

**NOTICE OF PRIVACY PRACTICES OF THE HEALTH PLANS OF  
THE EMPLOYEE BENEFIT TRUST OF EASTERN  
PENNSYLVANIA**

**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.**

**USE AND DISCLOSURE OF HEALTH INFORMATION**

The Health Plans (“Plans” or “the Plans”) of the Employee Benefit Trust of Eastern Pennsylvania may use your health information, that is, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), for purposes of making or obtaining payment for your care and conducting health care operations. The Plans have established a policy to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

**To Make or Obtain Payment.** The Plans may use or disclose your health information to make payment to or collect payment from third parties, such as other health plans or providers, for the care you receive. For example, The Plans may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.

**To Conduct Health Care Operations.** The Plans may use or disclose health information for its own operations to facilitate the administration of the Plans and as necessary to provide coverage and services to all of the Plans’ participants. Health care operations includes such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Clinical guideline and protocol development, case management and care coordination.
- Contacting health care providers and participants with information about treatment alternatives and other related functions.
- Health care professional competence or qualifications review and performance evaluation.

- Accreditation, certification, licensing or credentialing activities.
- Underwriting, rating or related functions to create, renew or replace health insurance or health benefits.
- Securing or placing reinsurance, stop-loss insurance or excess of loss insurance.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Plans, including customer service and resolution of internal grievances or appeals.
- For example, the Plans may use your health information to conduct case management, quality improvement and utilization review, and provider credentialing activities or to engage in customer service and grievance or appeal resolution activities.

**For Treatment Alternatives.** The Plans may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**For Distribution of Health-Related Benefits and Services.** The Plans may use or disclose your health information to provide to you information on health-related benefits and services that may be of interest to you.

**For Disclosure to the Plan Sponsor.** The Plans may disclose your health information to the plan sponsor for plan administration functions performed by the plan sponsor on behalf of the Plans. In addition, the Plans may provide summary health information to the plan sponsor so that the plan sponsor may solicit premium bids from health insurers or modify, amend or terminate the plan. The Plans also may disclose to the plan sponsor information on whether you are participating in the health plan.

**When Legally Required.** The Plans will disclose your health information when it is required to do so by any federal, state or local law.

**To Conduct Health Oversight Activities.** The Plans may disclose your health information to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Plans, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

**In Connection With Judicial and Administrative Proceedings.** As permitted or required by state law, the Plans may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Plans make reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes.** As permitted or required by state law, the Plans may disclose your health information to a law enforcement official for certain law enforcement purposes, including, but not limited to, if the Plans have a suspicion that your death was the result of criminal conduct or in an emergency to report a crime.

**In the Event of a Serious Threat to Health or Safety.** The Plans may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Plans, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions.** In certain circumstances, federal regulations require the Plans to use or disclose your health information to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

**For Worker's Compensation.** The Plans may release your health information to the extent necessary to comply with laws related to worker's compensation or similar programs.

### **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than as stated above, the Plans will not disclose your health information other than with your written authorization. If you authorize the Plans to use or disclose your health information, you may revoke that authorization in writing at any time.

### **DISCLOSURE OF HEALTH INFORMATION UNDER PENNSYLVANIA LAW**

Pennsylvania laws also impose privacy standards under which the Plans are required to operate. These laws concern HIV or AIDS, mental health, substance abuse/chemical dependency, sexual abuse/sexual assault counseling records, etc. For example, under the Pennsylvania Confidentiality of HIV-Related Information Act, an insurer is not permitted to disclose an HIV-related positive test result to a subject. Also, if disclosure of HIV-related information is not permitted by the law, a specific authorization is required for disclosure.

## **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that the Plans maintain:

**Right to Request Restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Plans' disclosure of your health information to someone involved in the payment of your care. However, the Plans are not required to agree to your request. If you wish to make a request for restrictions, please contact the Secretary of the Employee Benefit Trust of Eastern Pennsylvania ("the EBTEP Trust Secretary"), 6 Danforth Drive, Easton, PA 18045, phone 610-515-6510.

**Right to Receive Confidential Communications.** You have the right to request that the Plans communicate with you in a certain way if you feel the disclosure of your health information could endanger you. For example, you may ask that the Plans communicate with you at a certain telephone number or by email. If you wish to receive confidential communications, please make your request in writing to the EBTEP Trust Secretary, 6 Danforth Drive, Easton, PA 18045, fax 610-923-6229. The Plans will attempt to honor your reasonable requests for confidential communications.

**Right to Inspect and Copy Your Health Information.** You have the right to inspect and copy your health information. A request to inspect and copy records containing your health information must be made in writing to the EBTEP Trust Secretary, 6 Danforth Drive, Easton, PA 18045, fax 610-923-6229. If you request a copy of your health information, the Plans may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request.

**Right to Amend Your Health Information.** If you believe that your health information records are inaccurate or incomplete, you may request that the Plans amend the records. That request may be made as long as the information is maintained by the Plans. A request for an amendment of records must be made in writing to the EBTEP Trust Secretary, 6 Danforth Drive, Easton, PA 18045, fax 610-923-6229. The Plans may deny the request if it does not include a reason to support the amendment. The request also may be denied if your health information records were not created by the Plans, if the health information you are requesting to amend is not part of the Plans' records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or if the Plans determine the records containing your health information are accurate and complete.

**Right to an Accounting.** You have the right to request a list of certain disclosures of your health information that the Plans are required to keep a record of under the Privacy Rule, such as disclosures for public purposes authorized by law or disclosures that are not in accordance with the Plan's privacy policies and applicable law. The request must be made in writing to the EBTEP Trust Secretary, 6 Danforth Drive, Easton, PA 18045, fax 610-923-6229. The request should specify the time period for which you are requesting

the information, but may not start earlier than April 14, 2003. Accounting requests may not be made for periods of time going back more than six (6) years. The Plans will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. The Plans will inform you in advance of the fee, if applicable.

**Right to a Paper Copy of this Notice.** You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please contact the EBTEP Trust Secretary, 6 Danforth Drive, Easton, PA 18045, fax 610-923-6229.

### **DUTIES OF THE PLANS**

The Plans are required by law to maintain the privacy of your health information as set forth in this Notice and to provide to you this Notice of its duties and privacy practices. The Plans are required to abide by the terms of this Notice, which may be amended from time to time. The Plans reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If the Plans change their policies and procedures, the Plans will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change. You have the right to express complaints to the Plans and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to the Plans should be made in writing to the EBTEP Trust Secretary, 6 Danforth Drive, Easton, PA 18045. The Plans encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

### **CONTACT PERSON**

The Plans have designated the EBTEP Trust Secretary, 6 Danforth Drive, Easton, PA 18045, phone 610-515-6510, as its contact person for all issues regarding patient privacy and your privacy rights. You may contact this person at 6 Danforth Drive, Easton, PA 18045, phone 610-515-6510.

### **EFFECTIVE DATE**

This Notice is effective April 14, 2003.

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT** the EBTEP Trust Secretary, 6 Danforth Drive, Easton, PA 18045, phone 610-515-6510.