

## PRIVACY NOTICE

This notice describes BCS Insurance Company's privacy practices in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the regulations that implement HIPAA.

### **Our Legal Duty**

HIPAA requires us to maintain the privacy of information we use and maintain about you (your medical information). We are required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We also must inform you of a breach involving your unsecured medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect **July 1, 2013**, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time. Any new terms will be effective for all medical information that we maintain, including medical information we create or receive before we make the changes. Before we make a significant change in our privacy practices, we will change this notice and post our new notice on our website. We will provide information about changes to the notice and how to obtain the notice in our next annual mailing to our health plan subscribers at the time of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

### Uses and Disclosures of Medical Information

We use and disclose medical information about you for the following purposes:

**Treatment:** We may use and disclose your medical information for treatment. For example, we may disclose your medical information to a physician or other health care provider who is providing treatment to you.

**Payment:** We may use and disclose your medical information to pay for benefits or to obtain premiums. For example, we pay claims to physicians, hospitals and other providers for services delivered to you that are covered by your health plan. We also use and disclose your medical information to establish your eligibility for benefits, to determine medical necessity, and to issue explanations of benefits. We may disclose your medical information to a health care provider or entity subject to HIPAA so they can engage in these type of payment activities.

**Health Care Operations:** We may use and disclose your medical information in connection with our everyday work activities (health care operations). These operations include, for example, customer service, resolution of grievances, quality assessment and improvement activities, and fraud and abuse detection and compliance. They also include underwriting, enrollment, and other activities related to creating, renewing, or replacing a benefits plan. We may not, however, use or disclose genetic information for underwriting purposes. In limited circumstances, we may disclose your medical information to another entity subject to HIPAA so they can engage in their own health care operations.

**Required or Permitted by Law:** We may use or disclose your medical information when required by law, such as in response to a court order or for government health oversight activities (*i.e.*, inquiries from a State Department of Insurance). In limited circumstances, we may also give out medical information as permitted by law, such as for public health purposes (*i.e.*, reporting disease outbreaks), law enforcement purposes, research studies, to avoid a serious and imminent threat to health or safety, to create de-identified information, and for emergencies.

**To You or Others Involved In Your Care:** We may use or disclose your medical information to provide information to you or to a family member, friend or other person to help with your health care or with payment for your health care. Before we disclose your medical information to a family member, friend or other person, we will provide you with an opportunity to object to the use or disclosure. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure is in your best interest.

**Plan Sponsors:** If you are a participant in a group health plan, we may disclose summary information about the enrollees in your plan to the employer (or other organization that sponsors your plan) to use to obtain premium bids for the health insurance coverage offered through your plan or to decide whether to modify, amend or terminate your plan. Summary information is partially de-identified information about claims history, claims expenses, or types of claims experienced by plan enrollees. If the employer (or other plan sponsor) takes appropriate steps to comply with HIPAA, we may disclose medical information of individuals enrolled in your plan to the plan sponsor to permit the plan sponsor to perform plan administration functions. If this is the case, your group health plan will publish its own notice describing how it uses and disclosures your medical information.

**Situations Other Than Those Above:** Except as described in this notice, we may not use or disclose your medical information without your written authorization. You may give us written authorization to use your medical information

or to disclose it to anyone for any purpose. If you give us written authorization, you may revoke it at any time by notifying us of your revocation in writing. Your revocation will not affect any use or disclosure permitted by the authorization while it was in effect. We need your written authorization to use or disclose psychotherapy notes, except in limited circumstances such as when the disclosure is required by law. 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 medical information 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.

### **Individual Rights**

In most cases, you have the right to look at or get a copy of the medical information that we use to make decisions about you. If you request copies, we may charge you a reasonable, cost-based fee for the copies. You also have the right to receive a list of instances in which we have disclosed health information about you for reasons other than treatment, payment, health care operations, and certain other purposes. If you believe the records we maintain about you are incorrect or are missing important information, you have the right to request that we correct our records.

If you believe that you would be in danger if we send your medical information to the address we have for you in our records, you have the right to request that we communicate with you using alternative means or an alternative location. We will accommodate your request if the request (a) states that our communications could put you in danger, (b) is reasonable, (c) specifies the alternative means or location for communicating with you, and (d) permits us to continue collecting premiums and paying claims under your health plan.

Finally, you may request that we place additional restrictions on how we use or disclose your medical information. We will consider your request but are not legally required to agree to it.

All requests to exercise these rights must be made in writing by you and directed to the contact person named below.

### **Your California Privacy Rights**

If you are a California resident, California law may provide you with additional rights regarding our use of your personal information. To learn more about your California privacy rights, email [privacyofficer@bcsgroup.com](mailto:privacyofficer@bcsgroup.com).

### **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. If you are concerned that we may have violated your privacy rights, you may complain to us using the contact information listed at the end of this notice. You may also submit a complaint to the U.S. Department of Health and Human Services. We will provide you with their address upon request. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services. Privacy Officer at BCS Insurance Company 2 Mid America Plaza, Suite 200 Oakbrook Terrace, IL 60181 By phone: 630-472-7752, fax: 630-472-7822 or email: [privacyofficer@bcsgroup.com](mailto:privacyofficer@bcsgroup.com).

**If you have a question, a general complaint or concern unrelated to your privacy (for example, to request information about your plan or to request an ID card) please contact the Planned Administrators Inc. Customer Service Team toll-free at (866)798-0803, by mail to Planned Administrators Inc. P.O. Box 6927 Columbia, SC 29260, or by e-mail at [paicomplianceteam@paisc.com](mailto:paicomplianceteam@paisc.com).**