

## Notice of Privacy Practices of Medical Plans

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY OUR MEDICAL PLANS AND HOW YOU CAN GAIN ACCESS TO YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### 1. Why am I receiving this notice?

The Board of Pensions of the Presbyterian Church (U.S.A.) is the plan sponsor of the Medical Plans identified below (“MedPlan” or “MedPlans”) that are subject to the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”).

#### **Medical Plans Sponsored by The Board of Pensions of the Presbyterian Church (U.S.A.)**

- Medical Plan (Traditional Plan and Affiliated Benefits Program), Medicare Supplement and the Medical Continuation Program of the Benefits Plan of the Presbyterian Church (U.S.A.)
- Triple-S\*
- Blue Preferred HMO (Anthem-Kentucky)\*
- Aetna Dental\*
- CNA Long-Term Care\*
- Alabama Blue Cross/Blue Shield (for final payment of claims incurred on or before 12/31/02)

*\*These plans are fully insured or HMO plans. Each of these plans has its own Privacy Notice. If you are enrolled in one of these plans you will receive a separate notice from your plan and that notice applies to your rights under that plan.*

The privacy of your personal health information that is created, used, or disclosed by the MedPlans is protected by HIPAA.

The MedPlans are required by law to:

- maintain the privacy of your protected health information (“PHI”);
- provide you with this Notice of the MedPlans’ legal duties and privacy practices with respect to your PHI; and
- abide by the terms of this Notice.

### 2. What is PHI?

PHI, or protected health information, is the identifiable health information about you that is created, received or maintained by the MedPlans, regardless of the form or medium of the information. It includes information that relates to the past, present or future physical or mental health of an individual or the payment for that individual’s healthcare. PHI is individually identifiable if it includes:

- Name
- Address
- Dates Directly Related to an Individual (Birth Date, Admission/Discharge Date)
- Telephone/Fax Number
- Medical Record Number
- Account Number
- Social Security Number
- Email Address, Web Page Address
- Driver’s License Number
- Biometric Identifiers—Fingerprints or Voice Prints
- Photographic Images
- Any other Identifying Characteristics or Codes

PHI does not include the personal health information included in the personnel records held by your employing organization.

### 3. How will the MedPlans use my PHI?

Under HIPAA, the MedPlans **must** disclose your PHI:

- To you or your legal representative when you ask for information;
- To the U.S. Department of Health and Human Services, if necessary, to make sure your privacy is protected; and
- Where otherwise required by law.

The MedPlans, and the individuals who administer them, **may** use, receive or disclose your PHI for treatment, payment or healthcare operations without obtaining a written authorization from you. These activities cover a broad range of activities, including:

**Treatment.** The MedPlans may disclose protected health information to your providers for treatment, including the provision of care (diagnosis, cure, etc.) or the coordination or management of that care.

**Payment.** The MedPlans may use and disclose your protected health information to pay benefits. Payment activities may include receiving claims or bills from your healthcare providers, processing payments, sending explanations of benefits (EOBs) to the plan member, reviewing the medical necessity of the services rendered, conducting claims appeals, and coordinating the payment of benefits between multiple medical plans.

**Healthcare Operations.** The MedPlans may use and disclose your protected health information for plan operational purposes. For example, the MedPlans may use or disclose your protected health information for plan administration activities such as enrollment, verification to your doctors or hospitals that you are eligible for benefits under the plan, disease management programs, and other plan-related activities, including audits of claims.

The MedPlans may also use and disclose your protected health information to provide information to you about disease management programs, treatment alternatives, or other health-related benefits and services that may be of interest to you.

Our MedPlans contract with other businesses for certain plan administrative services. For example, the Benefits Plan uses Highmark Blue Cross/Blue Shield to pay claims for our Medical Plan. The MedPlans may release your health information to one or more of these “business associates” for plan administration purposes if the business associate agrees in writing to protect the privacy of your information.

The Board of Pensions of the Presbyterian Church (U.S.A.), as the plan sponsor, will also have access to your protected health information to administer the MedPlans. Access to your protected health information within The Board of Pensions of the Presbyterian Church (U.S.A.) will be limited to persons responsible for administration of the MedPlans.

Unless you authorize the MedPlans otherwise in writing, (or the individually identifying data are deleted from the information), your protected health information will be available only to the individuals who need it to conduct these plan administration activities and its release will be limited to the minimum disclosure required, unless otherwise permitted or required by law.

### 4. Under what circumstances would my PHI be released for other than MedPlan administration?

The MedPlans are also permitted to use or disclose your protected health information, without obtaining a written authorization from you, in the following circumstances:

- For certain required public health activities (such as reporting disease outbreaks);
- To prevent serious harm to you or other potential victims, where abuse, neglect or domestic violence is involved;
- For a health oversight agency for oversight activities authorized by law;
- In the course of any judicial or administrative proceeding in response to a court or administrative tribunal’s order, subpoena, discovery request, or other lawful process;
- For a law enforcement purpose to a law enforcement official if certain legal conditions are met (such as providing limited information to locate a missing person);
- For research studies that meet all privacy law requirements (such as research related to the prevention of disease or disability);
- To avert a serious threat to the health or safety of you or any other person; and
- To the extent necessary to comply with laws and regulations related to workers’ compensation or similar programs.

Any other use or disclosure of your protected health information not identified within this Notice will be made only with your written authorization.

## 5. Does my state privacy law also apply to PHI?

If your state laws provide more stringent privacy protections than HIPAA, the more stringent state law will still apply to protect your rights. If you have a question about your rights under any particular federal or state law, please contact the Privacy Officer at the address shown on page 4.

## 6. How do I authorize the Board of Pensions to release or receive my PHI?

Under circumstances not identified in Items 3 and 4 on the preceding page, you need to authorize the release of your PHI by completing and signing a written authorization form (Form HPA-001). Examples that would require the use of HPA-001 include:

- A representative of your presbytery working on your behalf requires information from your MedPlans and calls the Board of Pensions to obtain it. The Board cannot comply unless and until it has in its possession a completed HPA-001 Form that you have signed.
- A representative from the Board's Assistance Program needs information from your MedPlans before providing assistance. The Board's Assistance staff cannot access that information before receiving a completed HPA-001 Form that you have signed.

The Board also has a second authorization form (Form HPA-002), which you must complete when you need to give the Board authorization to receive your medical information from a provider for purposes other than Medical Plan uses. An example of when you would use HPA-002 follows:

- You are applying for disability benefits through the Board of Pensions. The Board needs medical information from one of your healthcare providers to document your disability. You must complete and sign Form HPA-002 allowing your provider to disclose that information to the Board.

Both authorization forms are available from the Board of Pensions' Web site at [www.pensions.org](http://www.pensions.org) or by calling 800-773-7752 or 800-PRESPLAN.

You have the right to limit the type of information that you authorize the MedPlans to disclose and the persons to whom it should be disclosed.

You may revoke your written authorization at any time, and the revocation will be followed to the extent action on the authorization has not yet been taken.

## 7. What are my individual rights with respect to my PHI?

You have the right to:

- Request the MedPlan to restrict its uses and disclosures of your PHI. The MedPlan is not required to agree to a requested restriction. To request a restriction, please write to the Privacy Officer (at the address identified at the end of this Notice) and provide specific information as to the disclosures that you wish to restrict and the reasons for your request. The MedPlan will respond in writing.
- Request that the MedPlan's confidential communications of your PHI be sent to another location or by alternative communicative means. For example, you may ask that we send all explanations of benefits statements (EOBs) to your office rather than your home address. The MedPlan is not required to accommodate your request unless your request is reasonable and you state that the MedPlan's ordinary communication process could endanger you.
- Inspect and obtain a copy of the PHI held by the MedPlan. However, access to psychotherapy notes, information compiled in reasonable anticipation of, or for use in legal proceedings and under certain other, relatively unusual, circumstances may be denied. Your request should be made in writing. A reasonable fee may be imposed for copying and mailing the requested information.
- Request that the MedPlan amend your protected health information or record if you believe the information is incorrect or incomplete.
- Receive a list of those individuals or entities who have accessed your PHI for reasons other than for treatment, payment or MedPlan operations, or that you have authorized in writing.
- Get a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

## **8. How do I make a complaint if I think my rights have been violated?**

You may file a complaint with a MedPlan's privacy official, the Board's Privacy Officer, and with the Secretary of the Department of Health and Human Services (see address below) if you believe your privacy rights have been violated by any MedPlan. All complaints must be filed in writing. **You will not be retaliated against for filing a complaint.**

## **9. Who are the MedPlans' privacy officials?**

The Board of Pensions can provide you with the name of each MedPlan's privacy official or answer any questions you may have about this notice. Please contact:

Privacy Officer

The Board of Pensions of the Presbyterian Church (U.S.A.)

2000 Market Street

Philadelphia, PA 19103-3298

memberservices@pensions.org

800-773-7752 or 800-PRESPLAN

## **10. How do I contact the federal government if I want to make a complaint or inquiry?**

To contact the Secretary of Health and Human Services, write to:

U.S. Department of Health and Human Services

Office of Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

202-619-0257

877-696-6775

[www.hhs.gov/contacts](http://www.hhs.gov/contacts)

## **11. What is the effective date of this Notice?**

The effective date of this Notice is April 14, 2003.

## **12. Can The Board of Pensions of the Presbyterian Church (U.S.A.) or a MedPlan make changes to this Notice?**

Yes. Each MedPlan reserves the right to change the terms of its Privacy Notice and its information practices and to make the new provisions effective for all protected health information it maintains. Any amended Notice will be provided to you.