

## NOTICE OF PRIVACY PRACTICES OF HORIZON HEALTH EAP

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.

The federal government has enacted a new law, requiring Horizon Health EAP (H) to maintain the privacy of information created or collected to manage or make payment for care, including care provided under an employee assistance program (EAP). This information is now called Protected Health Information (PHI), and includes any information that could reasonably identify an enrollee, relating to the enrollee's past, present or future physical or mental health.

H is required to provide you and all other enrollees with this notice. It describes how H may collect, use and disclose your PHI, our legal duties to you with respect to it, and your rights in this information. We are required to follow the practices outlined here, effective April 14, 2003, until the notice is replaced, modified or amended.

**Uses and Disclosures for Payment, Health Care Operations and Treatment:** H is allowed to use and disclose PHI to support and assist with treatment, to pay for healthcare services, to make decisions about payment for healthcare, and for health care operations, without first getting your written authorization.

**Treatment:** We may disclose PHI to health care providers to coordinate and manage your healthcare. We also may contact you with treatment alternatives and appointment reminders, and to provide information about other health-related benefits and services that may be of interest to you.

**Payment:** We use and disclose your PHI to administer your health benefits policy or contract. Administrative functions include eligibility and benefit determination; claims payment; utilization review and care management; medical necessity review; coordination of care, complaint and appeal resolution, and the processing of external review requests. PHI may be disclosed to another plan in order to coordinate benefits, or to another entity that adjudicates or subrogates health claims. PHI may also be disclosed to plans for premium billing, underwriting, and so the plan may determine premium rates, co-payments, deductibles, co-insurance and other cost sharing amounts.

**Health Care Operations:** This is the name given to healthcare business activities other than those involving payment or treatment. These include:

- Quality assessment and improvement, including peer review and provider credentialing, and efforts to obtain and maintain accreditation by independent organizations such as the National Committee for Quality Assurance (NCQA) and the American Accreditation HealthCare Commission.
- Performance measurement, outcomes assessment and health claims analysis
- Operation of preventative health services research, and preventive health, early detection, care management, and coordination of care programs in plans that offer these.
- Conducting or arranging for medical review.
- Underwriting, premium determination, and reinsurance administration.
- Risk management, legal services, auditing, detection and investigation of fraud and other unlawful conduct.
- Transfer of eligibility and plan information to business associates in order to administer a plan benefit.
- General administrative activities, including business planning and development, data and information systems management and customer service.
- Potential due diligence activities, in the event of a sale, transfer, merger, or consolidation of all or part of H occur.

In connection with payment, health care operations, and treatment, we may collect the following types of information about you:

- Information we receive directly or indirectly from you, your employer, your benefits plan sponsor, or one of its business associates. Your name, address, social security number, date of birth, marital status, dependent information, employment

information and medical history may be supplied by applications, surveys, or other forms.

- Information about other insurance coverage and health care transactions with another entity, provided in order to coordinate benefits or to properly process an appeal or resolve a complaint.

PHI may be shared with third parties that perform various activities on our behalf. These arrangements are governed by a written contract with terms to protect PHI-privacy. PHI obtained for underwriting when the policy or health insurance or health benefits contract is not written with us, is not used or disclosed for any other purpose, unless required by law.

PHI is not destroyed when a contract for services by H ends, because it may still be needed for the purposes described in this notice, and is subject to legal retention requirements, but the policies and procedures that protect against improper use or disclosure remain in force.

Some of the uses and disclosures described in this notice may be limited, in certain cases, by applicable state laws that are more stringent than the federal standards.

### Other Permitted or Required Uses and Disclosures of PHI

We may use or disclose your PHI in the following additional situations without your authorization:

**Employers:** There are restrictions on what can be disclosed to your employer. If your employer "sponsors" or provides your health plan, we may disclose your name, identification number, and family coverage status, so that your employer can pay monthly premiums. We are also allowed to disclose enrollment and disenrollment, and may share PHI with the plan sponsor that summarizes claims history, expenses, and claim-types made by those enrolled in the plan. This information is also provided to your plan sponsor so that the sponsor can obtain premium bids from other health insurance companies or make decisions about modifying, amending, or terminating your health plan. We may also share limited PHI with your plan sponsor if the sponsor specifically requests PHI to administer your health plan, and agrees in writing not to use your PHI for employment-related actions or decisions.

**Others Involved in Your Healthcare:** Unless you request a *Restriction or Confidential Communication*, we may disclose to a member of your family, a relative, a close friend or any other person you identify, the PHI directly relevant to that person's involvement in your health care or payment for health care. If you are present for such a disclosure (whether in person or on a telephone call), we will either seek your verbal agreement to the disclosure or provide you an opportunity to object to it. We may also make such disclosures to the persons described above when you are not present or are unable to agree or object to the disclosure, if we determine that the disclosure is in your best interest. We may also disclose your PHI to an authorized public or private entity to assist with disaster relief and to coordinate uses and disclosures to family or other individuals involved in your health care. Unless we are given an alternative address, we will mail explanation of benefits forms and other PHI-containing mailings to the address we have for the health benefits plan subscriber. We will not make separate mailings for enrolled dependents, unless Confidential Communications, described below, are requested. If you would like for us not to share information in any of the ways we have described within this paragraph, please contact the H Privacy Office for additional information or instructions.

**Required by Law:** We may use or disclose your PHI to the extent that we are required to do so by law.

**Public Health:** We may disclose your PHI to a public health authority for purposes of public health activities, in order to control disease, injury or disability. We may also make disclosures to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems; to track products to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance.

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**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 government agency authorized to oversee the health care system, government programs or contractors (e.g., state insurance department, U.S. Department of Labor), for licensure and for legally authorized audits, examinations, investigations and inspections.

**Legal Proceedings:** We may disclose your PHI in the course of any legal proceeding in response to a court or administrative tribunal order and, in certain cases, in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may disclose your PHI under limited circumstances to law enforcement officials. For example, disclosure may be made in response to a warrant or subpoena; for the purpose of identifying or locating a suspect, witness or missing persons; or to provide information concerning victims of crimes.

**Coroners, Funeral Directors and Organ Donation:** We may disclose your PHI in certain instances to coroners, funeral directors, and for organ donation.

**Threat to Health or Safety:** We may disclose your PHI to the extent necessary to avert a serious and imminent threat to your health or safety or to the health or safety of others.

**Military Activity and National Security:** We may disclose your PHI to Armed Forces personnel, under certain circumstances, and to federal officials authorized to conduct national security and intelligence activities.

**Correctional Institutions:** If you are correctional facility inmate, your PHI may be disclosed to the facility for certain purposes, including to provide for your health care and for the health and safety of you and others.

**Workers' Compensation:** We may disclose your PHI to the extent required by workers' compensation laws.

**Uses and Disclosures of PHI with an Authorization:** Other uses and disclosures of PHI are made only with your written authorization, unless otherwise permitted or required by law. You may revoke an authorization, at any time, in writing, except to the extent that we have acted in reliance on the authorization being revoked.

Some members ask us to disclose their PHI to third parties for reasons not described in this notice. For example, elderly members often ask us to make their records available to caregivers. To authorize us to disclose any of your PHI to a person or organization for reasons other than those described in this notice, please call the II Privacy Office and you will be provided with the appropriate authorization. You should send the completed form to the address provided under "Contact Information for Exercising Member Rights" below. You may revoke the authorization at any time by sending a letter to the same address. Please include your name, address, member identification and a telephone number where we can reach you.

### Your Individual Rights

The following is a brief statement of other rights you have with respect to your PHI. In some cases, your health plan or HMO, rather than II, must assist you with regard to accessing these rights. In either case, you may first contact us at the address below.

**Right to Request Restrictions:** You have the right to ask us to restrict the way we use or disclose your PHI for treatment, payment of healthcare operations, or as described in the section of this notice entitled "**Others Involved in Your Healthcare.**" We are not required to agree to your request, but if we do, we may not use or disclose your PHI in violation of the restriction, unless necessary due to an emergency.

**Confidential Communications:** We will accommodate reasonable requests to communicate with you about your PHI by alternative means or at alternative locations. For example, if you are covered under a health plan as an adult dependent (e.g., a spouse or a child attending college) and you want us to send correspondence that contains PHI to a different address from the subscriber we can accommodate that request. We may ask you to make your request in writing.

**Access to PHI:** You have the right to receive a copy of PHI about you that is contained in a "designated record set" with some specified exceptions. A "designated record set," is a group of records that we use to make decisions about you including enrollment, payment, claims adjudication and case or medical management records. We may ask you to make your request in writing and to provide us the specific information we need to fulfill your request. We reserve the right to charge a reasonable fee for the cost of producing and mailing the copies. More information on our fee structure is available by contacting us at the address provided below.

**Amendment of PHI:** You have the right to ask us to amend any PHI about you that is contained in a "designated record set" (see above). All requests for amendment must be in writing. In certain cases, we may deny your request. For example, we may deny a request if we did not create the information, as is often the case for medical information in our records. All denials will be made in writing. You may respond by filing a written statement of disagreement with us, and we will have the right to rebut that statement. If you believe someone has received inaccurate PHI from us, you should inform us at the time of the request if you want that person to be informed of the amendment.

**Accounting of Certain Disclosures:** You have the right to request an accounting of times we have disclosed your PHI for any purpose other than for: (i) treatment, payment, or health care operations; (ii) as described in the section of this notice entitled "Others Involved in Your Healthcare;" (iii) disclosures that you or your personal representative have authorized; or (iv) certain other disclosures, such as disclosures for national security purposes. All requests must be in writing. We will require that you provide us the specific information we need to fulfill your request. This accounting requirement applies for six years from the date of the disclosure, beginning with disclosures occurring after April 14, 2003. If you request accounting more than once in a 12-month period, we may charge you a reasonable fee. More information is available on our fee structure by contacting us at the address provided below.

### Changes to Privacy Practices

We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain. We will distribute a new Notice of Privacy Practices whenever we make a material change in the privacy practices described here, and you may obtain a new notice by contacting the II Privacy Office below.

### Questions and Complaints

If you have questions about this notice or would like an additional copy of the notice, please contact the II Privacy Office at the address below.

### Contact Information for Exercising Enrollee Rights

If you are concerned that your privacy rights may have been violated, please follow the complaint procedures described in your plan documents. You also have the right to complain to the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint. If you have any questions about the complaint process, including the address of the Secretary of Health and Human Services, please call the II Privacy Office at the telephone number listed below.

You may contact the Horizon Health EAP Privacy Office at:

1-800-342-8111 or at [www.integratedinsights.com](http://www.integratedinsights.com) or by sending a letter to: Horizon Health EAP, 9370 Sky Park Ct., San Diego, CA 92123