

Insurance & Benefits of PORAC Health Plan NOTICE OF PRIVACY PRACTICES

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 Amended and Restated Notice of Privacy Practices is effective April 1, 2018. It was last restated, effective August 6, 2015, and before that on September 23, 2013 and originally stated April 29, 2010.

The Insurance & Benefits of Peace Officers Research Association of California (PORAC) Health Plan (the "Plan") is required by federal law (hereinafter called the "HIPAA Privacy Rule") to maintain the privacy of your protected health information. We must provide you with this Notice of our legal duties and privacy practices with respect to your protected health information. We are also required to abide by the terms of this Notice, which may be amended from time to time. **[Note: This Notice only applies to the medical plan component of the Plan. It does not apply to the non-medical plan components of the Plan, including the Disability Benefit Plans or the Life Insurance and the Accidental Death and Dismemberment Plan.]**

If you have questions about any part of this Notice or if you want more information about the privacy practices of the Plan, please contact the Plan's Privacy Official at 1-800-655-6397.

Any reference to "plan", "us", "we", "our", or "covered entity(ies)" in this Notice means the Insurance & Benefits of PORAC Health Plan.

DEFINITIONS

The following terms appearing in this Notice have special meaning, as explained below:

Business Associate. A Business Associate is a person or company who, on our behalf, performs or assists in the performance of a function or activity involving the use or disclosure of protected health information, including, for example, claims processing or administration, data, utilization review, quality assurance, billing, benefit management, etc. A Business Associate also means a person or company who provides services for us, including, for example, legal, actuarial, accounting, consulting, administration, or financial services, and which involves the use and disclosure of protected health information.

Covered Entity. A Covered Entity is a health plan, a health care clearinghouse, or a health care provider that transmits any health information in electronic form in connection with a transaction covered by the HIPAA Privacy Rule.

Designated Record Set. A Designated Record Set is a group of records maintained by or for a Covered Entity that is: (i) the medical records and billing records about individuals maintained by or for a covered health care provider; (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (iii) used, in whole or in part, by or for the Covered Entity to make decisions about individuals.

WHAT IS PROTECTED HEALTH INFORMATION

Protected health information is individually identifiable health information that is maintained or transmitted by a Covered Entity, subject to some exceptions. Individually identifiable health

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information is health information: (i) that is created or received by a health care provider, health plan, employer or health care clearinghouse; and (ii) that is related to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for the provision of health care to you; and (iii) with respect to which there is a reasonable basis for believing that the information can be used to identify you. PHI includes genetic information PHI includes genetic information within the meaning of the Genetic Information and Nondiscrimination Act such as family medical history and information about an individual's receipt of genetic services or genetic tests. Note: HIPAA ceases to apply to the PHI of a deceased member 50 years following the date of the member's death.

1. WHEN THE PLAN MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

We are permitted by law to use or disclose your protected health information in certain situations without your written authorization. Those situations are:

- **Payment.** We may use and disclose your protected health information for payment activities such as determining your eligibility for benefits under the health plan(s), or facilitating payment to those who provide you with health care services or who are involved in your care. For example, a participant may contact us for assistance regarding the payment of a claim with Anthem Blue Cross. In the course of such claims advocacy, we may use or obtain your personal health information.
- **Health Care Operations.** We may use and disclose your protected health information in order to administer the Plan. For example, your protected health information may be disclosed to an auditor who is auditing the accuracy of medical plan eligibility. Note: Notwithstanding the foregoing, the Genetic Information Nondiscrimination Act prohibits us from using genetic information for any underwriting purpose.
- **Treatment.** A health care provider may obtain your protected health information from us for the purpose of providing health care treatment. For example, we may provide information regarding your coverage to your health care provider in an emergency situation.

Disclosures to Plan Sponsor. In addition to the circumstances and examples described above, there are three types of health information about you that we may disclose to the Board of Trustees of the Insurance & Benefits Trust of PORAC (the "Board"), the Plan Sponsor.

- We may disclose to the Board whether you have enrolled in, are participating in, or have dis-enrolled from this Plan.
- We may provide the Board with "summary health information", which includes claims totals without any personal identification except your ZIP code, for these two purposes:
 - To obtain health insurance premium bids from other health plans, or
 - To consider modifying, amending, or terminating the health plan.
- We may disclose your protected health information to the Board for purposes of administering benefits and reviewing claims and appeals under the Plan. These purposes may include but are not limited to evaluating situations involving suspected or actual fraudulent claims.

Disclosures to Business Associates. We may disclose your health information to our business associates, and we may authorize them to use or disclose your health information for any or all of

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the same purposes for which we are permitted to use or disclose it ourselves, as well as for their own administrative purposes. Our business associates are contractually required not to use or disclose your health information for any other purposes.

Other Uses and Disclosures. Other ways that the Plan may use and disclose your protected health information without your written authorization are described below. Not every potential use or disclosure in each category will be listed, and those that are listed may never actually occur.

Disclosures to You. We are permitted, and in some circumstances required, to disclose your health information to you. Your rights are described below under “Your Privacy Rights Regarding Protected Health Information”.

Your Personal Representative. Anyone with legal standing to act as your personal representative, under applicable law, may, depending on the terms of the legal authority, have any or all of the same rights that you have with regard to obtaining or controlling your protected health information.

Parents and guardians will generally have the right to control the privacy of protected health information about minor children unless the minor children are permitted by law to act on their own behalf. If, under applicable law, a parent, guardian, or other person has the authority to act on behalf of an individual who is an unemancipated minor in making decisions related to health care, we will treat that person as a personal representative with respect to certain protected health information.

Uses and Disclosures Requiring an Opportunity to Agree or Object. In limited circumstances, we may use or disclose protected health information to a family member or other relative, friend or other person designated by you as being involved in your health care or payment for your health care as long as you have had an opportunity to agree or object to the disclosure of your protected health information. If you verbally agree or agree in writing (as the Plan deems appropriate), we may disclose your health information to such persons. For example, if we are discussing your health benefits with you, and you wish to include your spouse or child in the conversation, we may disclose information to that person during the course of the conversation. If you are not present, or if the opportunity to agree or object to the disclosure cannot practicably be provided, we may exercise our professional judgment and determine that a disclosure of protected health information directly related to such person’s involvement with your healthcare or payment related to your healthcare is in your best interests. If you die, we may disclose your protected health information (other than information about past, unrelated medical problems) to your family members and others who were involved in the care or payment for care prior to your death, unless doing so would be inconsistent with any prior preference you expressed that is known to us.

Required by Law. We will disclose your health information when required to do so by federal, state, or local law. For example, we may disclose your information to the Secretary of Health and Human Services for investigations or determinations relating to our compliance with the HIPAA Privacy Rule.

Public Health Activities. As permitted by law, we may disclose your protected health information to authorized public health officials so that they may carry out public health activities such as those described below: (a) preventing or controlling disease, injury or disability; and (b) reporting child abuse or neglect.

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Health Oversight Activities. We may disclose your protected health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system, government benefit programs, or compliance with government regulatory programs and civil rights laws. However, this permission to disclose your health information does not apply to any investigation of you or which is directly related to your health care.

Judicial and Administrative Proceedings. We may disclose protected health information in the course of any administrative or judicial proceeding in response to an order of a court or administrative tribunal. We may also disclose your protected health information in response to a subpoena, discovery request, or other request by someone other than the court or administrative tribunal, provided that efforts have been made by the party seeking the information to notify you of the request or to obtain a court order protecting the information from further disclosure.

Law Enforcement. We may disclose your protected health information to a law enforcement official for various purposes, such as identifying or locating a suspect, fugitive, material witness or missing person.

Coroners, Medical Examiners and Funeral Directors. We may disclose your protected health information to coroners, medical examiners and funeral directors. For example, this may be necessary to identify a deceased person or determine the cause of death.

Cadaveric Organ, Eye and Tissue Donation. We may disclose your protected health information to organizations involved in procuring, banking or transplanting organs and tissues to facilitate organ, eye or tissue donation and transplantation.

To Avert a Serious Threat to Health or Safety. We may use or disclose your protected health information when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public.

Specialized Government Functions. We may use or disclose your protected health information for specialized government functions such as disclosures deemed necessary by military authorities, correctional institutions, or authorized federal officials for the conduct of national security activities.

Workers' Compensation. We may use or disclose your protected health information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

2. WHEN THE PLAN MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT AN AUTHORIZATION

Except as described in the preceding pages of this Notice of Privacy Practices, we will not use or disclose your health information without a valid written authorization from you. While we do not anticipate making any of the following uses or disclosures, your written authorization generally will be required for any of the following: (i) any use or disclosure of psychotherapy notes; (ii) any employment-related action; (iii) any marketing communication for which the Plan will receive financial remuneration; and (iv) any disclosure of health information that will constitute the sale of health information.

If you have authorized us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer

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be able to use or disclose health information about you for the reasons covered by your written authorization. However, we will be unable to take back any disclosures we have already made pursuant to your authorization. Requests to revoke a prior authorization must be submitted in writing to the Administrator of the Insurance & Benefits of PORAC Health Plan.

3. YOUR PRIVACY RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You may exercise certain rights with respect to your protected health information. These rights are described below. If a written request is needed in order for you to exercise any of these rights, you may be obligated to complete a form specifically prescribed by the Plan. If you would like to obtain a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, contact:

Administrator of the Insurance and Benefits of PORAC Health Plan
4010 Truxel Road
Sacramento, CA 95834-3725
1-800-655-6397

The Administrator of the Insurance & Benefits of PORAC Health Plan will provide you with any required forms.

Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your protected health information. You may also request that we limit how we disclose protected health information about you to someone who is involved in your care or the payment for your care. We are not required to agree to restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to Administrator of the Insurance & Benefits of PORAC Health Plan. If we agree to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction.

Right to Request Confidential Communications. You have the right to ask us to communicate with you using an alternative means or at an alternative location. Requests for confidential communications must be submitted in writing to the Administrator of the Insurance & Benefits of PORAC Health Plan. We are not required to agree to your request.

Right to Inspect and Copy. You have the right to inspect and copy health information about you that may be used to make decisions about your plan benefits. If your PHI is in electronic form, you may request an electronic copy of your PHI if the form you request is readily producible. To inspect or copy such information, you must submit your request in writing to Administrator of the Insurance & Benefits of PORAC Health Plan. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request.

Sometimes Business Associates hold the protected health information on behalf of the Plan. If we do not maintain the protected health information to which you are requesting access for inspection and copying purposes and we know where the protected health information is maintained, we will tell you where to direct your request.

We may deny your request to inspect or obtain a copy of your protected health information under certain limited circumstances. If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so, and a description of your rights to have that decision

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reviewed and how you can exercise those rights. If your request is granted and was for an electronic copy but the requested electronic form is not readily producible by us, we will provide you with the option to choose from among other electronic formats that are readily producible by us. If you do not accept any of the electronic formats, we will provide your requested PHI in paper form.

Right to Request Amendment. If you believe that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the protected health information. You have the right to request an amendment for as long as the protected health information is kept in a Designated Record Set maintained by us. To request an amendment of health records, you must make your request in writing to Administrator of the Insurance & Benefits of PORAC Health Plan. Your request must include a reason for the request. We are not required to change your protected health information. If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so, and a description of your rights to have that decision reviewed and how you can exercise those rights.

Right to Accounting of Disclosures. You have a right to request an accounting of disclosures about how we have shared your protected health information with others. However, the accounting of disclosures will not include any of the following:

- Disclosures made before April 14, 2003; or
- Disclosures related to treatment, payment, or health care operations; or
- Disclosures we made to you; or
- Disclosures you authorized; or
- Disclosures made to federal officials for national security and intelligence activities; or
- Disclosures about inmates or detainees to correctional institutions or law enforcement officials; or
- Disclosures made more than six years ago (the amount of time we are required to maintain records under the HIPAA Privacy Rule); or
- Disclosures that were made as part of a limited data set

Note: We may temporarily suspend your right to receive an accounting of disclosures under certain circumstances, such as when we are requested to do so by a health oversight agency or law enforcement official.

Requests for an accounting of disclosures must be submitted in writing to Administrator of the Insurance & Benefits of PORAC Health Plan. Your request should specify a time period for the disclosures you want us to include (the period may not include dates before April 14, 2003). We will provide one free list per twelve-month period, but we may charge you for additional lists. We will notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Right To Obtain a Copy of This Notice or a Revised Notice. We may change our privacy practices at any time. If we do, we will revise this Notice so that you will have a current summary of our practices. The revised Notice will apply to all of your protected health information, and we will be required by law to abide by its terms. To request a copy of the Notice, you must contact the Administrator of the Insurance & Benefits of PORAC Health Plan, 4010 Truxel Road, Sacramento, CA 95834-3725, 1-800-655-6397.

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Notification of Breach of Unsecured PHI. If PHI that the Plan or any of its business associates uses or discloses is “breached” within the meaning of the notification requirements of the Privacy Rule, then, in accordance with HIPAA, the Plan will provide the required notifications to those individuals who have been affected by the breach, the Department of Health and Human Services and to any other necessary parties.

COMPLAINTS

If you believe that your privacy rights have been violated by the Plan or by anyone acting on our behalf, you may send a written complaint to the Administrator of the Insurance & Benefits of PORAC Health Plan. You may also file a written complaint with the Secretary of Health and Human Services. Complaints about us must refer to the Plan by name and must describe what we did or failed to do that violated federal regulations regarding health information privacy. We will not retaliate against you in any way for filing a complaint.

RETALIATION AND WAIVER

We will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against you (or any other individual) for the exercise of any right established under the HIPAA Privacy Rule, including filing a complaint with us or with the Secretary of Health and Human Services; testifying, assisting or participating in an investigation, compliance review, proceeding or hearing under the HIPAA Privacy Rule; or opposing any act or practice made unlawful by the HIPAA Privacy Rule, provided that you (or the individual) have a good faith belief that the practice opposed is unlawful and the manner of the opposition is reasonable and does not involve a disclosure of protected health information in violation of the HIPAA Privacy Rule.

We will not require you to waive your privacy rights under the HIPAA Privacy Rule as a condition of treatment, payment, enrollment in a group health plan(s), or eligibility for benefits.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at any time in the future and to make the new provisions effective for all protected health information that we maintain. We will promptly revise the Notice and distribute it to all plan participants whenever we make material changes to our privacy policies and procedures. Until then, we are required by law to comply with the current version of this Notice.