



# Notice of Privacy Practices

## Important information about your rights and our responsibilities

Protecting your personal health information is important. Each year, we're required to send you specific information about your rights and some of our duties to help keep your information safe. This notice combines three of these required yearly communications:

- State notice of privacy practices
- Health Insurance Portability and Accountability Act (HIPAA) notice of privacy practices
- Breast reconstruction surgery benefits

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## **State Notice of Privacy Practices**

When it comes to handling your health information, we follow relevant state laws, which are sometimes stricter than the federal HIPAA privacy law. This notice:

- Explains your rights and our duties under state law.
- Applies to health, dental, vision, and life insurance benefits you may have.

Your state may give you additional rights to limit sharing your health information. Please call the Customer Service phone number on your ID card for more details.

### **Your personal information**

Your nonpublic (private) personal information (PI) identifies you and it's often gathered in an insurance matter. You have the right to see and correct your PI. We may collect, use, and share your PI as described in this notice. Our goal is to

protect your PI because your information can be used to make judgments about your health, finances, character, habits, hobbies, reputation, career, and credit.

We may receive your PI from others, such as doctors, hospitals, or other insurance companies. We may also share your PI with others outside our company — without your approval, in some cases. But we take reasonable measures to protect your information. If an activity requires us to give you a chance to opt out, we'll let you know and we'll let you know how to tell us you don't want your PI used or shared for an activity you can opt out of.

THIS NOTICE DESCRIBES HOW MEDICAL, VISION, AND DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION WITH REGARD TO YOUR HEALTH BENEFITS. PLEASE READ CAREFULLY.

# **HIPAA Notice of Privacy Practices**

We keep the health and financial information of our current and former members private as required by law, accreditation standards, and our own internal rules. We're also required by federal law to give you this notice to explain your rights and our legal duties and privacy practices.

## **Your protected health information**

There are times we may collect, use, and share your Protected Health Information (PHI) as allowed or required by law, including the HIPAA Privacy rule. Here are some of those times:

### **Payment**

We collect, use, and share PHI to take care of your account and benefits, or to pay claims for health care you get through your plan.

### **Health care operations**

We collect, use, and share PHI for our health care operations.

## **Treatment activities**

We don't provide treatment, but we collect, use and share information about your treatment to offer services that may help you, including sharing information with others providing you treatment.

## **Examples of ways we use your information**

- We keep information on file about your premium and deductible payments.
- We may give information to a doctor's office to confirm your benefits.
- We may share Explanation of Benefits (EOB) with the subscriber of your plan for payment purposes.
- We may share PHI with your doctor or hospital so that they may treat you.
- We may use PHI to review the quality of care and services you get.
- We may use PHI to help you with services for conditions like asthma, diabetes, or traumatic injury.

- We may collect and use publicly and/or commercially available data about you to support you and help you get health plan benefits and services.
- We may use PHI with technology to support and enable services provided to you.
- We may use your PHI to create, use, or share de-identified data as allowed by HIPAA.
- We may also use and share PHI directly or indirectly with health information exchanges for payment, health care operations, and treatment. If you don't want your PHI to be shared in these situations, visit **[www.anthem.com/privacy](http://www.anthem.com/privacy)** for more information.

### **Sharing your PHI with you**

We must give you access to your own PHI. We may also contact you about treatment options or other health-related benefits and services. When you or your dependents reach a certain age, we may tell you about other plans or programs for which

you may be eligible, including individual coverage. We may also send you reminders about routine medical checkups and tests. You may get emails that have limited PHI, such as welcome materials. We'll ask your permission before we contact you.

### **Sharing your PHI with others**

In most cases, if we use or share your PHI outside of treatment, payment, operations, or research activities, we have to get your okay in writing first. We must also get your written permission before:

- Using your PHI for certain marketing activities.
- Selling your PHI.
- Sharing any psychotherapy notes from your doctor or therapist.

We may also need your written permission for other situations not mentioned above. You always have the right to cancel any written permission you have given at any time.

You have the right and choice to tell us to:

- Share information with your family, close friends, or others involved with your current treatment or payment for your care.
- Share information in an emergency or disaster relief situation.

If you can't tell us your preference, for example, in an emergency or if you're unconscious, we may share your PHI if we believe it's in your best interest. We may also share your information when needed to lessen a serious and likely threat to your health or safety.

**Other reasons we may use or share your information**

We are allowed, and in some cases required, to share your information in other ways — usually for the good of the public, such as public health and research. We can share your information for these specific purposes:

- Helping with public health and safety issues, such as:
  - Preventing disease

- Helping with product recalls
- Reporting adverse reactions to medicines
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Doing health research
- Obeying the law, if it requires sharing your information
- Responding to organ donation groups for research and certain reasons
- Addressing workers' compensation, law enforcement, and other government requests, and to alert proper authorities if we believe you may be a victim of abuse or other crimes
- Responding to lawsuits and legal actions
- Responding to the Secretary of Human and Health Services for HIPAA rules compliance and enforcement purposes

**If you're enrolled with us through an employer,**

we may share your PHI with your group health plan. If the employer pays your premium or part of it, but doesn't pay your health insurance claims, your employer can only have your PHI for permitted reasons and is required by law to protect it.

**Authorization**

We'll get your written permission before we use or share your PHI for any purpose not stated in this notice. You may cancel your permission at any time, in writing. We will then stop using your PHI for that purpose. But if we've already used or shared your PHI with your permission, we cannot undo any actions we took before you told us to stop.

**Genetic information**

We cannot use your genetic information to decide whether we'll give you coverage or decide the price of that coverage.

**Race, ethnicity, language, sexual orientation and gender identity**

We may collect, infer, receive and/or maintain race, ethnicity, language, sexual orientation and gender identity information about you and protect this information as described in this notice. We may use this information to help you, including identifying your specific needs, developing programs and educational materials, and offering interpretation services. We don't use race, ethnicity, language, sexual orientation and gender identity information to decide whether we'll give you coverage, what kind of coverage, and the price of that coverage. We don't share this information with unauthorized persons.

**Your rights**

Under federal law, you have the right to:

- Send us a written request to see or get a copy of your PHI, including a request for a copy of your PHI through email. Remember, there's a risk your



PHI could be read by a third party when it's sent unencrypted, meaning regular email. So we will first confirm that you want to get your PHI by unencrypted email before sending it to you. We will provide you a copy of your PHI usually within 30 days of your request. If we need more time, we will let you know.

- Ask that we correct your PHI that you believe is wrong or incomplete. If someone else, such as your doctor, gave us the PHI, we'll let you know so you can ask him or her to correct it. We may say "no" to your request, but we'll tell you why in writing within 60 days.
- Send us a written request not to use your PHI for treatment, payment, or health care operations activities. We may say "no" to your request, but we'll tell you why in writing.
- Request confidential communications. You can ask us to send your PHI or contact you using other ways that are reasonable. Also, let us know if you want us to send your

mail to a different address if sending it to your home could put you in danger.

- Send us a written request to ask us for a list of those with whom we've shared your PHI. We will provide you a list usually within 60 days of your request. If we need more time, we will let you know.
- Ask for a restriction for services you pay for out of your own pocket: If you pay in full for any medical services out of your own pocket, you have the right to ask for a restriction. The restriction would prevent the use or sharing of that PHI for treatment, payment, or operations reasons. If you or your provider submits a claim to us, we may not agree to a restriction (see "Your rights" above). If a law requires sharing your information, we don't have to agree to your restriction.
- Call Customer Service at the phone number on your ID card to use any of these rights. A representative can give you the address to send

the request. They can also give you any forms we have that may help you with this process.

### **How we protect information**

We're dedicated to protecting your PHI, and we've set up a number of policies and information practices to help keep your PHI secure and private. If we believe your PHI has been breached, we must let you know.

We keep your oral, written, and electronic PHI safe using the right procedures, and through physical and electronic ways. These safety measures follow federal and state laws. Some of the ways we keep your PHI safe include securing offices that hold PHI, password-protecting computers, and locking storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures. These policies limit access to PHI to only those employees who need the data to do their jobs. Employees are also required to wear ID badges to help keep unauthorized

people out of areas where your PHI is kept. Also, where required by law, our business partners must protect the privacy of data we share with them as they work with us. They're not allowed to give your PHI to others without your written permission, unless the law allows it and it's stated in this notice.

### **Potential impact of other applicable laws**

HIPAA, the federal privacy law, generally doesn't cancel other laws that give people greater impact of other privacy protections. As a result, if any state or federal privacy law requires us to give you applicable laws' more privacy protections, then we must follow that law in addition to HIPAA.

### **To see more information**

To read more information about how we collect and use your information, your privacy rights, and details about other state and federal privacy laws, please visit our Privacy web page at [\*\*www.anthem.com/privacy\*\*](http://www.anthem.com/privacy).



## **Calling or texting you**

We, including our affiliates and/or vendors, may call or text you by using an automatic telephone dialing system and/or an artificial voice. But we only do this in accordance with the Telephone Consumer Protection Act (TCPA). The calls may be about treatment options or other health-related benefits and services for you. If you don't want to be contacted by phone, just let the caller know or call **844-203-3796** to add your phone number to our Do Not Call list. We will then no longer call or text you.

## **Complaints**

If you think we haven't protected your privacy, you can file a complaint with us at the Customer Service phone number on your ID Card. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting **[www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)**. We will not take action against you for filing a complaint.

## **Contact information**

You may call us at the Customer Service phone number on your ID card. Our representatives can help you apply your rights, file a complaint, or talk with you about privacy issues.

## **Copies and changes**

You have the right to get a new copy of this notice at any time. Even if you have agreed to get this notice by electronic means, you still have the right to ask for a paper copy. We reserve the right to change this notice. A revised notice will apply to PHI we already have about you, as well as any PHI we may get in the future. We're required by law to follow the privacy notice that's in effect at this time. We may tell you about any changes to our notice through a newsletter, our website, or a letter.

## **Effective date of this notice**

The original effective date of this Notice was April 14, 2003. The most recent revision is noted in the footer at the end of this document.

## Breast Reconstruction Surgery Benefits

A mastectomy that's covered by your health plan includes benefits that comply with the Women's Health and Cancer Rights Act of 1998, which provides for:

- Reconstruction of the breast(s) that underwent a covered mastectomy.
- Surgery and reconstruction of the other breast to restore a symmetrical appearance.
- Prostheses and coverage for physical complications related to all stages of a covered mastectomy, including lymphedema.

You'll pay your usual deductible, copay, and/or coinsurance. For details, contact your plan administrator.

For more information about the Women's Health and Cancer Rights Act, go to the United States Department of Labor website at **[www.dol.gov/agencies/ebsa/laws-and-regulations/laws/whcra](http://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/whcra)**.

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