

AveraSELECT

NOTICE OF PRIVACY PRACTICES

Effective: April 14, 2003

**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**

This notice will tell you how *AveraSELECT* may use and disclose protected health information. Protected health information means any health information that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, we'll refer to protected health information simply as **"medical information."**

This notice will describe your rights and *AveraSELECT*'s duties with respect to your medical information. In addition, it will describe how to file a complaint if you believe *AveraSELECT* has violated your privacy rights.

***AveraSELECT* May Use and Disclose Your Medical Information For the Following
Reasons:**

• For Treatment

To coordinate or manage health care and related services by both *AveraSELECT* and health care providers, your medical information may be disclosed to doctors, nurses, hospitals and other health facilities that become involved in your care. In addition, other health care providers may be given your medical information, such as medical consultants or specialists to which you have been referred. If *AveraSELECT* refers you to a hospital, it also will contact that hospital and provide medical information about you so the hospital has information needed to provide quality services.

• For Payment

To process your claims for payment. This can include paying your health care providers, transactions with our reinsurance company, business associates that are contracted to perform or assist *AveraSELECT*, third party payors, or transactions with you. For example, *AveraSELECT* may need to get medical information from your health care provider to pay your bill or reimburse you for amounts you have paid. *AveraSELECT* also may need to provide medical information to a government program, such as Medicare or Medicaid, to determine your eligibility for a program.

• For Health Care Operations

Health care operations are necessary for *AveraSELECT* to maintain quality operations for our Members. For example, medical information about you may be used to offer optional treatments or pharmaceuticals. Medical information about you may be used to train *AveraSELECT* staff. *AveraSELECT* may also use medical information to study ways to more efficiently manage our organization.

• **How AveraSELECT Will Contact You**

Unless you inform us otherwise in writing, AveraSELECT may contact you by either telephone or by mail at either your home or your office. At either location, AveraSELECT may leave messages for you on an answering machine or voice mail. If you want to request that AveraSELECT communicate to you in a certain way or at a certain location, see the “Right to Receive Confidential Communications” section of this notice.

• **Appointment Reminders**

To remind you about your appointments with our representatives if you make an appointment with us.

• **Treatment Alternatives**

To contact you about treatment alternatives that may be of interest to you.

• **Health Related Benefits and Services**

To contact you about health related benefits and services that may be of interest to you.

• **Individuals Involved in Your Care**

AveraSELECT may disclose to a family member, other relative, a close personal friend, or any other person identified by you, medical information that is directly relevant to that person’s involvement with your care or payment related to your care. AveraSELECT also may use or disclose medical information to notify, or assist in notifying, those persons of your location, general condition, or death. If there is a family member, other relative, or close personal friend that you do not want AveraSELECT to disclose your medical information to, you must notify AveraSELECT’s Customer Service at 1-800-688-0010 prior to any release of information occurring.

• **Disaster Relief**

To disclose medical information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, close personal friend, or other person identified by you of your location, general condition or death.

• **Required by Law**

AveraSELECT may use or disclose medical information when we are required to do so by law.

• **Public Health Activities**

AveraSELECT may disclose medical information for public health activities and purposes. This includes reporting medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease, or one that is authorized to receive reports of child abuse and neglect.

• **Victims of Abuse, Neglect or Domestic Violence**

To a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if AveraSELECT believes you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; or, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

• **Health Oversight Activities**

To a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of

activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

• **Judicial and Administrative Proceedings**

In response to an order of the court or administrative tribunal. AveraSELECT also may disclose medical information in response to a subpoena, discovery request, or other legal process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

• **Disclosures for Law Enforcement Purposes**

To law enforcement officials for law enforcement purposes:

- As required by law.
- In response to a court, grand jury or administrative order, warrant or subpoena.
- To identify or locate a suspect, fugitive, material witness or missing person.
- About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed.
- To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct.
- About crimes that occur at our facility.
- To report a crime in emergency circumstances.

• **Research**

Before AveraSELECT discloses medical information for research, the research will have been approved through a process that evaluates the needs of the research project with your need for privacy. AveraSELECT may, however, disclose medical information about you to a person who is preparing to conduct research, but no medical information will leave AveraSELECT during that person's review of the information.

• **To Avert Serious Threat to Health or Safety**

AveraSELECT will disclose medical information if the belief that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. AveraSELECT also may release information about you if it believes the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

• **Military**

If you are a member of the Armed Forces, AveraSELECT may use and disclose your medical information for activities deemed necessary by the appropriate military command authorities to assure the proper execution of the military mission.

AveraSELECT may also release information about foreign military personnel to the appropriate foreign military authority for the same purposes.

• **National Security and Intelligence**

To authorized federal officials for the purpose of national security activities or for the protection activities of certain U.S. or foreign federal employees as authorized by law.

• **Inmates; Persons in Custody**

To a correctional institution or law enforcement official having custody of you. The disclosure will be made if the disclosure is necessary: (a) to provide health care to you;

(b) for the health and safety of others; or, (c) the safety, security and good order of the correctional institution.

• **Workers' Compensation**

To the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

• **Other Uses and Disclosures**

Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by writing to: Customer Service, P.O. Box 5348, Bellingham, WA, 98227-5348. However, if you revoke your authorization, it will not have any affect on actions already taken by us.

Your Rights With Respect to Medical Information About You

You have the following rights with respect to medical information that AveraSELECT maintains about you:

• Right to Request Restrictions

To request that AveraSELECT restrict the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations. You also have the right to request that AveraSELECT restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) to public or private entities for disaster relief efforts. For example, you could ask that we not disclose medical information about you to your brother or sister.

To request a restriction, you may do so at the time you complete your consent form or at any other time. If you request a restriction after you have completed the initial consent form, you should do so in writing by mailing the request to: Customer Service, Attn: Restriction Request, P.O. Box 5348, Bellingham, WA, 98227-5348 and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your spouse). AveraSELECT is not required to agree to any requested restriction. However, if AveraSELECT does agree, it will follow that restriction unless the information is needed to provide emergency treatment. Even if AveraSELECT agrees to a restriction, either you or AveraSELECT can later terminate the restriction.

• Right to Receive Confidential Communications

You have the right to request how or where AveraSELECT communicates to you. For example, you can ask that AveraSELECT only contact you by mail or at work. AveraSELECT will not require you to tell us why you are making the request. If you want to make a special request you must do so by sending your request in writing to: Customer Service, Attn: Confidential Communications Request, P.O. Box 5348, Bellingham, WA, 98227-5348. Your request must state how or where you can be contacted. AveraSELECT will accommodate your request. However, AveraSELECT may, when appropriate, require information from you concerning how payment will be handled.

• Right to Inspect and Copy

With a few very limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of your medical information. For medical information that AveraSELECT has obtained from your provider(s), we ask that you make the request directly to the provider. To inspect or copy medical information about you that AveraSELECT has created, you must submit your request in writing to: Customer Service, Attn: Inspect/Copy Request, P.O. Box 5348, Bellingham, WA, 98227-5348. Your request should state specifically what medical information you want to inspect or copy. If you request a copy of the information, AveraSELECT may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing. AveraSELECT will act on your request within thirty (30) calendar days after it receives your request. If AveraSELECT grants your request, in whole or in part, it will inform you of its acceptance and provide access and copying. AveraSELECT may deny your request to inspect and copy if the medical information involved is:

- Psychotherapy notes;
- Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding;

If AveraSELECT denies your request, it will inform you of the basis for the denial, how you may have our denial reviewed, and how you may file a complaint. If you request a review of our denial, it will be conducted by a licensed health care professional designated by AveraSELECT who was not directly involved in the denial. AveraSELECT will comply with the outcome of that review.

• **Right to Amend**

You have the right to ask to have amended the medical information about you in AveraSELECT's possession. This right is for as long as AveraSELECT maintains the medical information. For information that AveraSELECT has obtained from your provider(s) about you, AveraSELECT asks that you make the request to them. It is AveraSELECT's policy that it does not amend information that it did not originate. To request an amendment, you must submit your request in writing to: Customer Service, P.O. Box 5348, Bellingham, WA, 98227-5348. Your request must state the amendment desired and provide a reason in support of that amendment. AveraSELECT will act on your request within sixty (60) calendar days after it receives your request. If AveraSELECT grants your request, in whole or in part, it will inform you of its acceptance of your request and provide access and copying. If AveraSELECT grants the request, in whole or in part, it will seek your identification and agreement to share the amendment with other entities. AveraSELECT also will make the appropriate amendment to the medical information by appending or otherwise providing a link to the amendment. AveraSELECT may deny your request to amend medical information about you. AveraSELECT may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, AveraSELECT may deny your request to amend medical information if it determines that the information:

- Was not created by AveraSELECT, unless the person or entity that created the information is no longer available to act on the requested amendment;
- Is not part of the medical information maintained by AveraSELECT;
- Would not be available for you to inspect or copy; or,
- Is accurate and complete.

If AveraSELECT denies your request, it will inform you of the basis for the denial. You will have the right to submit a statement disagreeing with our denial. Your statement may not exceed two pages. AveraSELECT may prepare a rebuttal to that statement. Your request for amendment, AveraSELECT's denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the medical information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that AveraSELECT include your request for amendment and our denial with any future disclosures of the information.

AveraSELECT will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the medical information involved. You also will have the right to complain about AveraSELECT's denial of your request.

• Right to an Accounting of Disclosures

You have the right to receive an accounting of your medical information disclosures. The accounting may be for up to six (6) years prior to the date on which you request the accounting, but not before April 14, 2003.

Certain types of disclosures are not included in such an accounting:

- Disclosures to carry out treatment, payment and health care operations;
- Disclosures of your medical information made to you;
- Disclosures authorized by you;
- Disclosures for national security or intelligence purposes;
- Disclosures to correctional institutions or law enforcement officials;

Under certain circumstances your right to an accounting of disclosures may be suspended for disclosures to a health oversight agency or law enforcement official. To request an accounting of disclosures, you must submit your request in writing to : Customer Service, P.O. Box 5348, Bellingham, WA, 98227-5348. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and may not include dates before April 14, 2003.

AveraSELECT will act on your request within sixty (60) calendar days after it receives your request. Within that time, AveraSELECT will either provide the accounting of disclosures to you or give you a written statement of when AveraSELECT will provide the accounting and why the delay is necessary. There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, AveraSELECT may charge you for the cost of providing the list. If there will be a charge, AveraSELECT will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

• Right to Copy of this Notice

You have the right to obtain a paper copy of AveraSELECT's Notice of Privacy Practices at any time. You may obtain a copy of AveraSELECT's Notice of Privacy Practices on the Internet at www.averaselect.com. To obtain a paper copy, mail a request to: Customer Service, P.O. Box 5348, Bellingham, WA, 98227-5348, or call 1-800-688-0010.

AveraSELECT's Duties

- **Generally**

AveraSELECT is required by law to maintain the privacy of medical information about you and to provide individuals with notice of our legal duties and privacy practices with respect to medical information. We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

- **Our Right to Change Notice of Privacy Practices**

AveraSELECT reserves the right to change this Notice of Privacy Practices.

AveraSELECT reserves the right to make the new notice's provisions effective for all medical information that which is created or received by us, prior to the effective date of the new notice.

- **Availability of Notice of Privacy Practices**

A copy of AveraSELECT's current Notice of Privacy Practices will be available at our offices as well as on our web site, www.averaselect.com. At any time, you may obtain a copy of the current Notice of Privacy Practices by mail at: Customer Service, P.O. Box 5348, Bellingham, WA, 98227-5348, or call 1-800-688-0010.

- **Effective Date of Notice**

The effective date of the notice will be stated on the first page of the notice.

- **Complaints**

You may complain to AveraSELECT and to the United States Secretary of Health and Human Services, Office of Civil Rights, if you believe your privacy rights have been violated. To file a complaint with AveraSELECT, contact: Customer Service, P.O. Box 5348, Bellingham, WA, 98227-5348. All complaints should be submitted in writing. To find your HHS regional office, please call Customer Service at 1-800-688-0010. You will not be retaliated against for filing a complaint.

- **Questions and Information**

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact by mail: Customer Service, P.O. Box 5348, Bellingham, WA, 98227-5348, or call 1-800-688-0010.