

NOTICE OF PRIVACY PRACTICES

For your protection

This notice describes how medical information may be used and disclosed, and how you can get access to this information. Please review this notice carefully.

Blue Cross and Blue Shield of Minnesota and Blue Plus have always been committed to maintaining the security and confidentiality of the information we receive from our members. Whether it's your medical information or identifiable information (such as your name, address, phone number or member identification number), we maintain careful safeguards to protect you against unauthorized access and use.

You should know that we are required by law to provide you this notice about our legal duties and privacy practices. We hope that this notice will clarify our responsibilities to you and provide you with a good understanding of your rights.

How Blue Cross safeguards your health information

Our privacy officer has the overall responsibility to implement and enforce privacy policies and procedures to protect your personal health information. You can be assured that every effort is taken to comply with federal and state laws — physically, electronically and procedurally — to safeguard your information. In some situations, where state laws provide greater protection for your privacy, we will follow the provisions of that state law.

Blue Cross requires all of its employees, business associates (such as Delta Dental or Prime Therapeutics), providers and vendors to adhere to our privacy policies and procedures under our strictest standards. Following are descriptions of how your personal health information is handled throughout our administration of your health plan.

Permitted handling of health information

At Blue Cross, your personal health information is handled in a number of different ways as we administer your health plan benefits. The following examples show you the various uses we are permitted by law to make without your authorization:

Treatment. We may disclose your personal health information to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) who request it to aid in your treatment.

We may also disclose your personal health information to these health care providers in our effort to provide you with preventive health, early detection and disease and case management programs.

Payment. To administer your health benefits, policy or contract, we must use and disclose your health information to determine:

- Eligibility
- Claims payment
- Utilization and management of your benefits
- Medical necessity of your treatment
- Coordination of your care, benefits and other services
- Responses to complaints, appeals and external review requests

We may also use and disclose your health information to determine premium costs, underwriting, rates and cost-sharing amounts.

Health care operations. To perform our health plan functions, we may use and disclose your health information to provide the following programs and evaluations:

- Health improvement or health care cost-reduction programs
- Competence or qualification reviews of health care professionals



- Fraud and abuse detection and compliance programs
- Quality assessment and improvement activities
- Performance measurement and outcome assessments, health claims analysis and health services outreach
- Case management, disease management and care coordination services

We may also disclose your health information to Blue Cross affiliates and business associates (like Delta Dental or Prime Therapeutics) that perform payment activities and conduct health care operations for us on your behalf.

Service reminders. We may contact you to remind you to obtain preventive health services or to inform you of treatment alternatives and/or health-related benefits and services, which may be of interest to you.

Additional uses and disclosures

In certain situations, the law permits us to use or disclose your personal health information without your authorization. These situations include:

Required by law. We may use or disclose your personal health information, as we are required to do so by state or federal law, including disclosures to the U.S. Department of Health and Human Services. Also, we are required to disclose your personal health information to you in accordance with the law.

Public health issues. We may disclose your health information to an authorized public health authority for public health activities in controlling disease, injury or disability. For example, we may disclose your personal health information to the childhood immunization registry.

Abuse or neglect. We may make disclosures to government authorities concerning abuse, neglect or domestic violence as required by law.

Health oversight activities. We may disclose your health information to a government agency authorized to conduct health care system or governmental procedures such as audits, examinations, investigations, inspections and licensure activity.

Legal proceedings. We may disclose your health information in the course of any legal proceeding,

in response to a court order or administrative judge and, in certain cases, in response to a subpoena, discovery request or other lawful process.

Law enforcement. We may disclose your health information to law enforcement officials. For example, disclosures may be made in response to a warrant or subpoena or for the purpose of identifying or locating a suspect, witness or missing persons or to provide information concerning victims of crimes.

Coroners, medical examiners, funeral directors and organ donations. We may disclose your health information in certain instances to coroners and medical examiners during their investigations. We may also disclose health information to funeral directors so that they may carry out their duties. We may disclose personal health information to organizations that handle donations of organs, eyes or tissue and transplantations. For example, if you are an organ donor, we can release records to an organ donation facility.

Research. We may disclose your health information to researchers only if certain established measures are taken to protect your privacy. For example, we may disclose to a teaching university to conduct medical research.

To prevent a serious threat to health or safety. We may disclose your health information to the extent necessary to avoid a serious and imminent threat to your health or safety or to the health or safety of others.

Military activity and national security. We may disclose your health information to armed forces personnel under certain circumstances, and to authorized federal officials for national security and intelligence activities.

Correctional institutions. If you are an inmate, we may disclose your health information to your correctional facility to help provide you health care or to provide safety to you or others.

Workers' compensation. We may disclose your health information as required by workers' compensation laws.

Others involved in your health care. Unless you notify us in writing, we may disclose certain billing information to a family member who calls on your behalf. The kind of information we will disclose is the status of a claim, amount paid and payment date. We will not, however, disclose medical information, such as diagnosis or the name of the provider.

Your employer. If your coverage is through your employer, we may disclose information to your employer to review group claims data or to conduct an audit. All information that could be used to identify specific participants is removed unless such identification is necessary.

Your Authorization

Any uses and disclosures not described in this notice will require your written authorization. Keep in mind that you may cancel your authorization in writing at any time.

Your rights

Blue Cross would like you to know that beginning on April 14, 2003, you have additional rights regarding your personal health information. Your additional rights are described below:

Your right to request restrictions. You have the right to request restrictions on the way we handle your personal health information for treatment, payment or health care operations as described in the “Permitted handling of health information” section of this notice.

The law, however, does not require us to agree to these restrictions. If we do agree to a restriction, we will send you a written confirmation and will not use or disclose your health information in violation of that restriction. If we don’t agree, we will notify you in writing.

Your right to confidential communications. We will make every effort to accommodate reasonable requests to communicate with you about your health information at an alternative location. For our records, we need your request in writing.

It is important that you understand that any payment or payment information may be sent to the original address in our records.

Your right to access. You have the right to receive, by written request, a copy of your personal health information that is contained in a “designated record set,” with some specified exceptions. For example, if your doctor determines that your records are sensitive, we may not give you access to your records.

What is a Designated Record Set?

It’s a group of records used to administer your health benefits, including:

- Enrollment
- Payment
- Claims adjudication
- Case or medical management records

Your right to amend your health information. You have the right to ask us to amend any personal health information that is contained in a “designated record set.” For our records, your request for an amendment must be in writing.

Blue Cross will not amend records in the following situations:

- Blue Cross does not have the records you want amended
- Blue Cross did not create the records that you want amended
- Blue Cross has determined that the records are accurate and complete
- The records have been compiled in anticipation of a civil, criminal or administrative action or proceeding
- The records are covered by the federal Clinical Laboratory Improvement Act

If you have requested an amendment under any of these situations, we will notify you in writing that we are denying your request. You have the right to file a written statement of disagreement with us, and we have the right to rebut that statement. Please note that changes of addresses are not required in writing.

Your right to information about certain disclosures.

You have the right to request (in writing) information about the times we have disclosed your personal health information for any purpose other than the following exceptions:

- Treatment, payment, or health care operations as described in the “Permitted handling of health information” section of this notice
- Disclosures that you or your personal representative have authorized
- Certain other disclosures, such as disclosures for national security purposes

The requirement that we provide you with information about the times we have disclosed your personal health information applies for six years from the date of the disclosure. This applies only to disclosures made on or after April 14, 2003.

Future changes

Although Blue Cross follows the privacy practices described in this notice, you should know that under certain circumstances these practices could change in the future. For example, if privacy laws change, we will change our practices to comply with the law. Should this occur:

- We will send a new notice to you prior to making a significant change in our privacy practices
- The changes will apply to all personal information we have in our possession, including any information created or received before we change the notice

Questions & answers

Q: Will you give my personal health information to my family or others?

- A. We will only share your personal health information with others if either of these apply:
1. You are present, in person or on the telephone, and give us permission to talk to the other person, or
 2. You sign an authorization form.

Q: Who should I contact to get more information or to get an additional copy of this notice?

- A: For additional information, questions about this Notice of Privacy Practices, or if you want another copy, please visit the Blue Cross Web site at **bluecrossmn.com**. You may also call or write us at the number or address listed on the back of your member ID card with questions or to obtain forms.

Q: What should I do if I believe my privacy rights have been violated?

- A: If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your personal health information, you may either:
1. Call us at the number on the back of your member ID card
 2. File a written complaint with our privacy officer at the address shown on the back of your member ID card
 3. Contact the Minnesota Department of Commerce at (651) 296-2488 or call toll free at 1-800-657-3602
 4. Contact the Minnesota Department of Health at (651) 282-5600 or toll free 1-800-657-3916
 5. Notify the Secretary of the U.S. Department of Health and Human Services (HHS). Send your complaint to:
Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Voice Phone (312) 886-2359 or
Fax (312) 886-1807 or TDD (312) 353-5693.
 6. Call the HSS Voice Hotline number at 1-800-368-1019

Please be assured that we will not take retaliatory action against you if you file a complaint about our privacy practices either with us or HHS.

