

PRIVACY NOTICE

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.

The _____ (Entity name) provides health coverage to you through its membership in the MIIA Health Benefits Trust (“the Trust”). The Trust, in turn, provides health coverage to you through its contract with Blue Cross Blue Shield of Massachusetts. The _____ (Entity name) is providing this notice to you pursuant to the Health Insurance Portability and Accountability Act and the regulations promulgated thereunder (“the Privacy Rule”).

This Privacy Notice describes how your protected health information may be used and disclosed to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Disclosures Under the Privacy Rule

Under the HIPAA Privacy Rule protected health information relating to you may be used and disclosed for certain purposes without your prior written authorization. For example, protected health information is used in providing your health coverage. That information is used for treatment (for example, to help your providers coordinate and manage your health care), for payment (for example, to provide payment to your health care providers for the health care they provide to you) and for health care operations (for example, to conduct quality assessment and improvement activities).

The Privacy Rule also permits disclosure of protected health information by a covered entity without the member’s prior written authorization, and without providing the member the opportunity to agree or object, in the following situations:

- 1.) Where use or disclosure is required by law.
- 2.) To a public health authority that is authorized by law to collect or receive such information.

- 3.) To a governmental authority where there is a reasonable belief by the covered entity that the individual is a victim of abuse, neglect or domestic violence.
- 4.) To a health oversight agency for oversight activities authorized by law.
- 5.) In the course of certain judicial or administrative proceedings in response to a court order, subpoena, discovery request or other lawful process.
- 6.) To a law enforcement official for certain law enforcement purposes.
- 7.) To a coroner, medical examiner or funeral director for identification of a decedent and similar purposes.
- 8.) To organ procurement organizations or similar entities for the purpose of facilitating transplantations, etc.
- 9.) For medical research that has been approved by an institutional review board or similar medical panel.
- 10.) Where the covered entity in good faith believes the 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 or is necessary for law enforcement authorities to identify or apprehend an individual.
- 11.) For certain specialized government functions including: certain military and veterans activities, certain national security and intelligence activities, protective services for the President and other leaders; certain medical suitability determinations by the Department of State; and certain correctional and law enforcement custodial situations.
- 12.) As authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

The conditions pursuant to which disclosures may be made for the above-listed purposes are more fully described at 45 CFR 164.512.

Uses and disclosures of protected health information other than those listed, above, may only be made with your written authorization. You may revoke any such authorization at any time by submitting a written revocation of that authorization, except to the extent that the covered entity has taken action in reliance on the authorization.

Your Rights

Under the agreement between _____(Entity name) and the MIIA Health Benefits Trust, _____ (Entity name) does not have access to your medical and hospital records . The Trust and Blue Cross Blue Shield of Massachusetts, however,

do have access to that information. As a practical matter, most of the rights described, below, will most effectively be exercised by directing requests to both the _____(Entity name) and to the Trust.

You have the right to inspect and copy your protected health information that is maintained in a designated record set. You will be provided with access to this information within thirty (30) days of our receiving a written request for it. You may be charged a reasonable fee for copying and mailing the records. Your rights with respect to the inspection and copying of records are more fully described at 45 CFR 164.524.

You have the right to request restrictions on certain uses and disclosures of protected health information (as provided at 45 CFR 164.522(a)) to carry out treatment, payment or health care operations. While we are not required to agree to a requested restriction, we will carefully consider any request.

You have the right to request that we allow you to receive communications of protected health information from us by alternative means or at alternative locations if you state that the disclosure of all or part of that information could endanger you. We will accommodate any such reasonable request.

You have the right to request that PHI in a designated record set be amended for as long as the Plan maintains the PHI. The Plan may deny your request for amendment if it determines that the PHI was not created by the Plan, is not part of a designated record set, is not information that is available for inspection, or that the PHI is accurate and complete. Your request to correct, amend, or delete information should be in writing. You will be notified if an adjustment is made as a result of your request. If an adjustment is not made, you will be sent a letter explaining why within 30 days. In the case of a denial, you may ask that your request be made part of your records, or you may file a statement of disagreement with us. You may also file a complaint with us or with the Secretary of Health and Human Services. If an amendment is made we will attempt to inform you and provide the amendment within a reasonable time to anyone identified by you as possessing the subject protected health information as well as to persons who we know have the protected health information that has been amended.

You have the right to receive an accounting of the disclosures (if any) of your protected health information that we have made. This right to an accounting does not apply to uses or disclosures that were made in connection with treatment, payment or health care operations, nor does it apply to disclosures that you authorized or to other disclosures listed at 45 CFR 164.528(a). This right to disclosures is more fully described at Section 164.528.

You have the right to obtain upon request a paper copy of this notice from the _____(Entity name).

General

The _____ (Entity name) is required by law to maintain the privacy of protected health information and to provide individuals with notice of the _____ (Entity name)'s legal duties and privacy practices with respect to protected health information.

This notice is effective April 14, 2003. The _____ (Entity name) is required to abide by the terms of this notice. We reserve the right to change this notice. Any changes to this notice may be effective for all protected health information that the _____ (Entity name) maintains. A revised notice will be mailed to you within thirty (30) days of its effective date.

You may complain to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with our Privacy Official, _____, at _____. Please be assured that you will not be retaliated against for filing a complaint. You may also contact our Privacy Official to receive further information concerning our privacy policies.