

# Notice of Privacy Practices

## Your Information. Your Rights. Our Responsibilities.

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.

This notice took effect on September 23, 2013. We are required to maintain the privacy of your protected health information and we will follow the terms of this notice while it is in effect.

## Your Protected Health Information (PHI) and Other Nonpublic Personal Information

**PHI** — health information that identifies you or could be used to identify you that was created or received by a provider, health plan, or employer, and that relates to one of the following:

- Your past, present, or future physical or mental health or condition
- Providing you health care
- The past, present, or future payment for providing you health care

**Other Nonpublic Personal Information** — identifies you, such as account balance information, payment history, information obtained in connection with a loan, or information from a consumer report.

## Your Information

We collect your information as necessary to provide you with health insurance products and services and to administer our business. We may also disclose this information to nonaffiliated third parties as described in this notice. The types of information we may collect and disclose include:

- Information you or your employer provide on applications and other forms, such as names, addresses, social security numbers, and dates of birth
- Information about your interactions with us or others (such as providers) regarding your medical information or claims
- Information you provide in person, by phone, in email, or through visits to our website

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities.

### Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- We may ask that you submit your request in writing. Please note, if you want to obtain copies of your medical records, you should contact the practitioner or facility. We do not generate, modify, or maintain complete medical records.
- You may also request that we send a copy of your information to a third party. We may ask that you submit a written, signed authorization form permitting us to do so and we may charge a reasonable fee for copying and mailing your personal information.

### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete.
- We may say no to your request, but we'll tell you why in writing within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.
- All requests should be made in writing.
- It may take a short period of time for us to implement your request.

- We will comply with your request if it is reasonable and continues to permit us to collect premiums and pay claims under your policy, including issuing certain explanations of benefits and policy information to the subscriber of the policy. For example, even if you request confidential communications:
  - We will mail the check for services you receive from a nonparticipating provider to you but made payable to the subscriber
  - Accumulated payment information such as deductibles (in which your information might appear), will continue to appear on explanations of benefits sent to the subscriber
  - We may disclose to the subscriber, as the contract holder, policy details such as eligibility status or certificates of coverage

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** We may use and disclose your information in the situations described below but you have the right to limit or object to these uses or disclosures. If you have a clear preference for how we share your information in these situations, contact us using the information on page 4.

- With your family, close friends, or others involved with your health care or payment for your care when you are present and have given us permission to do so. If you are not present, if it is an emergency, or you are not able to give us permission, we may give your information to a family member, friend, or other person if sharing your information is in your best interest. In these cases, the person requesting your information must accurately verify details about you (e.g., name, identification number, date of birth, etc.) and prove involvement with your health care or payment for your health care by providing details relevant to the information requested.

For example, if a family member calls us with prior knowledge of a claim (e.g., provider's name, date of service, etc.), we may confirm the claim's status, patient responsibility, etc. We will only disclose information directly relevant to that person's involvement with your health care or payment for your health care.

- In a disaster relief situation.

## Uses and disclosures for which we will obtain your authorization

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Disclose your psychotherapy notes

## Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, but if we do, we will abide by our agreement (except when necessary for treatment in an emergency).

**You have the right to request a list of certain disclosures of your information** we or our business associates made for purposes other than treatment, payment, or health care operations.

## You have the right to receive a paper copy of this notice

### Choose someone to act for you

- You have the right to authorize individuals to act on your behalf with respect to your information. You must identify your authorized representatives on a HIPAA-compliant authorization form (available on our website) and explain what type of information they may receive.
- You have the right to revoke an authorization except for actions already taken based on your authorization.

## File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information listed on page 4.

- Make certain disclosures of information considered sensitive in nature, such as HIV/AIDS, mental health, alcohol or drug dependency, and sexually transmitted diseases. Certain federal and state laws require that we limit how we disclose this information. In general, unless we obtain your written authorization, we will only disclose such information as provided for in applicable laws.

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways:

#### Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.  
Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

#### Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.  
Example: We may disclose your information for medical review, legal services, and auditing.

#### Pay for your health services

- We can use and disclose your health information as we pay for your health services.
- We issue explanations of benefits to the subscriber of the health plan or insurance policy.  
Example: We share information about you to pay your physicians, hospitals, and other providers for covered services delivered to you.

#### Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.  
Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Specific information is not released to employers unless the proper agreements are in place as permitted by law or you have authorized the release.

#### Business associates

- We may disclose your health information to our business associates to provide you with products or services on our behalf (such as claims administration or pharmacy benefit management). Business associates are required by law and contract to protect your confidentiality and limit the use of your information.

### How else can we use or share your health information?

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

#### Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease, injury, or disability
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### Do research

- We can use or share your information for health research, subject to certain criteria.

#### Comply with the law

- We will share information about you if state or federal laws require it, including with the United States Department of Health and Human Services (HHS) if it wants to see that we're complying with federal privacy laws.

Example: responding to a request from the US HHS, the New York State Department of Financial Services (DFS), the New York State Department of Health (DOH), or other appropriate regulatory authority.

## **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your PHI, and other nonpublic, personal information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We establish and enforce security and privacy policies and procedures that protect oral, written, and electronic information.

- Annual security and privacy awareness training is completed by the entire workforce population.
- We apply physical and electronic safeguards to protect and prevent unauthorized access to your information.
- We limit access to PHI as appropriate for workforce members to complete their job.
- We provide prospective, existing, and former members the same protection and respect of their information.

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you.

### **Questions**

Please use the contact information provided if you want more information about our privacy practices, have questions or concerns, or would like to file a complaint. Requests sent to persons, offices, or addresses other than the one indicated might result in a delayed response.

#### **Highmark Blue Shield of Northeastern New York** 1-800-459-7587 (TTY 711)

8 a.m. – 7 p.m., Monday – Friday  
PO Box 15013 • Albany, NY 12212-5013

#### **Medicare Advantage, Medigap, Part D Prescription Drug Plan**

1-800-329-2792 (TTY 711)  
October 1 through March 31:  
8 a.m. – 8 p.m., 7 days a week  
April 1 through September 30:  
8 a.m. – 8 p.m., Monday – Friday  
PO Box 80, Buffalo, NY 14240-0080

#### **Marketplace Individual and Family Plans**

1-855-344-3425 (TTY 711)  
8 a.m. – 8 p.m., Monday – Friday  
PO Box 80, Buffalo, NY 14240-0080

## Notice of Nondiscrimination

The plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please call the customer service number on the back of your member ID card or contact the Civil Rights Coordinator.

If you believe that the plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, PO Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295 (TTY 711), Fax: 1-412-544-2475, email: [CivilRightsCoordinator@highmarkhealth.org](mailto:CivilRightsCoordinator@highmarkhealth.org)

You can file a grievance in person or by mail, fax, or email. You can also file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at US Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

**For assistance in English, call the customer service number listed on your member ID card.**

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.

請撥打您 ID 卡上的客服號碼以尋求中文協助。

Обратитесь по номеру телефона обслуживания клиентов, указанному на Вашей идентификационной карточке, для помощи на русском языке.

פאר הילף אין אידיש, רופט די קאסטומער סערוויס אויפן נומער וואס שטייט אויף אייער ID קארטל.

বাংলায় সহায়তার জন্য, আপনার আইডি কার্ডে তালিকাভুক্ত নম্বরে ক্রেতা পরিষেবায় ফোন করুন।

한국어로 도움을 받고 싶으시면 ID 카드에 있는 고객 서비스 전화번호로 문의해 주십시오.

Aby uzyskać pomoc w języku polskim, należy zadzwonić do działu obsługi klienta pod numer podany na identyfikatorze.

اردو میں مدد کے لیے، کسٹمر سروس آپ کے شناختی کارڈ پر درج کردہ نمبر پر کال کریں

Pour une assistance en français, composez le numéro de téléphone du service à la clientèle figurant sur votre carte d'identification.

اردو زبان میں مدد کے لئے، کسٹمر سروس کو اپنے آئی ڈی کارڈ پر درج نمبر پر کال کریں۔

Para sa tulong sa Tagalog, tumawag sa numero ng serbisyo sa customer na nasa inyong ID card.

**Για βοήθεια στα ελληνικά, καλέστε το τμήμα εξυπηρέτησης πελατών στον αριθμό που αναφέρεται στην ταυτότητά σας.**

**Për ndihmë në gjuhën shqipe, merrni në telefon shërbimin klientor në numrin e renditur në kartën tuaj të identitetit.**

Rele nimewo sèvis kliyantèl ki nan kat ID ou pou jwenn èd nan Kreyòl Ayisyen.

Per assistenza in italiano chiamate il numero del servizio clienti riportato nella vostra scheda identificativa.

Diné k'ehjí yá'átí'bee shíká'adoowot nohsingo naaltsoos nihaa halne'go nidaahthinígíí bine'déé' Customer Service bibéesh bee hane' é biká'ígíí bich'j' dahodootnih.

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