

NOTICE OF PRIVACY PRACTICE

Effective January 1, 2008

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

What is this Notice?

This Notice tells you:

- How Kansas Health Insurance Association (the "Plan") uses and gives out personal information about you (such as name, address, date of birth, social security number) and your health (such as medical conditions, treatment given to you by doctors, and tests you have had). We refer to this personal information as your "health information."
- The Plan's responsibilities in protecting your health information.
- Your rights concerning your health information.
- How you can use those rights and contact us.

What are the Plan's Responsibilities to You about the Privacy of Your Protected Health Information?

Your health information is personal. The Plan must protect the privacy of this information. We protect it in all places where we use or store it. The Plan uses the least amount of health information needed to do our work. Only persons who need your health information to provide you services or to assist the Plan in providing its services see it. The Plan has policies about physically and electronically safeguarding your information. This Notice is required to be given to you so that you understand the way in which we may use or give out your protected health information, and your rights regarding that information. The Plan is required by law to follow the terms of this Notice.

How Do We Use or Disclose Health Information about You?

The Plan is permitted to use and give out your health information in order to do our business. Information also may be shared with others who give you care or help pay for it. This could include doctors, hospitals, and governmental or private agencies. This document tells some of the ways the Plan uses and gives out information without a Privacy Authorization (special permission from you).

Treatment Purposes

Coordination of Treatment and Coverage. The Plan sometimes helps decide what medical treatment may be covered by your health plan benefits and how treatment can be coordinated among your health care providers. The Plan does not provide medical treatment.

Payment Purposes

Benefits and Claims. The Plan and businesses and agencies we work with get and give out health information for:

- The billing and payment of claims.
- Reviewing health care given to members.
- Reviewing the use of benefits by members.

For example, your doctor or other health care provider must submit a claim form to the Plan's administrator listing services provided to you and your health information. The Plan's administrator needs this information so that it can pay your provider and send a form to the provider showing the services that you received and what the Plan will pay.

Health Care Operations Purposes

Enrollment, Case Management and Quality Improvement. The Plan may use your health information in our operations. For example, we will use your health information to determine whether you qualify for the Plan or to approve coverage for referrals or medical treatment requested by your doctor or other health care provider. We may give out information to others who must make decisions about your care or to resolve a dispute or investigate a claim we reject. This could include doctors, nurses, therapists, hospitals, etc. To make sure that you and other insureds are satisfied with the Plan, we will review and share health information to help us decide how to improve the Plan and the way we run it.

Other Uses and Disclosures of Health Information without Your Privacy Authorization

- *Business Associates* - To do business the Plan must work with many other organizations, such as administrators, governmental agencies, and professional firms. We must share health information with these organizations to the extent they need it to help the Plan. We try to make sure that these organizations protect the health information we share by having them sign an agreement with us.
- *The Plan will recognize certain people as your personal representatives without your having to complete a Privacy Authorization form* - For example, the Plan will automatically consider your spouse to be your personal representative as long as we can verify his/her identity by asking for certain facts of information and, if in person, by requiring photo identification. In addition, the Plan will consider a parent or guardian as the personal representative of an unemancipated minor, unless the law requires otherwise, as long as we can verify the individual's identity and authority by asking for certain facts of information. A spouse or parent may act on an individual's behalf, including requesting access to their PHI. Insureds, Spouses, unemancipated minors and Dependents that have reached the age of majority may, however, request that the Plan restrict information that goes to a family member as described in the section titled Uses and Disclosures with Your Privacy Authorization.
- *Individuals involved with your care or with payment for your care* - The Plan may give out your health information to a friend you name who is helping with your care or with payment for your care. The Plan also may give out information to a family member or friend if you are not available to agree to the disclosure and the Plan thinks it is in your best interests. For example, if you have a serious accident, the Plan may need to talk with a relative to facilitate health care decisions.
- *Lawsuits and Disputes* - The Plan must give out your health information if it is legally required under a court order or subpoena and certain procedural requirements are met. For example, a court may order the release of your information if you are involved in a lawsuit or legal dispute and the court orders the release of your information.
- *Law Enforcement* - The Plan may give out health information if police or other law enforcement officials request it for certain law enforcement purposes.
- *Legal Requirements/Health Oversight* - The Plan will give out health information when it is required to do so by a federal, state or local law, including to government agencies that are authorized to oversee our business activities. For example, we must give information if requested by the Secretary of the Department of Health and Human Services to investigate whether we are following our privacy responsibilities.
- *Research* - We may give out health information for limited research purposes but only if there is an independent committee that has reviewed the research proposal and put safeguards in place to protect the privacy of your health information.

Uses and Disclosures with Your Privacy Authorization

We must receive your written permission (Privacy Authorization) any time we want to use or give out your health information in any way that is not described above. You may take away this Privacy Authorization (permission) at any time, but uses or disclosures we already made while your permission was still effective cannot be changed. To cancel a Privacy Authorization, please send a written note to the Plan Administrator at the address at the end of this Notice.

What Are Your Rights Regarding Your Health Information?

Kansas Health Insurance Association wants you to know your rights regarding your health information. *You may do any of the following by*

sending a written request to the Plan's Compliance Officer. The address is at the end of this Notice.

Right to Receive the Plan's Notice of Privacy Practices

Each new member will receive a printed copy of the Notice in the enrollment material provided to new insureds. **IMPORTANT:** *The Plan has the right to change its privacy practices and parts of this Notice and to make the new practices and parts effective for all protected health information that it already has and may get in the future. All members will be mailed a new copy (or a notice concerning where to obtain a new copy) at least once every 3 years.*

Right to Request Confidential Communications

You have the right to ask that the Plan communicate with you about personal health information in a certain way (for example, by mail or telephone) or in a certain location (for example, at home or at work). The Plan will do this in as many cases as possible. Requests should tell how you want us to contact you and/or where you want us to contact you.

Right to Request Restrictions

You have the right to ask us to limit the ways we use or give out your health information for treatment, payment, and health care operation reasons, or to a family member or friend involved in your care or payment for it. This is called requesting a restriction. *The Plan is not required to agree to your request for a restriction.* If we agree, we still may disclose your health information when required by law.

Requests for a restriction on the use of your information should include:

1. The information you wish to restrict.
2. Whether you wish to restrict the use of information, the giving out of information, or both.
3. To whom you want the restriction to apply.

Right to Access

You have the right to look at and get a copy of your protected health information contained in a specific set of records, called a designated record set. The Plan's designated record set includes enrollment, claims and payment, case management, and utilization management information (your doctor, not the Plan, has your medical records). The Plan has the right to keep you from having or seeing all or part of your designated record set for certain reasons, which the Plan will tell you in

writing. The Plan also will give you information about how you can file an appeal if you are not satisfied with the Plan's decision. We may charge you a fee for the cost of copying and/or mailing your records.

Right to Amend

You have the right to ask that information in your designated record set be changed if it is not correct. If the Plan agrees that the health information is not correct or complete, we will make the change unless we did not create or keep the information, or unless it is information the law does not permit us to change. We will tell you the reason if we cannot amend your record.

Right to an Accounting of Disclosures

You have the right to ask for an accounting of disclosures. This is a list of every time the Plan:

- Gave your health information without a Privacy Authorization to outside people or organizations other than you or those who are involved in your care.
- Gave or used your information when it was not part of normal treatment, payment, or health care operations. Your request must give a time period that you want to know about. The time period may not be longer than six (6) years and may not include dates before January 1, 2002.

What should you do if you have a complaint about the way that your health information is handled?

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan or to appeal a decision about your health information, send it in writing to the Plan's Compliance Officer. The address is at the end of this Notice. A notice in the Federal Register (the public library has copies) tells how to send a complaint to the U.S. Department of Health and Human Services.

IMPORTANT: *You will not lose your Kansas Health Insurance Association health plan membership or health care benefits if you file a complaint. We will not penalize you in any way*

Where should you send requests or questions about your protected health information?

Please send questions or requests, such as the examples listed in this Notice, to the Plan's Compliance Officer at the following address and telephone number:

Kansas Health Insurance Association
Compliance Officer
PO Box 1090
Great Bend, KS 67530
(800) 362-9290