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BAPTIST HEALTH SYSTEM HEALTHCARE PLANS

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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.

Each time you receive care or treatment from a healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. A portion of your record may be provided to the **Baptist Health System Healthcare Plan** and/or the **Baptist Health System Flexible Benefits Plan** (collectively, the “BH Plans”) for payment, claims management and administrative purposes. This Notice is provided to inform you regarding (i) how the BH Plans may use or disclose medical information about you, (ii) with whom medical information about you may be shared, (iii) the safeguards the BH Plans have in place to protect medical information about you and (iv) your rights to access and amend medical information about you. This Notice also applies to medical information about any of your dependents covered by the BH Plans.

The BH Plans are required to maintain the privacy of medical information about you and abide by the terms of this Notice (or the version currently in effect). Your personal healthcare providers may have different policies or notices regarding their use and disclosure of medical information about you maintained by them. The BH Plans reserve the right to change this Notice in the future. Its effective date is noted at the top of this first page. The BH Plans reserve the right to make the revised or changed notice effective for health information it already has about you as well as any information it receives in the future. You may obtain a copy of the current version of this Notice at any time in the future by accessing the Baptist Health website at www.e-baptisthealth.com, contacting the Baptist Health Privacy Officer and requesting a copy be mailed to you, or asking for a copy at your next visit to the Baptist Health Benefits Office.

USES AND DISCLOSURES OF MEDICAL INFORMATION ABOUT YOU THAT DO NOT REQUIRE YOUR PERMISSION

For Treatment: The BH Plans may use medical information about you, as needed, to facilitate medical treatment or services to you by healthcare providers and disease management specialists. The BH Plans may disclose medical information about you to doctors, nurses, technicians, medical students or other individuals who are involved in taking care of you. For example, the BH Plans may disclose information about your prior prescriptions to a pharmacist to determine whether a pending prescription is contraindicated. The BH Plans may also provide a subsequent healthcare provider with information or copies of various reports that should assist him or her in treating you in the future. For example, the BH Plans may disclose to your treating physician your dates of stay for a prior hospitalization, so that the physician may ask the hospital for copies of any x-rays made while you were an inpatient.

For Payment: The BH Plans may use and disclose medical information about you, as needed, to determine eligibility for benefits under the BH Plans, to facilitate payment for treatment and services you receive from healthcare providers, to determine benefit responsibility of the BH Plans or to coordinate coverage under the BH Plans. For example, the BH Plans may provide your attending physician with information about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the BH Plans will cover such treatment. The BH Plans may also share medical information about you with another health plan to coordinate benefit payments.

For Healthcare Operations: The BH Plans may use and disclose medical information about you, as needed, to support the daily activities related to the BH Plans’ operations. These activities include, but are not limited to, quality assessment activities; oversight of staff performance; communications about a product or service; underwriting, premium rating and submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services and audit services; fraud and abuse detection and business planning. For example, the BH Plans may use medical information about your claims to audit the accuracy of its claims processing functions.

The BH Plans may disclose medical information about you to any other benefit plan associated with Baptist Health for purposes of facilitating claims payments under such other benefit plan. In addition, the BH Plans may disclose medical information about you to Baptist Health personnel solely for purposes of administering benefits under the BH Plans.

The BH Plans may share medical information about you, as needed, with independent “business associates” who perform various activities (for example, utilization review or precertification services) for the BH Plans. The BH Plans’ business associates will also be required to protect any medical information the BH Plans provide about you. The BH Plans may also use or disclose medical information about you, as needed, to provide you with information about treatment alternatives or other health-related benefits and services that might be of interest to you. For example, your name and address may be used to send you a newsletter about enhancements to your benefits under the BH Plans or to notify you of additions or deletions from the BH Plans’ formulary.

As Required by Law: The BH Plans may use or disclose medical information about you to the extent permitted or required by applicable law.

For Public Health: The BH Plans may disclose medical information about you to a public health authority that is permitted by law to collect or receive such information. Such disclosure may be necessary to do the following:

- Prevent or control disease, injury, or disability;
- Report births and deaths;
- Report child abuse or neglect;
- Report reactions to medications or problems with products;
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
- Notify the appropriate government authority if the BH Plans believe that you or a covered dependent have been the victim of abuse, neglect, or domestic violence.

Regarding Communicable Disease: The BH Plans may disclose medical information about you, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

For Health Oversight: The BH Plans may disclose medical information about you to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. These health oversight agencies may include State and federal government agencies that oversee the health care or insurance systems, government benefit programs, other government regulatory programs and civil rights laws.

For Product Tracking: The BH Plans may disclose medical information about you to a person or company required by the Food and Drug Administration (FDA) to do the following:

- Report adverse events, product defects, or problems and biologic product deviations;
- Track products;
- Enable product recalls;
- Make repairs or replacements; or
- Conduct required post-marketing surveillance.

In Legal Proceedings: The BH Plans may disclose medical information about you during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized) and, in certain conditions, in response to a subpoena, discovery request, or other lawful process.

For Law Enforcement: The BH Plans may disclose medical information about you for law enforcement purposes, including the following:

- Responses to legal proceedings;
- Information requests for identification and location;
- Circumstances pertaining to victims of a crime;
- Deaths suspected from criminal conduct;
- Crimes occurring at Baptist Health; or
- Medical emergencies believed to result from criminal conduct.

To Coroners, Funeral Directors and Organ Procurement Organizations: The BH Plans may disclose medical information about you to coroners or medical examiners for identification, to determine the cause of death or for the performance of other duties authorized by law. The BH Plans may also disclose medical information about you to funeral directors, and to organ procurement organizations to facilitate cadaveric organ, eye, or tissue donations.

For Research: The BH Plans may use medical information about you or disclose medical information about you to researchers when authorized by law.

For Health, Safety and National Security: The BH Plans may disclose medical information about you, in accordance with State and/or federal law, if it believes that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The BH Plans may disclose medical information about you if it is necessary for law enforcement authorities to identify or apprehend an individual. The BH Plans may also disclose medical information about you to authorized federal officials for conducting national security and intelligence activities.

Regarding Workers' Compensation: The BH Plans may disclose medical information about you to comply with workers' compensation laws and other similar legally-established programs.

Regarding Inmates: If you become an inmate of a correctional facility while still covered by the BH Plans, the BH Plans may use or disclose medical information about you to such facility.

USES AND DISCLOSURES OF MEDICAL INFORMATION ABOUT YOU REQUIRING YOUR PERMISSION

In some circumstances, you have the opportunity to agree or object to the use or disclosure of medical information about you. Following are examples in which your agreement or objection is required:

To Individuals Involved in Your Care: Unless you object, the BH Plans may disclose to a member of your family, a relative, a close friend or any other person you identify, medical information about you that directly relates to that person's involvement in your care or benefits. The BH Plans may also disclose information to someone who helps pay for your benefits. The BH Plans may use or disclose medical information about you to notify or assist in notifying a family member, personal representative or any other person who is responsible for your care, of your location, general condition or death.

For Disaster Relief Efforts: Unless you object, the BH Plans may use or disclose medical information about you to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your care.

MEDICAL INFORMATION ABOUT YOU SUBJECT TO ADDITIONAL PROTECTIONS

Sexually-transmissible disease-related information (including HIV and AIDS), genetic information, alcohol and/or substance abuse information, mental health information and other specially protected health information may be subject to additional confidentiality protections under applicable State and federal law. Any uses or disclosures of these types of information will be subject to any such additional protections.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You may exercise the following rights by submitting a written request to the Baptist Health Privacy Officer. Please be aware, however, that the BH Plans might deny your request, when legally permitted to do so.

Right to Inspect and Copy: For as long as the BH Plans maintain medical information about you, you may inspect and obtain (for a reasonable, cost-based fee) a copy of medical information about you contained in certain enrollment, payment, claims adjudication and case or medical management records maintained by the BH Plans and used by the BH Plans in making decisions about your benefits. This right does not include inspection and copying of other records maintained by the BH Plans, including, but not limited to, quality control or peer review information, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; information about you that is subject to a law that prohibits access and information that is not used by the BH Plans to make decisions about you.

Right to Request Restrictions: You may ask the BH Plans not to use or disclose medical information about you for treatment, payment, or health care operations (as described in this Notice). Your request must be submitted in writing to the Baptist Health Privacy Officer. In your request, you must specifically state (i) what information you want restricted; (ii) whether you want to restrict the BH Plans' use, disclosure, or both; (iii) to whom you want the restriction to apply, for example, disclosures to your spouse; and (iv) an expiration date. If the BH Plans believe that the restriction is not in the best interest of either party, or the BH Plans cannot reasonably accommodate your request, the BH Plans are not required to agree. If the restriction is agreed to by the BH Plans, the BH Plans will not use or disclose medical information about you in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing.

Right to Request Confidential Communications: You may request that the BH Plans communicate with you using alternative means (*e.g.*, e-mail) or at an alternative location (*e.g.*, post office box). The BH Plans will not ask you the reason for your request, and will accommodate reasonable requests, when possible.

Right to Request Amendment: If you believe that the information the BH Plans maintain about you is incorrect or incomplete, you may request an amendment to such information. While the BH Plans will accept requests for amendment, the BH Plans are not legally required to agree to an amendment.

Right to an Accounting of Certain Disclosures: You may request that the BH Plans provide you with an accounting of certain disclosures they have made of medical information about you. This right applies to disclosures made for purposes other than treatment, payment or health care operations (as described in this Notice). To be accountable, the disclosure must have been made after April 14, 2003 and no more than 6 years from the date of your request. This right excludes disclosures made to you, to family members or friends involved in your care or for notifications required by law (including disclosures for law enforcement, national security or intelligence purposes). The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this Notice.

Right to Obtain a Copy of this Notice: You may obtain a paper copy of this Notice (or the version currently in effect) from the Baptist Health Benefits Office or view it electronically via the Baptist Health website at www.e-baptisthealth.com.

PRIVACY LAWS

This Notice is provided to you as a requirement of the rules created under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). There are several other State and federal privacy laws that also apply to medical information about you including the Freedom of Information Act, the Privacy Act and the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act. To the extent not preempted by HIPAA, the BH Plans have taken such laws into consideration in developing their privacy policies and this Notice.

COMPLAINTS

If you believe the BH Plans have failed to comply with this Notice or that the BH Plans have violated these privacy rights, you may file a written complaint with the Baptist Health Privacy Officer or the Department of Health and Human Services. The BH Plans will not retaliate against you for filing a complaint.

CONTACT INFORMATION

You may contact the Baptist Health Privacy Officer for further information about the complaint process or for further explanation of this document. The Baptist Health Privacy Officer (or his designee) may be contacted at:

Baptist Health Privacy Officer
1325 San Marco Boulevard, Suite 902
Jacksonville, Florida 32207
(904)202-HIPA (4472) *telephone*
(904)202-4094 *facsimile*