writing. This can be submitted at any time but will not affect earlier disclosures. Under certain circumstances, a termination of the restriction or limitation may be required. However, we will not exercise this right without providing notification before doing so.

Right to Request Confidential Communications: You have the right to request that we communicate with you about your protected health information by alternative means or to alternative locations. For example, you may request that we communicate with you at