

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 any questions, please contact the Health Plan Privacy Office at the address or phone number at the bottom of this notice.

### Our Pledge to You

Health Plan ("HP") understands that medical information about you is personal. HP is committed to protecting medical information about you. HP creates records regarding the health care services you have received and that HP has paid for, as well as to comply with legal requirements. This notice applies to all of the records about you that HP maintains, whether created by HP staff or your health care provider. HP is required by law to:

- Keep medical information about you private.
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the Notice that is currently in effect.

### Changes to this Notice.

HP may change its policies regarding the use and disclosure of your health information at any time. Changes will apply to medical information the HP already holds, as well as new information after the changes occur. Before HP makes a significant change in its policies, it will change the Notice and provide you with a copy of the revised Notice within 60 days of the changes. You can receive a copy of the current Notice at any time. The effective date is listed just below the title.

### How we may use and disclose medical information about you.

HP may use and disclose medical information about you for **treatment** (such as recommending possible treatment options), to make or obtain **payment** for your health care (such as, paying for services you received or coordinating your benefits with other health plans) and to support the **health care operations** of the HP (such as case management, quality improvement and utilization review, and provider credentialing activities). HP has established a policy to guard against unnecessary disclosure of your health information.

HP may use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, HP may give out medical information about you without prior authorization:

- to the HP sponsor for plan administration functions performed by the plan sponsor on behalf of the HP;
- tell you about or recommend possible treatment options or alternatives that may be of interest to you;
- to provide you with information on health-related benefits and services that may be of interest to you;
- for public health purposes;
- to health oversight agencies for authorized health oversight audits or inspections;
- to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public; and
- 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.

HP will also disclose medical information when required, and as permitted, by law, such as in response to a valid request from law enforcement in specific circumstances, in response to valid judicial or administrative orders, or to comply with related worker's compensation or other similar programs.

### Other uses of medical information

In any other situation not covered by this notice, HP will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying HP in writing of your decision.



**BON SECOURS CHARITY HEALTH SYSTEM**

Notice of Privacy Practices  
Effective 4/14/03

# Notice of Privacy Practices

## HEALTH PLAN

Effective: 3/14/03



**BON SECOURS  
CHARITY HEALTH SYSTEM**

## Your Rights With Respect to Your Health Care Information

You have certain rights regarding your health information that HP maintains. All written requests or appeals regarding these rights should be submitted to our Privacy Office listed at the bottom of this notice.

### Right to Inspect and Copy Your Health Information.

In most cases, **you have the right to look at or get a copy** of certain medical information that HP maintains about you, when you submit a written request. If you request copies, HP may charge a fee for the cost of copying, mailing or other related supplies. If HP denies your request to review or obtain a copy, you may submit a written request for a review of that decision.

### Right to Amend Your Health Information.

If you believe that information in your record is incorrect or if important information is missing, **you have the right to request that HP correct the records**, by submitting a request in writing that provides your reason for requesting the amendment. HP could deny your request to amend a record if your request does not include a reason to support the amendment; if the information was not created by HP; if it is not part of the medical information maintained by HP; if the information you wish to amend falls within an exception to the health information your are permitted to inspect and copy; or if HP determines that record is accurate and complete. You may appeal, in writing, a decision by HP not to amend a record.

**Right to an Accounting.** You have the right to **a list of those instances where HP has disclosed medical information about you**, other than for treatment, payment, health care operations or where you specifically authorized a disclosure, when you submit a written request. The request must state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. HP will inform you of the cost before you incur any costs.

### Right to Receive Confidential

**Communications.** You have the right to **request that medical information about you be communicated to you in a confidential manner**, if you feel the disclosure of your health information could endanger you. For example, you may ask that HP only communicate with you at a certain telephone number or address or by email. HP will attempt to honor your reasonable requests for confidential communications.

**Right to Request Restrictions.** You may **request, in writing, that HP not use or disclose medical information about you** to someone involved in the payment of your care for treatment, payment or healthcare operations, except when specifically authorized by you, when required by law, or in an emergency. HP will consider your request **but HP is not legally required to accept it**. HP will inform you of our decision on your request.

**Right to a Paper Copy of this Notice.** If this Notice was sent to you electronically, you have the right to a paper copy of this Notice. You also have the 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 Privacy Office listed below. **[You also may obtain a copy of the current version of Health Plan's Notice at its Web site: [www.mybenenergy.com](http://www.mybenenergy.com) User ID: BSCHS Password: benefits]**

### Complaints

If you are concerned that your privacy rights may have been violated, or you disagree with a decision HP made about access to your records. Any complaints should be made in writing to the HP Privacy Office (listed below).

Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Office can provide you the address.

Under no circumstance will you be penalized or retaliated against for filing a complaint.

## Privacy Office

HP has designated the Privacy Officer as its contact person for all issues regarding patient privacy and your privacy rights. You may contact this person at:

HIPAA Privacy Office  
Mt. Alverno Center  
20 Grand Street Warwick, NY 10990  
Phone: (845) 987-5970  
Fax: (845) 987-5940