
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.

We, at Regence BlueCross BlueShield Insurance Company, know **you** value **your** privacy. That is why **we** are committed to the confidentiality and security of **your** personal information. **We** maintain physical, administrative and technical safeguards to protect against unauthorized access, use, or disclosure of **your** personal information.

We collect personal information, such as **your** name, contact information, and health information, from **you**, **your** health care providers, and other insurers that provide **you** coverage. **We** are required by law to maintain the privacy of this protected health information and to explain **our** legal duties and privacy practices. **We** provide the protections and apply the practices described in this notice to all personal information that **we** maintain, including to personal information of former members who are no longer covered by **us**. **We** hope this notice will clarify **our** responsibilities to **you** and give **you** an understanding of **your** rights. **We** abide by the notice that is currently in effect. This notice is in effect as of April 1, 2006.

Your Rights

Inspection and Copies

You have the right to request an inspection or copies of protected health information that **we** maintain about **you** in a “**designated record set**” except psychotherapy notes and information that **we** compiled in anticipation of, or for use in, a civil, criminal, or administrative proceeding. A “**designated record set**” is a group of records that is used to administer **your** health benefits, including enrollment information and claims. **We** may limit the information that **you** can inspect or copy if **we** have reason to believe that is necessary to protect **you** or another person from harm. If **we** limit **your** right to inspect or copy, **you** can ask for a review of that decision.

Amendment

If **you** believe that protected health information **we** maintain about **you** in a designated record set is inaccurate or incomplete, **you** have the right to request an amendment to correct or complete the information. **You** must submit **your** request in writing and explain the reason for the amendment. If the amendment is made, **we** will make reasonable efforts to inform others, including people **you** identify, that the information has been amended and **we** will use **our** best efforts to include the amendment with any future disclosure. **We** may decline to amend information under certain circumstances. This is likely to occur if **we** did not create the original record. If **we** decline to amend the information, **you** have the

right to submit a statement of disagreement. **You** should know that **we** are allowed to attach a rebuttal statement in response to **your** statement of disagreement.

Notice

You have the right to receive a paper copy of this notice upon request.

Accounting

You have the right to request a list of certain disclosures of protected health information. The list will not include disclosures made for treatment, payment, or health care operations. It also will not include disclosures made pursuant to an authorization, made prior to six years before the date of the request, incidental disclosures, disclosures made for national security or intelligence, disclosures made to a correctional facility or disclosures made prior to April 14, 2003. The list will include the date of any accountable disclosure, to whom that disclosure was made, a brief description of the information disclosed, and the purpose for that disclosure (provided this information is known to **us**). **We** will supply this list free of charge once a year at **your** request. If **you** request an accounting more than once in a 12-month period, **we** may charge a reasonable fee.

Special Handling

You have the right to request restrictions on **our** use or disclosure of protected health information in addition to the restrictions imposed by law. **We** are not required to agree to **your** request and **we** may be unable to do so. If **we** do agree, **we** will comply with **your** request except in the case of emergency. **You** also have the right to request that **we** communicate with **you** in confidence. **We** will make every effort to accommodate **your** request if it is reasonable and **you** provide an alternate means to communicate. **You** should know that redirecting communication may not prevent others on **your** policy from discovering that **you** sought medical care. Accumulated deductibles and co-payment information may reveal that **you** obtained services. In addition, historic claims reports may include services which were obtained during the time communications were redirected.

Complaints

You have the right to submit a complaint if **you** believe **we** have violated **your** privacy rights. To submit a complaint, write to: The Regence Group, Privacy Office, P.O. Box 1271, Mail Stop E12B, Portland, OR 97207 or call **our** Customer Service department at the phone number provided at the end of this notice. **You** also have the right to submit a complaint to the Secretary of the U.S. Department of Public Health & Human Services. Be assured that **we** will not retaliate against **you** for submitting a complaint.

Permitted Uses and Disclosures

To administer health benefits, **we** collect, use and disclose protected health information for a variety of purposes:

Treatment

We may disclose protected health information to a health care provider in order for the provider to treat **you**. **We** may also use or disclose protected health information in an effort to provide preventive health, early detection, and case management programs.

Payment

We may use or disclose protected health information for payment purposes, including to adjudicate claims, issue Explanation of Benefits, or coordinate benefits with other entities responsible for paying **your** claims.

Health Care Operations

We may use or disclose protected health information to facilitate operations, including underwriting, customer service, and detection or prevention of fraud or abuse.

Business Associates

Occasionally, **we** contract with business associates to perform insurance-related functions on **our** behalf. **We** may disclose protected health information to these business associates in order to allow them to perform these functions. They also may collect, use or disclose protected health information on **our** behalf. **We** contractually obligate **our** business associates to provide the same privacy protections that **we** provide.

Plan Sponsors and Group Health Plans

If **you** are enrolled in a group health plan, **we** may disclose protected health information to the group health plan or plan sponsor to facilitate administration of the plan. For example, **we** supply enrollment lists so that premiums can be paid appropriately.

As Permitted or Required by Law

We use or disclose protected health information as permitted or required by law. For example, some laws require that **we** disclose protected health information to **your** personal representatives or to certain government agencies.

Public Health Activities

We may disclose protected health information for public health activities. These activities include prevention and control of disease, activities performed by coroners, activities performed by organ or tissue donation and transplantation services, activities performed by the Food and Drug Administration, medical research, research intended to improve the health care system, activities necessary to avert a serious threat to the health or safety of a person, and activities relating to workers' compensation benefits.

Health Oversight

We may disclose protected health information to health oversight agencies. These agencies are authorized by law to conduct audits; perform inspections and investigations; license health care providers, insurers and facilities; and to enforce regulatory requirements. These agencies include: State Commissioner of Insurance, State Board of Medicine, and the U.S. Department of Labor.

Health Related Service

We may use protected health information to provide information about treatment alternatives or other health related benefits or services that may be of interest to **you**. This may include enhancements to **your** health plan and health related products or services available only to health plan members that add value to, but are not a part of, **your** benefit plan.

Legal Proceedings

We may disclose protected health information in the course of a judicial or administrative proceeding, and in response to a court order, subpoena, discovery request, or other lawful process.

Law Enforcement

We may disclose protected health information to law enforcement officials in response to an administrative subpoena, a warrant, or an administrative request intended to identify or locate a suspect, victim, or witness. **We** also may disclose protected health information for the purpose of reporting a crime on **our** premises.

Military and National Security

We may disclose protected health information to armed forces personnel for military activities and to authorized federal officials for national security and intelligence activities.

Correctional Institution

If **you** are an inmate, **we** may disclose protected health information to **your** correctional institution for treatment purposes or to ensure the safety of **yourself** and others.

Marketing

We do not use or disclose protected health information for marketing purposes without **your** authorization. However, **we** may communicate with **you** face-to-face about products or services that may interest **you** or **we** may send **you** a promotional gift of nominal value.

Others Involved in Your Health Care

We may disclose protected health information to personal representatives such as appointed guardians, executors, conservators, and in many cases parents of minor children, as well as to attorneys in fact when a valid power of attorney exists. In addition, if **you** give **us** verbal permission or if **your** permission can be implied (for example, while **you** are unconscious during an emergency), **we** may disclose protected health

information to family members or others who call on **your** behalf. This permission is valid only for a limited time. If **you** want to authorize on-going disclosures to family members or friends, **you** must submit written authorization.

Authorizations

You may give **us** written authorization to use protected health information or disclose protected health information about **yourself** to anyone for any purpose. An authorization remains valid for two years unless the authorization states otherwise or **you** revoke it. **You** may revoke an authorization at any time by submitting a written revocation, but a revocation will not affect any use or disclosure permitted by the authorization while it was in effect. An authorization is required for **us** to use or disclose **your** protected health information for purposes other than those described in this notice.

Future Changes

We reserve the right to change **our** privacy practices and this notice at any time without advance notice. If **we** make a material change to **our** privacy practices, **we** will send a new, updated notice. The new notice will apply to all protected health information in **our** possession, including any information created or received before the revised notice became effective.

Contacting Us

You may reach **us** during regular business hours by calling **our** Customer Service department at (800) 458-3523. For more information about this notice or to file a written privacy-related complaint, **you** may write to: Privacy Official, The Regence Group, P.O. Box 1271, MS E12B, Portland, OR 97207.