

*Bluegrass***Family Health**

NOTICE OF PRIVACY PRACTICES AVAILABILITY

In compliance with federal requirements, Bluegrass Family Health (BFH) shall make available to all members a Notice of Privacy Practices. A copy of the Notice of Privacy Practices is included in Your Certificate of Coverage. You may also obtain a Notice of Privacy Practices on our website at <http://www.bgfh.com>, or by contacting us at:

Bluegrass Family Health
Attn: Privacy Officer
651 Perimeter Drive, #300
Lexington, Kentucky 40517
(859) 269-4475
(800) 787-2680
(859) 335-3720 fax
Privacy.Officer@bgfh.com

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2006

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.

At BFH, We respect the confidentiality of Your Protected Health Information (PHI) - health information about You that can identify You and will protect such information in a responsible and professional manner. We are required by law to maintain the privacy of Your health information and to abide by the terms of this Privacy Notice.

This Notice explains how We use PHI and when We can share that information with others. It also informs You of Your rights with respect to Your PHI and how You can exercise those rights.

OUR LEGAL DUTIES

BFH is required by law to protect Your PHI and to give You notice of our legal duties and privacy practices concerning Your PHI.

- BFH must abide by the terms of this Notice;
- BFH must notify You if We are unable to agree to a restriction that You request about the use and disclosure of Your PHI;
- BFH must accommodate reasonable requests You may have to communicate health information by alternative means or at alternative locations.
- BFH will not use or disclose Your health information without Your authorization, except as described in this Notice.

HOW WE USE OR SHARE PROTECTED HEALTH INFORMATION

We will use or disclose Your PHI for treatment, to obtain payment for treatment, and for health care operations. Listed below are some examples of how We can use or share Your PHI. The examples given are not meant to be exhaustive, but describe common types of disclosures BFH may make.

Examples of Uses and Disclosures for Treatment: **[164.520 (b)(1)(ii)(A)]**

- A. We may share Your PHI with Your doctors, hospitals or other medical Providers to help them provide medical care to You. For example, if You are in the hospital, We may give them access to any medical records sent to Us by Your doctor.
- B. We may use or share Your PHI with others to help manage Your health care. For example, We might talk to Your doctor to suggest a disease management or wellness program that could help improve Your health.

Examples of Uses and Disclosures for Payment:

- A. We may use Your PHI to determine eligibility and process Your claims.
- B. We may share Your PHI with another covered entity to determine who is primary on Your claims.

Examples of Uses and Disclosures for Health Care Operations:

- A. We may share Your PHI with entities that We have delegated services to, such as but not limited to, Our pharmacy benefits manager. We will not share Your PHI with any delegated entity unless they agree to keep it protected.
- B. We may use or share Your PHI to give You information about alternative medical treatments and programs or about health related products and services that You may be interested in. For example, We might send You information about smoking cessation or weight loss programs.

**OTHER USES OR DISCLOSURES THAT MAY BE
MADE WITHOUT YOUR AUTHORIZATION**

BFH may use or disclose Your health information without Your authorization for the following reasons:

Business Associates of BFH: Some services are provided through contracts with business associates. Examples include pharmacy benefits management and claims processing services. When these services are contracted, BFH may disclose Your health information to BFH business associates so that they can perform the job BFH has asked them to do and bill You or Your insurance carrier for services rendered. To protect Your health information, however, BFH requires the business associate to appropriately safeguard Your information.

Research: BFH may disclose limited information for medical research under certain circumstances.

Marketing: BFH may use or disclose health information to contact You with information about treatment, services, products or health care Providers that may be of interest to You.

Funeral Directors, Coroners and Medical Examiners: BFH may disclose health information to a coroner, medical examiner or funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, BFH may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Food and Drug Administration (FDA): BFH may disclose health information to the FDA relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Public Health: As required by law, BFH may disclose Your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

These activities include but are not limited to reporting births, deaths, disease, injury, child abuse or neglect and domestic violence.

Inmates: If You are an inmate of a correctional institution, or under the custody of a law enforcement official, BFH may disclose Your health information to the institution or law enforcement official as may be necessary for Your health and the health and safety of other individuals.

Legal Proceedings: If You are involved in a lawsuit or dispute, BFH may disclose Your health information in response to a court or administrative order. BFH also may disclose Your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell You about the request or to obtain an order protecting the information requested.

Law Enforcement: BFH may disclose health information for law enforcement purposes as required by law or in response to a valid court order, subpoena, warrant, summons or similar process. This includes providing information about someone who is suspected to be a victim of a crime, abuse, neglect or domestic violence; to provide information about a crime that occurs at BFH or to identify or locate a suspect, fugitive, material witness or missing person.

Health Oversight Activities: BFH may disclose Your health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights.

Military Activity and National Security: BFH may release Your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, including providing protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

BFH will not disclose PHI as it relates to mental health and chemical dependency unless permitted or required by applicable law.

For any other disclosures that are not provided for by state and/or federal law, We must get Your written permission (authorization) to use or share Your protected health information (PHI). If You give us written permission (authorization) and You later change Your mind, You may revoke Your written permission at any time.

WHAT ARE YOUR RIGHTS?

- A. **You have the right to inspect and copy PHI** that is maintained in Our designated record set or that of any of Our business associates. However, You do not have the right to access certain types of information, and We may decide not to provide You with copies of:
1. psychotherapy notes;
 2. information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding; and
 3. information subject to certain federal laws governing biological products and clinical laboratories.
- B. **You have the right to ask Us to restrict** how We use or disclose Your information for treatment, payment, or health care operations. You also have the right to ask Us to restrict information that We have been asked to give to family members or to others who are involved in Your health care or payment for Your health care. Please note that while We will try to honor Your request, We are not required to agree to these restrictions.

- C. **You have the right to ask to receive confidential communications** of information. For example, if You believe that You would be harmed if We send Your information to Your current mailing address (in situations involving domestic disputes or violence); You can ask Us to send the information by alternative means, such as fax, or to an alternative address. We will accommodate Your reasonable requests as explained above.
- D. **You have a right to receive a copy of this Notice upon request at any time.** You can also view a copy of the Notice on Our web site at www.bgfh.com.
- E. **You have a right to amend** Your PHI if it is inaccurate or incomplete. In certain other situations, We may deny Your request to inspect or obtain a copy of Your information. If We deny Your request, We will notify You in writing and may provide You with a right to have the denial reviewed.
- F. **You have the right to receive an accounting** of how We have disclosed Your PHI. Please note that We are not required to provide You with an accounting of the following information:
1. Any information collected prior to April 14, 2003;
 2. Information disclosed to You or pursuant to Your authorization;
 3. Information used or shared for treatment, payment and health care operations;
 4. Information that is incidental to a use or disclosure otherwise permitted;
 5. Information disclosed for a facility's directory or to persons involved in Your care or other notification purposes;
 6. Information disclosed for national security or intelligence purposes;
 7. Information disclosed to correctional institutions, law enforcement officials or health oversight agencies;
 8. Information disclosed or used as part of a limited data set for research, public health, or health care operations purposes.

We may require that Your request be in writing. We will act on Your request for an accounting within 60 days. We may need additional time to act on Your request. If so, We may take up to an additional 30 days. Your first accounting request will be free. We will continue to provide You with one free accounting upon request every 12 months. If You request an additional accounting within 12 months of receiving Your free accounting, We may charge You a fee. We will inform You in advance of the fee and provide You with an opportunity to withdraw or modify Your request.

Should any of Our privacy practices change, We reserve the right to change the terms of this Notice and to make the new Notice effective for all PHI We maintain. Once revised, We will provide the new Notice to You by direct mail and post it on Our website.

Please contact Our Privacy Officer if You have any questions about this Notice or about how We use or share PHI, or if You believe Your privacy rights have been violated.

Bluegrass Family Health
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651 Perimeter Drive, #300
Lexington, Kentucky 40517
(859) 269-4475
(800) 787-2680
(859) 335-3720 fax
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You may also notify the Secretary of the U.S. Department of Health and Human Services of Your complaint at 200 Independence Avenue, S.W., Washington, D.C. 20201, or telephone at (202) 619-0257 or (877) 696-6775.