



Notice of Privacy Practices

Initial Effective Date: April 1, 2003

Revised Date: June 20, 2017

This Notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Who Will Follow this Notice?

The **Carilion Clinic Medical Plan and the Dental Care Plan**. Collectively these are referred to as the “Plan”. It’s important to note that these rules apply to the Plan, not Carilion Clinic (“Carilion”) as an employer or provider. Different policies may apply to other Carilion programs or to data unrelated to the Plan.

The Plan may disclose your health information without your written authorization to Carilion for plan administration purposes. Carilion may need your health information to administer benefits under the Plan. Carilion agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law.

Here’s how additional information may be shared between the Plan and Carilion, as allowed under the HIPAA rules:

- The Plan may disclose “summary health information” to Carilion, if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants’ claims information, from which names and other identifying information have been removed.
- The Plan may disclose to Carilion information on whether an individual is participating in the Plan or has enrolled or disenrolled in an option offered by the Plan.

In addition, you should know that Carilion cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by Carilion from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers’ compensation programs — is *not* protected under HIPAA (although this type of information may be protected under other federal or state laws).

Our Responsibilities:

The Plan is required by law and is committed to:

- Maintain the privacy of your health information.
- Provide you with this Notice of our legal duties and privacy practices with respect to health information we collect and maintain about you.
- Abide by the terms of this Notice.
- Notify you if we are unable to agree to a requested restriction and, in most cases, allow you to request a review of our decision.
- Notify you if a breach of unsecured health information has occurred that involved your information.
- Not sell your health information without your written authorization.

Your Health Information Rights:

You have the following rights with respect to your health information:

- You may inspect and get a copy of your health information. This may include enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances, you may request a review of the denial. Your request to

inspect or obtain copies of your health information must be made in writing, to the Plan Administrator. Within 30 days of receipt of your request (60 days if the health information is not accessible on site), the Plan will provide you with one of these responses:

- The access or copies you requested
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed where to direct your request.

- If you feel that the health information we have about you is incorrect or incomplete, you may ask us to **amend the information**. You have the right to request an amendment for as long as the information is kept by or for the Plan. Your request must be made in writing and include the reason for your request. We may deny your request if you ask us to amend information that was not created by us. We may also deny your request to amend information if we believe the information is accurate and complete.
- You may **request a restriction or limitation** on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to your request. Your request for restrictions must be made in writing and include the following information:(1) what information you want to limit; (2) how you want us to limit the information; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- You may **request an accounting of certain disclosures** we have made of health information about you. The accounting will not include disclosures made for purposes of treatment, payment or health care operations or made upon your written authorization. Other exceptions include, but are not limited to, disclosures for national security and intelligence and disclosures to law enforcement officials or correctional institutions. Your request must be in writing and state a time period for the accounting that may not be longer than six years and may not include dates before July 1, 2011. The first list you request within a 12-month period will be free.
- You may **request to receive communications of your health information by alternative means**, at alternative locations or in a confidential manner. For example, you may ask that we contact you only at work or by mail. We will accommodate all reasonable requests.
- You may **request a paper copy of this Notice** even if you have agreed to receive the Notice electronically. You may obtain a copy of this Notice through inside Carilion, our intranet.

Permitted Uses and Disclosures Which Do Not Require Your Authorization:

The following is a description of the types of uses and disclosures of your health information that we are permitted or required to make without your authorization:

- We will use or disclose your health information for **treatment**, which means the provision, coordination or management of the healthcare services provided to you. For example, the Plan may share your health information with physicians who are treating you.
- We will use or disclose your health information for **payment** activities necessary for us to receive reimbursement for the services we provide to you. For example: the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.
- We will use or disclose your health information for **healthcare operations**, such as quality assessments, evaluating practitioner performance, cost management and general administrative activities. For example: the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.

- We may disclose health information relevant to your care or payment for your care to a **family member**, other relative, a close personal friend or any other person identified by you.
- We may contact you to provide information about health-related benefits and services that may be of interest to you.
- We may also disclose health information as permitted or required by law, such as in the following circumstances:
 - to **prevent a serious threat** to your health or safety or the health or safety of others;
 - for **workers compensation** or other similar programs, to the extent required by law;
 - to **health oversight agencies** in connection with audits, investigations, inspections, licensure surveys or complaint/compliment evaluations;
 - to **public health or legal authorities** charged with maintaining health records or preventing or controlling disease, injury or disability, or authorized by law to receive reports of abuse or neglect;
 - to the **Food and Drug Administration (FDA)** for the purpose of activities related to the quality, safety or effectiveness of FDA-regulated products, such as to enable product recalls, repairs or replacement;
 - to **organ procurement** organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue or organ donation or transplant. Organs will only be procured with written authorization;
 - to **coroners, medical examiners or funeral directors** as necessary to carry out their duties or to protect the health or safety of their staff;
 - in response to a **court order, subpoena, warrant, summons** or other lawful process;
 - to a **law enforcement official** when required or permitted by law;
 - to authorized **federal officials** for intelligence, counterintelligence and other national security activities, and as necessary to provide protection to the President of the United States or other individuals;
 - if you are a member of the **armed forces**, as required by military command authorities; or
 - if you are an **inmate of a correctional institution**, to the institution or agents in connection with your health or the health and safety of other individuals.

Other uses and disclosures of medical information not described in this Notice will be made only with your written authorization. For example, most uses and disclosures of psychotherapy notes, uses and disclosures of health information for marketing purposes where we receive financial remuneration from a third-party, and disclosures that constitute a sale of health information, require authorization. If you authorize a use or disclosure of health information, you may revoke your authorization in writing, at any time. However, please understand that we are unable to take back a disclosure we have already made with your prior authorization.

Health Information Exchange (HIE):

To improve the coordination of patient care and treatment Carilion Clinic may electronically release protected health information to other health care providers who participate in local, state, national and/or international Health Information Exchanges. This may include information related to diagnosis and treatment of mental illness, alcohol or drug use, sexually transmitted diseases, HIV test results, developmental disabilities and genetic testing results. Sharing this information may improve the coordination of care, especially in emergency situations.

Patients can opt out of participating in the HIE at any time by completing the Carilion Clinic HIE Opt-Out Request Form. The form is available online at CarilionClinic.org or at any Carilion Clinic registration locations.

Revisions to this Notice:

We reserve the right to change our privacy practices at any time and to make the new practices effective for all protected health information we maintain. Should our privacy practices change, we will amend this Notice and post a copy of the revised Notice on inside Carilion, our intranet website. The Notice will include an effective date on the first page.

For More Information or to Report a Problem:

If you have questions about this Notice and would like additional information, you may contact Carilion's Privacy Officer at 540-981-7000. If you believe your privacy rights have been violated, you may file a complaint with Carilion's Information Privacy Officer, Carilion's Information Security Officer, the Plan Administrator or Carilion's Compliance Department. You may also file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.