

## **LANCASTER GENERAL HEALTH GROUP HEALTH PLAN PRIVACY NOTICE**

**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.***

### **Who Will Follow This Notice**

This notice describes the medical information practices of the Lancaster General Health (LG Health) group health and dental plans ("Plan") and that of any third party that assists in the administration of Plan claims.

### **General Information**

The Plan is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its regulations (the "Law") to maintain the privacy of Protected Health Information ("PHI") and to provide plan participants with notice of its legal duties and privacy practices with respect to PHI. PHI is any individually identifiable information about your mental or physical condition in electronic, written, or oral form that pertains to your past, present, or future mental or physical condition, the provision of health care services for that condition, and the payment for those services.

### **Pledge Regarding Medical Information**

We understand that medical information about you and your health is personal and we are committed to protecting your medical information. We create a record of the health care claims reimbursed under the LG Health health and dental Plans (Plan) for Plan administration purposes. This notice applies to all of the medical records we maintain. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the way in which we may use and disclose medical and dental information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

By law, we are required to:

- make sure that medical information that identifies you is kept private;
- notify you about a breach that may have compromised the privacy or security of your PHI;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

### **Medical Information Maintained by the Plan**

As the sponsor of group health plans for its employees, LG Health has certain responsibilities for maintaining the privacy of protected health information under HIPAA.

LG Health sponsors LG Consumer, LG Select, LG Dental and LG Dental Plus and contracts with third parties to administer each of these plans. Nearly all of the medical information about you is maintained by the third party administrators and is not shared with LG Health in its role as

plan sponsor. However there are some circumstances in the course of administering the plan in which LG Health as the plan sponsor may become aware of PHI. For example, without your permission, the sponsor may need to access PHI to assist you in obtaining certain benefits, resolving issues, over payment of claim or negotiating with insurance or managed care companies for services to you or to the plan. At LG Health, we are committed to protecting the confidentiality and security of the information we collect about you, including your health information.

### **Minimum Necessary Disclosure**

It is LG Health's policy to limit the use or disclosure of, and requests for, the individual's PHI by defined LG Health personnel on a "need to know basis." Only the minimum necessary information is disclosed to accomplish the intended purpose of the use, or request. It is LG Health's responsibility to identify the classes of persons who need access to your information to carry out their job duties.

### **Categories of Information Maintained by LG Health**

LG Health collects and maintains the following information about you:

- Information needed to enroll you in a health plan
- Information to dis-enroll you from a health plan
- Information about your health benefits from the claims administrator, managed care, networks, and pharmacy benefits manager which helps manage your benefits and provide appropriate education
- Information you provide or request LG Health to access when questioning the administration of a claim or a transaction with another entity

### **How LG Health's Group Health Plans May Use or Disclose PHI About You**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** We may use and disclose medical information about you to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other treatment personnel who are involved in taking care of you. For example, we might disclose information about your health to coordinate treatment and benefit determination.

**For Payment.** We may use and disclose medical information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment. We may also share medical information with a utilization review or precertification service provider. Likewise, we may share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health Plan to coordinate benefit payments.

**For Health Care Operations.** We may use and disclose medical information about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with the following: conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage (however, we will never use genetic information for underwriting purposes); submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business Planning and development such as cost management, and business management and general Plan administrative activities. For example, the Plan may use information about your claims to review the effectiveness of wellness programs.

**As Required By Law:** We will disclose medical information about you when required to do so by federal, state or local law. For example, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose medical information about you in a proceeding regarding the licensure of a physician.

### **Your Rights Regarding Medical Information About You**

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy the PHI maintained by the Group Health Plan as defined by HIPAA (the Designated Record Set). You may request access to electronic copies of your PHI held in the Designated Record Set or an electronic health record, or you may request in writing or electronically that another person receive an electronic copy of these records. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the HIPAA Privacy Official, Human Resources, P.O. Box 3555, Lancaster, PA 17604-3555. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. The electronic PHI will be provided in a mutually agreed-upon format, and you may be charged for the cost of any electronic media (such as a USB flash drive) used to provide a copy of the electronic PHI. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the HIPAA Privacy Official, Human Resources, P.O. Box 3555, Lancaster, PA 17604-3555. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy; or

- is accurate and complete

**Right to an Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures made by us of your PHI except for disclosures made for purposes of treatment, payment, and health care operations or for certain other limited exceptions. This accounting will include only those disclosures made in the six years prior to the date on which the accounting is requested. Requests must be made in writing and signed by you or, when applicable, your personal representative. The first accounting in any 12-month period is free; you will be charged a reasonable, cost-based fee for each subsequent accounting you request within a 12-month period.

To request this list or accounting of disclosures, you must submit your request in writing to the HIPAA Privacy Official, Human Resources, P.O. Box 3555, Lancaster, PA 17604-3555.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. We will comply with any restriction request if: (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full. To request restrictions, you must make your request in writing to the HIPAA Privacy Official, Human Resources, P.O. Box 3555, Lancaster, PA 17604-3555. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the HIPAA Privacy Official, Human Resources, P.O. Box 3555, Lancaster, PA 17604-3555. We will not ask you the reason for your request. We will accommodate all reasonable requests and must accommodate this request if you clearly state that communication through normal processes could endanger you in some way. Your request must specify how or where you wish to be contacted.

**Right to be Notified of a Breach:** You have the right to be notified, in writing, if we (or one of our Business Associates) discover a breach involving your unsecured PHI without unreasonable delay, but no later than 60 days after we discover the breach.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. You may obtain a paper by contacting the HIPAA Privacy Official, Human Resources, P.O. Box 3555, Lancaster, PA 17604-3555.

### **Changes to This Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information

we receive in the future. We will post a copy of the current notice at our Plan website and distribute the new notice or information about the update as required by the regulations. The notice will contain the effective date on the first page, in the top right-hand corner.

### **Special Situations Under Which LG Health Plans will disclose PHI**

**Disclosure to Health Plan Sponsor.** Information may be disclosed to another health Plan maintained by LG Health for purposes of facilitating claims payments under the Plan. In addition, medical information may be disclosed to LG Health personnel solely for purposes of administering benefits under the Plan.

**Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

**Worker's Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuit and Disputes.** In the event of a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process,
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about criminal conduct; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

### **Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain records of the care provided to you.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Plan's Privacy Official at (717) 544-4578, or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact the HIPAA Privacy Official, Human Resources, P.O. Box 3555, Lancaster, PA 17604-3555. All complaints must be submitted in writing. You will never be penalized for filing a complaint.