

NOTICE OF PRIVACY PRACTICES



THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW THIS NOTICE CAREFULLY.
THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION IS IMPORTANT TO US.**

Protecting the privacy and confidentiality of personal information is extremely important to Acclaim Benefits. In connection with our performance of group health plan administration services, we are often required to collect, maintain, use and disclose certain personal information, including Protected Health Information ("PHI"). PHI is information, including demographic information, that may identify you and that relates to health care services provided to you, the payment of health care services provided to you, or your physical or mental health or condition, in the past, present or future.

This Notice of Privacy Practices describes how Acclaim Benefits may use and disclose PHI, and also describes your rights to access and control your PHI. Please review this notice carefully. The privacy of your protected health information is important to us.

As a group health plan administrator, we are required by Federal law to:

- maintain the privacy of PHI,
- provide you with this notice of our legal duties and privacy practices, and
- follow the terms of the Notice of Privacy Practices (the "Notice") that is currently in effect.

In observing these requirements, Acclaim Benefits reserves the right to change the Notice at any time. The new Notice provisions will be effective for all PHI that it maintains. A copy of the revised Notice will be provided to all individuals covered under the group health plan.

Permitted Uses and Disclosures

Federal law allows Acclaim Benefits to use and disclose medical information for purposes of health plan administration. For some of these uses or disclosures, we need your prior consent or specific authorization. Below, we describe the different categories of our uses and disclosures

Acclaim Benefits may use and disclose your PHI without your consent for the following reasons:

- **Treatment:** meaning the provision, coordination or management of your health care by a doctor, hospital or other health care provider.
- **Payment:** referring to the activities of a group health plan in collecting premiums, paying claims under the plan for health care services you receive, determine benefit responsibility under the Plan, or to coordinate plan coverage.
- **Health Care Operations:** referring to the basic business functions necessary to operate a group health plan. These uses and disclosures are necessary to run the plan.

NOTICE OF PRIVACY PRACTICES



Other Uses and Disclosures Allowed Without Authorization

Acclaim Benefits may use and disclose your PHI without your authorization for the following reasons:

Required by Law – We may use or disclose your PHI to the extent that we are required to do so by Federal, State or Local law.

Public Health – We may disclose your PHI to an authorized public health authority when necessary to prevent a serious threat to your health and safety or of others. Any disclosure, however, would only be to someone able to help prevent the threat.

Abuse or Neglect – We may make disclosures to government authorities concerning abuse, neglect or domestic violence.

Health Oversight – We may disclose your PHI to a health oversight agency authorized by law. These oversight activities include audits, investigations, inspections, and licensure activity. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Legal Proceedings – We may disclose your PHI in response to any legal proceeding, in response to a subpoena, discovery request, or other lawful order from a court.

Law Enforcement – We may disclose your PHI if asked to do so by a law enforcement official as part of law enforcement activities; in investigations of criminal conduct or of victims of crime; in response to court orders; in emergency circumstances; or when required to do so by law.

Disclosure to Health Plan Sponsor – PHI may be disclosed to another health plan maintained by your employer for purposes of facilitating claims payments under that plan. In addition, medical information may be disclosed to your employer's personnel solely for purposes of administering benefits under the Plan.

Organ and Tissue donation – If you are an organ donor, we may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.

Military Activity and National Security – If you are or were a member of the armed forces or part of the National Security and Intelligence communities, we may be required by military command or other governmental authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Worker's Compensation – We may provide PHI in order to comply with workers' compensation laws. Coroners, Medical Examiners and Funeral Directors – We may release PHI in certain instances to a coroner or medical examiner.

Inmates – We may use and disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

Business Associates – There may be some services provided in our organization through contracts with Business Associates. When these services are contracted, we may disclose some of your PHI to our Business Associate so that they can perform their job. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

NOTICE OF PRIVACY PRACTICES



Your Health Information Rights

You have the following rights with respect to your PHI:

1. The right to request limits on our uses and disclosures of your PHI for Treatment, Payment and Health Care Operations. We will consider your request, but are not legally required to accept it.
2. You have the right to reasonably request to receive communications of PHI by alternative means or at alternative locations. Acclaim Benefits must agree to your request so long as we can easily provide it in the format you requested.
3. You have the right to inspect and copy the PHI contained in your medical and billing records and in any other Practice records used by Acclaim Benefits to make decisions about your Plan benefits. You must submit your request in writing to Acclaim Benefits. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.
4. You have the right to amend medical information that you feel is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to Acclaim Benefits. In addition, you must provide a reason that supports your request. Acclaim Benefits will respond within 60 days of receiving your request. Acclaim Benefits may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, (iv) not part of our records. Acclaim Benefits written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial.
5. You have the right to receive an accounting of disclosures of your PHI for purposes other than Treatment, Payment or Health Care Operations. To request this list of accounting of disclosures, you must submit your request in writing to Acclaim Benefits. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Acclaim Benefits must act on your request no later than 60 days after receipt of the request. We may charge you for the costs of providing the list.

Changes to This Notice

Acclaim Benefits reserves the right to change this notice and 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 comply with legal requirements for communicating changes to you.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or the Secretary of Health and Human Services. Complaints should be filed in writing with the Privacy Contact listed in this Notice. The plan will not take action against you for filing a complaint.

Privacy Contact

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Human Services, please contact Acclaim Benefits Privacy Contact at (763) 278-4912 or hipaacompliance@acclaimbenefits.com.

Other Uses of Medical Information

Other uses and disclosures of your PHI will only be made upon receiving your written authorization. You may revoke an authorization at any time by providing written notice to us that you wish to revoke an authorization. We will honor a request to revoke as of the day it is received and to the extent that we have not already used or disclosed your PHI in good faith with an authorization.

Effective Date of This Notice

This Notice was first published and effective as of April 14, 2004. Acclaim Benefits will periodically review and update the content of this Notice for accuracy and clarity. The most recent review and update of this Notice was completed in July of 2008.