



**NOTICE of PRIVACY PRACTICES**  
**for the CIMplify Sponsored Health Plan**

**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.**

You are receiving this Privacy Notice because you are enrolled in or are eligible for the Urology Healthcare Group Welfare Plan ("Health Plan"). Health Plan includes medical, dental, vision and/or health flexible spending account. Health Plan is committed to protecting the confidentiality of any health information it receives, maintains, uses or discloses. This Notice describes how Health Plan may use and disclose your "protected health information" (PHI). PHI is any health information that identifies the individual or may reasonably be used to identify the individual; that is created or received by a health care provider, health plan, employer or health care clearinghouse; and that relates to your past, present or future physical or mental health or condition, or provision of or payment for health care.

Employees of the plan sponsor who administer and manage this Health Plan may use your PHI only for appropriate plan purposes (such as for payment or health care operations), but not for purposes of other benefits not provided by this plan, and not for employment-related purposes of the plan sponsor. These people must comply with the same requirements that apply to Health Plan to safeguard your PHI and protect the confidentiality of PHI.

Health Plan is required by the Health Insurance Portability and Accountability Act (HIPAA) to provide this Notice to you. Additionally, Health Plan is required by law to:

- ◆ maintain the privacy of your "protected health information" (PHI), and
- ◆ follow the terms of its Privacy Notice that is currently in effect.

If you have questions about any part of this Privacy Notice or if you want more information about the privacy practices of Health Plan, please contact the Privacy Officer listed at the end of this Notice.

**USES AND DISCLOSURES OF  
PROTECTED HEALTH INFORMATION (PHI)**

Health Plan is permitted by law to use and disclose your protected health information (PHI) either pursuant to an authorization by you, or in certain other ways, which are described below. Examples of permitted uses and disclosures are included. This Notice does not list every permitted use or disclosure the Health Plan may make. However, all the ways Health Plan is permitted to use or disclose PHI will fall within one of the categories below.

1. **Treatment Purposes:** Health Plan may disclose PHI to a health care provider for the health care provider's treatment purposes, although it is more likely a health care

provider would receive your PHI from another health care provider than from the Health Plan. For example, if your Primary Care Physician (PCP) or your treating medical provider refers you to a specialist for treatment, the Health Plan can disclose your PHI so the specialist to whom you have been referred so (s)he can become familiar with your medical condition, prior diagnoses and treatment, and prognosis. Examples of health care providers include doctors, nurses, and laboratory technicians.

2. **Payment Purposes:** Health Plan may use or disclose your PHI to evaluate and process any requests for coverage and claims for benefits you make, and may review PHI included with claims to reimburse providers for treatment and services rendered. Additionally, Health Plan may disclose PHI to another group health plan or to a health care provider for the payment purposes of this Health Plan, the other group health plan, or the health care provider. For example, Health Plan can disclose your PHI to another health plan or payer for purposes of coordinating payment of benefits.
3. **Health Care Operations Purposes:** Health Plan may use or disclose your PHI for its own health care operations and may disclose PHI to another group health plan, a health care provider, a medical group or a hospital for the health care operations purposes of this Health Plan, or for certain health care operations purposes of the other entities. Examples of this Health Plan's "health care operations" include underwriting, premium rating and other activities related to plan coverage; conducting quality assessment and improvement activities; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and business planning, management and general administration of Health Plan.
4. **To a Business Associate of the Health Plan:** Health Plan may disclose PHI to a Business Associate (BA) of the Health Plan, if a valid Business Associate Agreement is in place between the Business Associate and Health Plan. A Business Associate is an entity that performs a function on behalf of the Health Plan and that uses PHI in doing so, or provides services to the Health Plan such as legal, actuarial, accounting, consulting or administrative services. Examples of Business Associates include Health Plan's Third-Party Administrator (TPA) and broker.
5. **To the Health Plan Sponsor:** Health Plan may disclose PHI to the plan sponsor if the sponsor has amended its plan document as required by the Privacy Rule, certified to the Health Plan as required by the Privacy Rule, and established certain safeguards and firewalls to limit the classes of employees who will have access to PHI and to limit the use of PHI to plan purposes and not for non-permissible purposes. Any disclosures to the plan sponsor must be for purposes of administering the Health Plan. Examples include: for claims appeals to the Plan's Benefits Committee, for case management purposes, or to Human Resources representatives of the plan sponsor who are assisting plan members in getting their claims resolved.

The plan may also disclose enrollment/disenrollment information to the plan sponsor, for enrollment or disenrollment purposes only, and may disclose "summary health information" (as defined under the HIPAA medical privacy regulations) to the plan

sponsor for the purpose of obtaining premium bids or modifying or terminating the plan.

6. **As Required by Law or Requested as Part of a Regulatory or Legal Proceeding:** Health Plan may disclose PHI as required by law or when requested as part of a regulatory or legal proceeding. For example, Health Plan may disclose medical information when required by a court order in a litigation proceeding, or pursuant to a subpoena, or as necessary to comply with Workers' Compensation laws.
7. **For Public Health Activities or to Avert a Serious Threat to Health or Safety:** Health Plan may disclose PHI to public health authorities for purposes such as preventing or controlling diseases, injury or disability; reporting to the Food and Drug Administration on products and reactions to medications; and reporting disease or infection exposure.
8. **For Law Enforcement or Specific Government Functions:** Health Plan may disclose PHI to law enforcement personnel for purposes such as identifying or locating a suspect, fugitive, material witness or missing person; complying with a court order or subpoena; and other law enforcement purposes.
9. **For Treatment Alternatives and Health-Related Benefits and Services.** Health Plan may use and disclose your PHI to tell you about possible treatment options or alternatives and health-related benefits and services that may be of interest to you.
10. **To Individuals Involved in Your Care or Payment for Your Care.** Health Plan may use and disclose your PHI to a family member involved in, or who helps pay for, your health care.
11. **Additional Uses and Disclosures.** Health Plan may also use or disclose your PHI, in accordance with the law:
  - ◆ To report abuse or neglect, or to report domestic violence to appropriate agencies or authorities;
  - ◆ To workers' compensation carriers or plans, to the extent necessary to comply with workers' compensation laws;
  - ◆ For judicial and administrative proceedings (for example, to respond to court orders or subpoenas);
  - ◆ To health oversight agencies or other government agencies, for audits, investigations, inspections and licensure needed for the government to monitor health plans;
  - ◆ To facilitate organ or tissue donation or transplantation, if you are an organ or tissue donor or recipient;
  - ◆ For purposes of national security and intelligence (for example, to enable government agencies to conduct special investigations or to provide protection to certain individuals);
  - ◆ To military authorities if you are a member of the armed services, and military authorities determine that disclosure of such information is necessary;

- ◆ To correctional institutions or law enforcement officials regarding individuals in custody;
- ◆ For research purposes in limited circumstances;
- ◆ To coroners, medical examiners, and funeral directors (for example, to identify a person or cause of death);
- ◆ As an incidental disclosure that occurs during a permitted use or disclosure of PHI;
- ◆ As part of a "limited data set" (LDS) for research, public health and health care operations, to certain third parties who have agreed in writing to limit their use and disclosure of the information in the LDS.

Other uses and disclosures will be made only with your written authorization or that of your personal representative, and you may revoke such authorization as provided by section 164.508(b)(5) of the Privacy Rule. Any disclosures that were made when your Authorization was in effect will not be taken back.

<p><b>YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)</b></p>
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You have the following rights with respect to your PHI. To exercise any of these rights, you must submit a written request to the party listed in the subsequent section of this Notice entitled "The Group Health Plan's Grievance Procedures."

1. The right to inspect and copy your PHI, as provided by section 164.524 of the Privacy regulations.
2. The right to request restrictions on certain uses and disclosures of your PHI, as provided by section 164.522(a) of the Privacy regulations (although the Group Health Plan is not required to agree to a requested restriction).
3. The right to request confidential communications of your PHI, if you believe Health Plan's usual method of communicating PHI may endanger you, as provided by section 164.522(b) of the Privacy regulations. Health Plan will accommodate your reasonable requests to the extent feasible.
4. The right to amend PHI you feel is incorrect, as provided by section 164.526 of the Privacy regulations. Health Plan may deny your request, but must respond to you in either case.
5. The right to receive an accounting of disclosures we have made of your PHI, as provided by section 164.528 of the Privacy regulations. We are not required to, and we will not, account for disclosures made for treatment, payment or health care operations, national security, law enforcement, to corrections personnel, pursuant to your Authorization, or to you. Please note the time period for which you want an accounting, and the format in which you wish to receive it (e.g., paper or electronically). Note that we will not account for disclosures made more than six years prior to your request, nor for disclosures made before HIPAA became effective for Health Plan April 14, 2004. We will provide one accounting of disclosures free of charge once every twelve months.
6. The right to file a complaint if you feel your privacy rights have been violated. For details, see subsequent section of this Privacy Notice entitled "The Health Plan's

Grievance Procedures.” Neither Health Plan nor the plan sponsor will retaliate against you for filing a grievance.

7. The right to receive notification in the event of a breach of unsecured protected health information.
8. The right to receive a paper copy of this Notice of Privacy Practices upon request to the Group Health Plan, even if you have previously agreed to receive this Notice electronically.

### **THE HEALTH PLAN’S RESPONSIBILITIES REGARDING YOUR PHI**

Health Plan is a “covered entity” (CE) and has responsibilities under HIPAA regarding use and disclosure of PHI. The Health Plan has a legal obligation to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices with respect to PHI. The Health Plan is required to abide by the terms of the current Notice of Privacy Practices (the “Notice”). The Health Plan reserves the right to change the terms of this Notice at any time and to make the revised Notice provisions effective for all PHI the Health Plan maintains, even PHI obtained prior to the effective date of the revisions. If the Health Plan makes a material revision to this Notice, it will notify all named insureds who are covered by the plan within sixty (60) days after the date the material change is made.

### **THE GROUP HEALTH PLAN’S GRIEVANCE PROCEDURES**

If you believe your PHI has been impermissibly used or disclosed, or that your privacy rights have been violated in any way, you may file a complaint with the Health Plan or with the Secretary of Health and Human Services (HHS), Office for Civil Rights (OCR).

CIMplify  
Human Resources Department  
720 Cool Springs Blvd., Suite 500  
Franklin, TN 37067

You can file a complaint with the HHS OCR at the following e-mail address:  
[OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

OR  
Department of Health and Human Services  
The Hubert H. Humphrey Building  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

You will not be retaliated against for filing a complaint.

### **EFFECTIVE DATE OF THIS NOTICE**

This Notice is effective as of September 10, 2013.