

# Notice Of Privacy Practices



At Blue Cross and Blue Shield of Nebraska, maintaining the privacy of your **protected health information** (also called PHI) is very important to us. This document provides you with important information about how we use and disclose your PHI and how you can access it. **PLEASE READ THIS DOCUMENT CAREFULLY.**

PHI means information about you that is unique to you, including your name, address, telephone number, and Social Security Number. It's also health information that we have gotten from you or from hospitals, doctors, other health care providers, health insurance companies, your employer and/or health care information clearinghouses relating to:

- 1 your past, present, or future physical or mental health or condition;
- 2 the delivery of health care to you; or
- 3 past, present, or future payment for health care services you receive.

This *Notice of Privacy Practices* document describes how Blue Cross and Blue Shield of Nebraska may use and/or disclose your PHI. It also describes the rights you have regarding your PHI. In this notice, "you" refers to you, our customer, and your covered family members. "We" means Blue Cross and Blue Shield of Nebraska.

We are required by federal and state laws to maintain the privacy of your PHI. We are also required to provide you with this notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices described in this notice. These privacy practices will remain in effect until we replace or revise them.

We reserve the right to change our privacy practices as described in this document at any time, provided it is permitted by law. We may make changes to our PHI privacy practices, including PHI that we received or created before the change was made. Before we make a significant change in our privacy practices, we will revise this notice and send it to you.

You may have additional privacy rights under state law. State laws that provide greater privacy protection or rights will continue to apply.

You may request a copy of our *Notice of Privacy Practices* at any time. For more information about our privacy practices, or for additional copies of this notice,

please contact us at the address or phone number shown on the last page of this notice.

## Permitted and Required Uses and/or Disclosures of Protected Health Information

### ***Uses and/or Disclosures for Treatment, Payment and Health Care Operations***

In order to administer our health care plans effectively, we will collect, use and disclose PHI for certain types of activities, including benefit payment and health care operations. The following is a description of how we may use and/or disclose PHI about you for payment and health care operations:

**Treatment.** We do not conduct treatment activities. However, we may disclose your PHI to doctors, hospitals, and other health care providers who request it in connection with your treatment.

**Payment.** We may use and/or disclose your PHI for all activities that are included within the HIPAA\* Privacy Rule's definition of "payment." For example, we may use and/or disclose your PHI to pay claims from doctors, hospitals, pharmacies and others for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, and to issue Explanations of Benefits. We have not listed here all of the activities included within HIPAA's definition of "payment," so please refer to the HIPAA Privacy Rule for a complete list. More information about HIPAA and the Privacy Rule may be found at <http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/>.

**Health Care Operations.** We may use and/or disclose your PHI for all activities that are included within the HIPAA Privacy Rule's definition of "health care operations." For example, we may use and/or disclose your PHI to determine the premium for your health plan, to conduct quality assessment and improvement activities, to credential health care providers, to engage in care

\**Health Insurance Portability and Accountability Act of 1996.*

coordination or case management, and/or to manage our business. We have not listed here all of the activities included within the definition of "health care operations," so please refer to the HIPAA Privacy Rule for a complete list. NOTE: We will not use or disclose your genetic information, including family history, for underwriting purposes.

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### ***Uses and/or Disclosures of PHI to Other Entities***

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We may use and/or disclose your PHI to other entities in the following situations (as permitted by the HIPAA Privacy Rule):

**Business Associates.** In connection with benefit payment and health care operations activities, we contract with individuals and entities (called "business associates") to perform various functions on our behalf or to provide certain types of services (such as member service support, utilization management, subrogation, or pharmacy benefit management). To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose PHI, but only after the business associates agree to appropriately safeguard your information.

**Providers and Other Covered Entities.** In addition, we may use and/or disclose your PHI to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with their payment activities and certain other health care operations. For example, we may disclose your PHI to a health care provider when it is needed to treat you, or we may disclose PHI to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing.

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### ***Other Permitted Uses and/or Disclosures of Protected Health Information***

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We may also use and/or disclose your PHI without your authorization in the following situations:

**Others Involved in Your Health Care.** If you provide us with verbal permission, we may disclose the PHI you specify to a family member, another relative, a close friend or any other individual you have identified as being involved in your health care. This verbal permission is valid for one encounter and is not a substitute for written authorization. If you are not present or able to agree to these disclosures of your PHI due to a situation such as a medical emergency or disaster relief, then we may, using our professional judgment, determine whether the disclosure is in your best interest.

**Required By Law.** We may use and/or disclose your PHI when required to do so by state or federal law.

**Public Health Activities.** We may use and/or disclose your PHI for public health activities that are permitted or required by law. For example, we may use and/or disclose information for the purpose of preventing or controlling disease, injury, or disability.

**Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (1) the health care system; (2) government benefit programs; (3) other government regulatory programs; and (4) compliance with civil rights laws.

**Health-Related Products and Services.** Where permitted by law, we may use your PHI to communicate with you about health-related products, benefits and services, and payment for those products, benefits and services that we provide or include in our benefits plan. We may use your PHI to communicate with you about treatment alternatives that may be of interest to you. These communications may include information about health care providers in our networks, about replacement of or enhancements to your health plan, and about health-related products or services that are available only to our members that add value to our benefit plans.

**Abuse or Neglect.** We may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence.

**Public Health and Safety.** We may, when necessary, disclose your PHI to avert a serious or imminent threat to your health or safety or the health or safety of others.

**Law Enforcement.** We may disclose limited information to a law enforcement official concerning the PHI of a suspect, fugitive, material witness, crime victim or missing person.

**Legal Proceedings.** We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process. Under limited circumstances (such as a court order, warrant or grand jury subpoena) we may also disclose your PHI to law enforcement officials.

**Coroners, Medical Examiners, Funeral Directors, and Organ Donation.** We may disclose PHI to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We also may disclose, as authorized by law, information to funeral directors so that they may carry out their duties. Further, we may disclose PHI to organizations that handle organ, eye, or tissue donation and transplantation.

**Research.** We may disclose your PHI to researchers when an Institutional Review Board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information; and (2) approved the research.

**Military and National Security.** We may disclose the PHI of armed forces personnel to military authorities under certain circumstances. We may disclose to authorized federal officials any PHI required for lawful intelligence, counterintelligence and other national security activities.

**Inmates.** We may disclose the PHI of inmates of a correctional institution to the correctional institution or to a law enforcement official for: (1) the institution to provide health care; (2) the inmate's health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.

**Workers' Compensation.** We may disclose your PHI to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

**Group Health Plan.** We may disclose your PHI to your group health plan to allow the performance of plan administration functions.

**Plan Sponsors (if applicable).** We may disclose your PHI to your group health plan's sponsor to allow the performance of plan administration functions. Please see your plan documents for a full explanation of the limited uses and disclosures the sponsor may make of your PHI to administer your plan.

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### ***Required Disclosures of Protected Health Information***

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The following is a description of disclosures that we are required by law to make:

**Disclosures to the Secretary of the U.S. Department of Health and Human Services.** We are required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.

**Disclosures to You.** We are required to provide you with your PHI upon request, as described below in the "Individual Rights" section of this notice. We are also required to provide you with the PHI of any individual on whose behalf you are acting as a personal representative.

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### ***Uses and/or Disclosures of PHI with an Authorization***

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Your authorization is required for us to use and/or disclose your PHI in any situation not listed in the previous section. We may not use and/or disclose your PHI without your written authorization for any reason except those

described in this notice. You may give us a written authorization to use your PHI or to disclose it to anyone you specify. If you give us this authorization, you may revoke it in writing at any time, except to the extent that action has already been taken in reliance upon the authorization.

- If we maintain or receive psychotherapy notes about you, most disclosures of these notes require your authorization.
- To the extent (if any) that we might use or disclose your PHI for our fundraising practices, we will provide you with the ability to opt out of future fundraising communications.
- Most (but not all) uses and disclosures of your PHI for marketing purposes. Disclosures that constitute a sale of PHI require your authorization.

You can obtain a copy of our authorization form by contacting us at the address or phone number listed at the end of this notice.

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## **Individual Rights**

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You have certain rights related to your PHI.

**Right to Request Restrictions.** You have the right to request that we place additional restrictions on our use and/or disclosure of your PHI for treatment, payment or health care operations. We are not required to agree to any additional restrictions; however, if we do, we will abide by those restrictions (except in emergency situations). To request additional restrictions, you must complete and sign a form available by contacting us at the address or phone number listed at the end of this notice.

**Right to Receive Confidential Communications.** You have the right to request that we communicate with you confidentially about your PHI by alternative means and/or to an alternative location. Your request must provide the alternative means and/or location for communicating your PHI with you and clearly state that failure to do so could endanger your physical safety. To request confidential communications, you must complete and sign a form available by contacting us at the address or phone number listed at the end of this notice.

**Right to Inspect and Copy.** Subject to the following exceptions, you have the right to inspect and/or obtain copies of your PHI that we maintain. This may include an electronic copy in certain circumstances if requested in writing. To request to inspect and copy your PHI, you must complete and sign a form available by contacting us.

Please note that you are not entitled to inspect and/or copy:

- any psychotherapy notes;
- any information compiled in anticipation of or for use in any civil, criminal or administrative action or proceeding;

- any information not subject to disclosure under the Clinical Laboratory Improvements Amendments 1988 (42 U.S.C. § 263a)
- certain other records as specified in the HIPAA Privacy Rule.

Your request to inspect and copy your PHI will be completed within 30 days of our receipt of your completed form if the information you want was created in the last two years and we have the information onsite. If the PHI you request to inspect and copy is older than two years and/or we don't have it onsite, your request will be completed within 60 days of receipt of your completed form. If we are unable to complete the request within the designated timeframe, we will notify you in writing that an extension is needed.

We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, our denial will not be reviewable. In this event, we will inform you that the decision is not reviewable. We reserve the right to charge a reasonable copying fee for the cost of producing and mailing the documents. For more information on our fee structure and to obtain the designated form for your request, please contact us at the address or phone number listed at the end of this notice.

**Right to Request Amendment of PHI.** You have the right to request that we amend (make changes to) your PHI. Your request must clearly state the information to be amended and the reasons for doing so. We may deny your request if:

- we did not create the PHI;
- we do not maintain the PHI;
- the PHI is not available for inspection; or
- we believe the PHI is accurate and complete.

All denials to amend will be made in writing. You may respond to our denial by filing a written statement of disagreement. We then have the right to respond to that statement. If we approve your request to amend the information, we will make reasonable efforts to inform others of the amendment and to include the changes in any future disclosures.

We will respond to your request within 60 days of receipt of your request. If we are unable to complete the request within the time required, we will notify you in writing that an extension of 30 days is needed. All requests must be in writing using a form obtained by calling or writing to us. Our contact information may be found at the conclusion of this document.

**Right to Receive an Accounting of Certain Disclosures.** You have the right to receive a summary of all instances in which we disclosed your PHI for purposes other than treatment, payment, health care operations and certain other activities. Your accounting will be provided to you within 60 days of our receipt of your request, unless we notify you in writing that a 30-day extension is needed. If you make a request more than once in a 12-month period, we may charge a reasonable, cost-based fee for additional copies. All requests must be in writing on the designated Blue Cross and Blue Shield of Nebraska form. You must complete and sign the form before we can process your request. For more information on our fee structure and to obtain the proper form for your request, please contact us at the address or phone number listed at the end of this Notice.

**Right to Receive a Paper Copy.** You are entitled to receive this notice in paper form. To do so, please contact us at the address or phone number listed at the end of this Notice.

**Breach Notification.** In the event of a breach of your unsecured PHI, we will provide you notification of such a breach as required by law or where we otherwise deem appropriate.

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## Complaints

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If you believe your privacy rights have been violated, you may file a written complaint with us or you may submit a written complaint with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

You can receive a copy of our complaint form by notifying us at the address or phone number listed at the end of this notice. We will respond to your complaint within 60 days of receipt of the form. All complaints must be in writing using the designated Blue Cross and Blue Shield of Nebraska form.

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## Contact Information

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If you have any questions regarding this Notice or would like more information on how to exercise your rights, please contact our Privacy Office at:

Blue Cross and Blue Shield of Nebraska  
Attention: Privacy Office  
P.O. Box 247040  
Omaha, NE 68124-7040

Telephone Number: (402) 343-3521  
Toll Free Number: (877) 258-3999