

**US Family Health Plan
Notice of Privacy Practices**

**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.**

US Family Health Plan considers personal information to be confidential. We are required by law to protect the privacy of that information. This notice describes how we may use and disclose information about you in administering your benefits, and explains your legal rights regarding this information. A copy of our current notice will always be posted in the reception area of our Corporate Offices. You will also be able to obtain your own copies by accessing our website at www.usfhp.net or calling Member Services at 1-800-241-4848.

Personal information is defined as financial, health or other information about you that is not public, that US Family Health Plan obtains in order to provide you with health insurance coverage. Health information is defined as information that identifies you and relates to your medical history.

WHO WILL FOLLOW THIS NOTICE?

The privacy practices described in this notice apply to all employees of US Family Health Plan, all employees of any entity that is part of an organized arrangement with US Family Health Plan, and any business associate of US Family Health Plan.

IMPORTANT SUMMARY INFORMATION

Requirement for Written Authorization: US Family Health Plan will generally obtain your written authorization before using or sharing your personal information outside of the Plan.

Exceptions to Written Authorization Requirement: There are some situations in which US Family Health Plan does not need your written authorization before using or disclosing your personal information. These include an exception for treatment, payment and business operations; an exception for public need; and an exception if the information is completely or partially de-identified.

**HOW WE MAY USE AND DISCLOSE YOUR PERSONAL INFORMATION
WITHOUT YOUR WRITTEN CONSENT**

In order to administer your health benefits, US Family Health Plan may use and disclose personal information about you in the following ways:

- **Healthcare Operations:** Your personal information may be used and disclosed to run our normal business operations. This may include: all activities for health benefits administration; preventive health, disease management, case management and care coordination; quality and performance measurement and improvement; customer service operations; accreditation by independent organizations; pharmacy benefit administration; reinsurance and stop loss activities; fraud, complaints, and appeals investigations; and other general administrative activities.
- **Payment:** Your personal information may be used and disclosed when we pay for your covered services. This may include claims payment activities; utilization and medical necessity reviews; eligibility determination; and enrollment fee collection. Explanation of Benefits forms and other information are mailed to the Sponsor on record.
- **Treatment:** Your personal information may be used and disclosed to the providers who care for you. This may include information given to doctors, pharmacies, hospitals, and other health care providers and facilities.
- **Disclosure to Other Covered Entities:** Your personal information may be used and disclosed to other covered entities or business associates for treatment, payment and other specific business operations.
- **Disclosure for Public Need:** Your personal information may be used and disclosed as required by law or for other public needs. This may include disclosure to local, state and federal law enforcement officials; to industry regulatory agencies; for legal proceedings; and to address matters of public welfare.
- **Partially or Completely De-identified Information:** Your personal information may be used and disclosed if we have removed any information that has the potential to identify you so that the information is “completely de-identified.” We may also use and disclose “partially de-identified” personal information about you if the party who will receive the information signs an agreement to protect the privacy of the information as required by state and federal law. Partially de-identified information will not contain any information that would identify you directly (such as your name, street address, social security number, phone number, fax number, email address, website address or license number).

YOUR LEGAL RIGHTS

US Family Health Plan wants you to know that you have the following rights to access and control your personal information. These rights are important because they will help you make sure that the personal information we have about you is accurate. They may also help you control the way we use your information and share it with others.

- **Right to Inspect and Copy Your Records:** You have the right to inspect and obtain a copy of any of your health information that is contained in a “designated record set”, defined as medical records and other records maintained and used in making enrollment, payment, claims adjudication, medical management and other decisions, for as long as we maintain this information in our records. To inspect or obtain a copy of your health information, please submit your request in writing to US Family Health Plan. If you request a copy of this information, we may charge a fee for the cost of copying, mailing and other supplies we use to fulfill your request. The standard fee is \$0.75 per page and must generally be paid before or at the time we give the copies to you. We will respond to your request for inspection of records within 10 days. We ordinarily respond to requests for copies within 30 days if the information is located within our facility, and within 60 days if it is located off-site or at another facility. If we need additional time to respond to a request for copies, we will notify you in writing within the timeframe above to explain the reason for the delay and when you can expect to have a final answer to your request. Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information.

- **Right to Amend Your Records:** If you believe the information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to ask for an amendment for as long as the information is kept in our records. To request an amendment, please write to US Family Health Plan. Your request should include the reasons why you think we should make the amendment. Ordinarily, we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

- **Right to an Accounting of Disclosures:** After April 14, 2003, you have a right to request an “accounting of disclosures” which identifies certain other persons or organizations to whom we have disclosed your health information in accordance with applicable law and the protections afforded in this Notice of Privacy Practices. An accounting of disclosure does not describe the ways that your health information has been shared within and between US Family Health Plan and the entities listed at the beginning of this notice, as long as all other protections described in this Notice of Privacy Practices have been followed. An accounting of disclosures also does not include information about the following disclosures:
 - Disclosures we made to you or your personal representative;
 - Disclosures we made pursuant to your written authorization;
 - Disclosures we made for treatment, payment or business operations;
 - Disclosures that were incidental to permissible uses and disclosures of your health information (for example, when your information is overheard by another person passing by);

- Disclosures for purposes of research, public health or our business operations of limited portions of your health information that do not directly identify you;
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures made before April 14, 2003.

To request an accounting of disclosures, please write to US Family Health Plan. Your request must state a time period within the past six years (but after April 14, 2003) for the disclosures you want us to include. For example, you may request a list of the disclosures that we made between January 1, 2004 and January 1, 2005. You have a right to receive one accounting within every 12 month period for free. However, we may charge you for the cost of providing any additional accounting within that same 12 month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred. Ordinarily, we will respond to your request for an accounting within 60 days. If we need additional time to prepare the accounting you have requested, we will notify you in writing about the reason for the delay and the date for when you can expect to receive the accounting. In rare cases, we may have to delay providing you with the accounting without notifying you because a law enforcement official or governmental agency has asked us to do so.

- **Right to Request Additional Privacy Protections:** You have the right to request that we further restrict the way we use and disclose your health information for business operations, payment or treatment. To request a restriction(s), please write to US Family Health Plan. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply. We will only agree to the requested restriction if it is reasonable and we can do it; we are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. Once we have agreed to a restriction, we will adhere to that restriction unless revoked; you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. For example, you may request that we communicate with you at home instead of work. To request more confidential communications, please write to US Family Health Plan. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.

RIGHT TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with us in writing to:

US Family Health Plan
Privacy Office
450 West 33rd Street, 12th Floor
New York, NY 10001

You may also write to the Secretary of the US Department of Health and Human Services.

You will not be penalized for filing a complaint.