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HIPAA (Health Insurance Portability & Accountability Act of 1996) Privacy Notice

Abstract: This Health Insurance Portability and Accountability Act (HIPAA) Privacy Notice describes how medical information can be viewed and used for different purposes such as payment, health care operations, and when it is required by law. This notice also outlines the employee's rights, such as the right to inspect and copy, the right to amend, the right to an accounting of disclosure, the right to request restrictions, the right to confidential communications, and the right to a paper copy of this 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

Medical information about you and your health is personal. We are committed to protecting it. We may create/receive/transmit/maintain a record of your medical information to administer the employee health/benefits/disability plans. This notice applies to all medical information about you that we create/receive/transmit/maintain *as your employer*. Your personal healthcare providers may have different policies or notices. This notice describes (company name)'s medical information practices. If you have any questions, please contact: (name of person if you want to be specific) at (contact information & location).

This notice describes the ways we may use/disclose your medical information. It describes our obligations and your rights regarding our use/disclosure of medical information. We are required to

- Ensure medical information that identifies you is kept private;
- Give you this Notice of our legal duties & privacy practices with respect to your medical information
- Follow the current terms of the Notice.

How We May Use/Disclose Your Medical Information: The following categories describe all of the different ways we may use/disclose your medical information. There are some examples for each category of use/disclosure. Not every use/disclosure in a category will be listed.

- ***For Payment.*** We and our associates may use/disclose your medical information to administer and determine eligibility for benefits under the health/benefits plans to: facilitate payment for the treatment, goods, and services you receive from healthcare providers; determine benefit responsibilities; or coordinate plan coverage. Examples: We may use your medical information to:
 - Administer the workers' compensation or similar programs.
 - Determine if the health plan, NYS workers' comp or disability rules call for, a service or treatment.

- Share with another entity to assist with the adjudication or subrogation of health claims or with another health plan or insurance company to coordinate benefit payments.
 - Share with a utilization review or pre-certification service provider.
 - Help determine if a particular treatment is experimental, investigational, or medically necessary.
 - To include in our explanation of benefits forms generally describing services performed and coverage allotted. Such forms are sent to the enrollee and the healthcare provider that billed the benefits plan.
- **For Health Care Operations.** We may use and disclose medical information about you for other operations of the employee health/benefits/disability plans. Such uses/disclosures are necessary to run the plan and to:
- Administer plan benefits requiring handling within our organization's internal offices and staff;
 - Make business & development plans for cost/administration activities/business management;
 - Implement pre-certification, case management, disability management, or disease management;
 - Conduct/arrange medical review, legal services, audit services, & fraud & abuse detection programs;
 - Submit claims for stop-loss (or excess loss) coverage;
 - Conduct quality assessment and improvement activities;
 - Provide underwriting, premium rating, and other activities relating to coverage under the plan;
 - Facilitate claims payments under another entity's plan.
- **As Required by Law.** We will disclose your medical information when required by federal, state, or local laws, rules, or regulations. For example, we may disclose medical information about you in response to a: court or administrative order; subpoena; discovery request; other lawful processes; duly authorized law enforcement/regulatory/federal official for intelligence and other national security activities.

We are required to abide by state privacy laws that are more stringent than HIPAA. For example, we may be required by state privacy law to disclosure medical information of minors under certain conditions.

All other uses/disclosures of your medical information not related to Payment, Healthcare Operations or as required by law will only be released upon your written authorization. You have the right to revoke your authorization at any time. To revoke your authorization, you must submit a completed Notice of Revocation of Authorization form to the Privacy Officer, (name of person if you want to be specific) at (contact information & location). Forms may be obtained from the Privacy Officer or your (Human Resources Representative if you prefer).

Your Rights Regarding Medical Information About You: You have the following rights regarding medical information we maintain about you:

1. **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about your healthcare, workers' compensation and disability benefits plans in which you may participate. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer, (name of person if you want to be specific), at (contact information & location). They shall be provided to you free of charge within 15 business days of your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.
2. **Right to Amend.** If you feel that medical 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 employee health, workers' compensation and disability benefits plans in which you may participate. To request an amendment, your request must be made in writing and submitted

to the Privacy Officer, (name of person if you want to be specific), (contact information & location). In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Is not part of the medical information kept by or for the employee health or disability benefits plan in which you may participate;
- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

3. ***Right to an Accounting of Disclosures.*** You have the right to request an “accounting of disclosures” where such disclosure was made for any purpose other than treatment, payment, or healthcare operations. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer, (name of person if you want to be specific) at (contact information & location). Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
4. ***Right to Request Restrictions.*** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare 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 of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you have had. We are not required to agree to your request. To request restrictions, you must make your request in writing to the Privacy Officer, (name of person if you want to be specific) at (contact information & location). In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
5. ***Right to Request Confidential Communications.*** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer, (name of person if you want to be specific) at (contact information & location). We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
6. ***Right to a Paper Copy of This Notice.*** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at (elsewhere including company web site if you post it). To obtain a paper copy of this notice, please contact the Privacy Officer, (name of person if you want to be specific) at (contact information & location).

Changes to This Notice: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice (locations you will post changes). The notice will contain on the first page, in the top right-hand corner, the effective date.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the Privacy Officer, **(name of person if you want to be specific)** at **(location)**. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses of Medical Information: Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the claims submissions we have received from you or from your healthcare providers.