

**ATHENS AREA HEALTH PLAN SELECT, INC.  
NOTICE OF PRIVACY PRACTICES**

**Effective Date: June 1, 2008**

**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.**

**IF YOU HAVE FURTHER QUESTIONS ABOUT THIS FORM PLEASE CONTACT THE HPS PRIVACY OFFICER AT  
706-549-0549**

**OUR PRIVACY PLEDGE:**

You are receiving this notice because you have applied for or are covered under one of Athens Area Health Plan Select, Inc. (HPS) group health plans. At HPS, we understand that information about you and your health is personal. We are committed to protecting medical and personal information about you. This Notice of Privacy Practices describes the privacy practices at HPS and applies to all medical information we receive about you whether it is verbal, written, or electronic.

This notice will tell you about the way in which we use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

Assure that medical information that identifies you is kept private;

Provide you this Notice of our legal duties and privacy practices with respect to medical information about you;

Provide you with future revisions of this Notice in a timely manner; and

Abide by the terms of the Notice that is currently in effect.

**PERSONS COVERED BY THIS NOTICE:**

This notice describes our health plan's practices and that of:

All employees, staff and other personnel engaged in Plan administration

Persons or entities performing services for the Plan under agreements containing privacy protections or which disclosure of medical information is permitted by law

**HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION:**

We use and disclose medical information in the ways described below.

**Treatment.** We may use medical information about you to assure you are provided with treatments and services. We may disclose medical information about you to medical personnel who are involved in taking care of you at the physician's office or the hospital. For example, to authorize covered benefits or as part of Utilization Management's Case Management Program.

**Payment.** We may use and disclose medical information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment. We also may share medical information with a utilization review or precertification service provider. Likewise, we may share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

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**Health Care Operations.** We may use and disclose medical information about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with: conducting quality assessment and improvement activities; underwriting and soliciting bids from potential carriers, premium rating and setting employee contributions, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

**Required By Law.** We will disclose your medical information when federal, state or local law requires it. For example, we may disclose medical information when required by a court order in a litigation proceeding.

**Serious Threat to Health or Safety.** We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be made to someone able to prevent the threat. For example, we may disclose medical information when requested by a public health official in connection with an epidemic or outbreak of illness.

**SPECIAL SITUATIONS:**

**Disclosure to Health Plan Sponsor.** Information may be disclosed to another health plan maintained by your Employer for purposes of facilitating claims payments under that plan. In addition, medical information may be disclosed to your Employer's personnel solely for purposes of administering benefits under the Plan.

**Organ and Tissue Donation.** If you are an organ donor, we may release your medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to aid in its organ or tissue donation and transplantation process.

**Military and Veterans.** If you are a member of the U.S. or foreign armed forces, we may release your medical information as required by military command authorities.

**Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health Risks.** We may disclose your medical information for public health purposes

To prevent or control disease, injury or disability

To report births and deaths

To report child or adult abuse, neglect or violence

To report reactions to medications or problems with products

To notify people of recalls of products they may be using

To notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights.

**Lawsuits and Disputes.** We may disclose your medical information to respond to a court or administrative order or a search warrant. We also may disclose your medical information in response to a subpoena, discovery request, or

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other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request and you have been provided an opportunity to object or to obtain an appropriate court order protecting the information requested.

- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
- In response to a court order, a subpoena, warrant, summons or other lawful process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a death we believe may be a result of criminal conduct; and
- About criminal conduct at the Plan.

**Medical Examiners and Funeral Directors.** We may disclose your medical information to a medical examiner or funeral director so they may carry out their duties.

**National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may release your medical information to the correctional institution or a law enforcement officer. This release would be necessary (1) for the institution to provide you with health care, (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the law enforcement officer or the correctional institution.

**Health-Related Benefits and Services:** We may use medical information to tell you about health related benefits services that may be of interest to you. For example, when we design a Disease Management program for improving the care and health of individuals with diabetes we might select all members with diabetes and mail them information about the covered services and new benefits.

**Treatment Alternatives:** We may use medical information to tell you or your physician about or recommend possible treatment options or alternatives that may benefit you.

**Delegated Services:** companies we contract with to provide you with services. For example, we contract with an organization to provide behavioral health services to our members, or your retail prescription drug program.

**YOUR PRIVACY RIGHTS:**

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy** You have the right to review and receive a copy of medical information that may be used to make decisions about your care or payment. You must make this request in writing. The *Quality & Compliance Department* has a form you can fill out for this purpose.

Submit your request in writing to:

**Health Plan Select  
Quality & Compliance Department  
295 West Clayton Street  
Athens, GA 30601**

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you

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are denied access to medical information, you may request that the denial be reviewed. Submit your denial review request in writing to the Privacy Officer at the above address. Another licensed health care profession chosen by HPS will review your request and the reason for denial. The person conducting the review will not be the person who denied your initial request. HPS will comply with the outcome of the review.

**Right to Request Amendment** If you feel your medical information in our records is incorrect or incomplete; you may ask us in writing to amend the information. You have the right to request an amendment for as long as the information is kept by or for HPS. You must provide a reason to support your requested amendment. We will tell you if we cannot fulfill your request. Submit your written request to:

**Health Plan Select  
Quality & Compliance Department  
295 West Clayton Street  
Athens, GA 30601**

- We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - Was not created by us;
  - Is not part of the medical information kept by or for HPS;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.

**Right to an Accounting of Disclosures** You have the right to request, in writing, an “accounting of disclosures.” This accounting will list disclosures of your information other than those made for treatment, payment of claims, health plan operations or where you have specifically authorized the disclosure. Disclosures of information to you and certain other disclosures will not be listed. When you request the accounting, you must tell us what time-period to report to you. Your request must state a time-period, which may not be longer than six years and may not include dates before April 14, 2003. 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 at that time before any costs are incurred. Your request should indicate in what form you want the list (for example, on paper, electronically) To request this list or accounting of disclosures, you must submit your request in writing to:

**Health Plan Select  
Quality & Compliance Department  
295 West Clayton Street  
Athens, GA 30601**

**Right to Request Restrictions on Disclosures** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on your medical information that we disclose to someone involved in your care or the payment for your care, like a family member or friend. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. *We are not required to agree to your request.* However, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment or to make a disclosure that is required under law. To request restrictions, you must make your request in writing to the Compliance Officer. In your request, you must tell us:

- What information you want to limit;

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- Whether you want to limit our use, disclosure or both; and
- To whom you want the limits to apply, for example, disclosures to your spouse.

**Termination of Agreement to Restrict Disclosures** may be ended by either you or HPS. You may terminate by either a written termination notice or by calling the Privacy Officer at 706-549-0549 ext. 2262. HPS will mail you a letter of Termination Of Agreement To Restrict Disclosures.

**Right to Confidential Communications** You have the right to make a written request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. To request confidential communications, you must make your request in writing to the Privacy Officer at:

**Health Plan Select  
Quality & Compliance Department  
295 West Clayton Street  
Athens, GA 30601**

**Right to a Paper Copy of This Notice** You have the right to receive a paper copy of this Notice at any time even if you have agreed to receive this Notice electronically. You may obtain a copy of this Notice at our website, [\[www.aahps.com/\]](http://www.aahps.com/) or a paper copy from:

**Health Plan Select  
Member Services Department  
295 West Clayton Street  
Athens, GA 30601**

**CHANGES TO THIS NOTICE**

We reserve the right to change HPS Privacy Practices and this Notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. Any revisions to the Notice will be mailed to you in a timely manner as provided by law.

All Notices will contain on the first page, in the top right-hand corner, the effective date, in that way you can determine if you have the current Notice. An additional copy of the current notice is available by calling Member Services and request it be mailed to you.

**PRIVACY VIOLATION COMPLAINTS**

If you believe your privacy rights have been violated, you may file a privacy violation complaint with HPS Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with HPS, contact the Privacy Officer at 706-549-0549 ext. 2262. As part of the process, you will be asked to submit your complaint in writing to assure all information is correct. Your complaint will be investigated and you will be notified of the resolution. You will not be penalized in any way for filing a complaint.

**OTHER USES OF MEDICAL INFORMATION.**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use

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or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

If you have any questions about this Notice contact the Privacy Officer at:

**Health Plan Select  
Quality & Compliance Department  
295 West Clayton Street  
Athens, GA 30601**

**Telephone Number 706-549-0549 ext. 2262**