

Consolidated Health Plans, Inc. as administrator
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.

If you have any questions about this Notice please contact: Privacy Officer, Consolidated Health Plans, 195 Stafford Street, Springfield, MA 01104 (413) 733-4540 ext 151.

Our organization is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at this time.

To summarize, this notice provides you with the following important information:

- how we may use and disclose your identifiable health information;
- your privacy rights in your identifiable health information; and
- our obligations concerning the use and disclosure of your identifiable health information.

The terms of this notice apply to health plans pursuant to HIPAA Regulations and all records containing your identifiable health information that are created or retained by our organization. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records our organization has created or maintained in the past, and for any of your records we may create or maintain in the future. You may request a copy of our most current notice at any time.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent

Treatment: Our organization may use or disclose your identifiable health information when necessary for your health care/treatment. Additionally, we may disclose your identifiable health information to others who may assist in your care, such as your physician, therapists, spouse, children, or parents.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Healthcare Operations: Our office may use and disclose your identifiable health information to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our claims administrator may use your health information to evaluate the quality of care you received from your provider, or to conduct cost-management and business planning activities for our organization. We will share your protected health information with third party "business associates" that perform various activities (e.g., claims payment, utilization review). Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that

person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Required By Law: We may use or disclose your protected health information without your consent to the extent that the use or disclosure is required by law. This could include law enforcement, public health risks, lawsuits, court orders and worker's compensation programs as well as other legal obligations.

2. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that we use for making decisions about you.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. **We are not required to agree to a restriction that you may request.** If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You may request a restriction by contacting the Privacy Officer listed above.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

You may have the right to amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your records.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. You have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain disclosures our organization has made of your identifiable health information. In order to obtain an accounting of disclosures, you must submit your request in writing to Privacy Officer. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Our organization will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer at (413) 733-4540 ext. 151 or by mail to: Privacy Officer, Consolidated Health Plans, 195 Stafford St, Springfield, MA 01104 for further information about the complaint process.

This notice was published and becomes effective on **April 14, 2003**