

**Our goal is to ensure you understand how your Protected Health Information may be used or disclosed by Bright HealthCare and how you can access that information. Please review it carefully.**

Bright HealthCare is committed to maintaining and protecting your privacy. We are required by federal and state law to protect the privacy of your Protected Health Information and to provide you with this Notice about how we may use and disclose the information. This Notice will help you understand how we protect the privacy of your Protected Health Information. It also describes your rights and our obligations with regard to your Protected Health Information.

### **What Kind of Information Are We Talking About?**

Protected Health Information is information that identifies you, and relates to your past, present, or future physical or mental health or conditions, the delivery of healthcare to you, or the past, present, or future payment for your healthcare. Protected Health Information includes both medical information and individually identifiable information, like your name, address, telephone number, or Social Security number. We protect this information in all formats including electronic, written, and oral information.

We understand the importance of protecting your Protected Health Information. We restrict access to your Protected Health Information to authorized workforce members who need that information for your treatment, for payment purposes and/or for health care operations. We will not disclose your Protected Health Information without your authorization unless it is necessary to provide your health benefits, administer your benefit Plan, support Plan programs or services, or as required or permitted by law. If we need to disclose your Protected Health Information, we will follow the policies described in this Notice to protect your privacy. We will abide by the terms of this notice as it currently stands.

### **Here's How We May Use Your Protected Health Information**

Bright HealthCare may disclose your Protected Health Information without your written authorization if necessary, in order to provide your health benefits. We may disclose your Protected Health Information for the following purposes:

**Appointment Reminders.** We may remind you of appointments that you have with a provider.

**As Required by Law.** We may use and disclose your Protected Health Information when required by law to do so.

Some specific examples of when we may do so and only when required by law include the following:

- **Health Oversight Activities.** We may disclose Protected Health Information to a governmental, licensing, auditing, and accrediting agencies.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may disclose Protected Health Information to the correctional institution.
- **Judicial and Administrative Proceedings.** We may disclose Protected Health Information in response to a court or administrative order and, under certain circumstances, a subpoena, warrant, discovery request, or other lawful process.
- **Law Enforcement Officials.** We may disclose Protected Health Information to law enforcement officials.

- **Military.** If you are a member of the armed forces, we may disclose Protected Health Information as required by military command authorities. We may also disclose Protected Health Information about foreign military personnel to the appropriate military authority.
- **National-security and intelligence activities.** We may disclose Protected Health Information to authorized federal officials for intelligence, counterintelligence, and other national-security activities.

**Business Associates.** We may disclose Protected Health Information to our business associates who perform functions for you on our behalf or provide us with services that support you, if the Protected Health Information is necessary for those functions or services. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your Protected Health Information.

**Coroners, medical examiners, and funeral directors.** We may disclose Protected Health Information to a coroner, medical examiner, or funeral director, as necessary to carry out their duties.

**Disaster-relief efforts.** We may disclose Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

**Fundraising activities.** We may contact you to provide you with information about events and activities, including fundraising programs. If we do contact you for fundraising activities, the communication you receive will have instructions on how you may ask for us not to contact you again for such purposes, also known as an "opt-out."

**Government programs providing public benefits.** We may disclose your Protected Health Information relating to eligibility for or enrollment in the Plan to another agency administering a government program providing public benefits, only if sharing the Protected Health Information or maintaining the Protected Health Information in a single or combined data system is required or otherwise authorized by law.

**Health Care Operations.** We may use and disclose your Protected Health Information for our health care operations supporting you. We may also disclose your Protected Health Information to another health plan or a provider who has a relationship with you, so that it can conduct quality assessment, improvement activities, auditing functions, cost management analysis and customer service. An example of this would be new member survey cards.

**Health or Safety.** We may disclose your Protected Health Information to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of the general public or another person.

**Health-related benefits and services.** We may contact you about benefits or services that we provide.

**Individuals involved in your care or payment for your care.** Unless you object, we may disclose Protected Health Information to a family member, friend, or other person you identify that directly relates to that person's involvement in your care. We may also disclose such information to such persons if we can infer from the circumstances that you would not object. For example, we will assume that you agree to our disclosure of Protected Health Information about you to your spouse when your spouse calls us to discuss benefits under your plan. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest.

Additionally, we may disclose information to your representative. If a person has the authority under law to make healthcare decisions for you, we will treat that representative the same way we would treat you with respect to your Protected Health Information. Parents and legal guardians are generally plan member representatives of minors unless the minors are permitted by law to act on their own behalf and make their own medical decisions.

**News-gathering activities.** We may contact you or one of your family members to discuss whether or not you want to participate in a news story for plan-related publications or external news media. Your written authorization is required if we want to use or disclose any of your Protected Health Information for these kinds of purposes.

**Payment.** We may use and disclose your Protected Health Information to make coverage determinations; to make or obtain payment; and to determine and fulfill our responsibility to provide your benefits. We may also disclose your Protected Health Information to another health plan or a health care provider for its payment activities.

**Public Health Activities.** We may use and disclose your Protected Health Information for public health activities authorized by law, such as to prevent or control disease, injury, or disability.

**Research.** We may disclose your Protected Health Information for research purposes under specific rules determined by the confidentiality provisions of applicable law. In some instances, federal law allows us to use your Protected Health Information for research without your authorization, provided we get approval from a special review board. Such research will not affect your eligibility for benefits, treatment or welfare, and your Protected Health Information will continue to be protected.

**Treatment.** We may disclose your Protected Health Information to your health care provider for plan coordination; to help obtain services and treatment you may need; or to coordinate your health care and related services.

**Treatment Alternatives.** We may contact you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Workers' Compensation.** We may disclose your Protected Health Information for Workers' Compensation or similar programs that provide benefits for work-related injuries or illness.

**Underwriting.** We will not use or disclose Protected Health Information, that is genetic information, of individual for underwriting purposes.

### **Uses and Disclosures with Your Written Authorization**

We will not use or disclose your Protected Health Information for any purpose other than those described in this Notice without your written authorization, unless authorized by state or federal law. Additionally, with certain limited exceptions, we are not allowed to sell or receive anything of value in exchange for your Protected Health Information without your written authorization. If you provide us authorization to use or disclose Protected Health Information, you may revoke that authorization, in writing, at any time.

However, uses and disclosures made before your withdrawal are not affected by your action and we cannot take back any disclosures we may have already made with your authorization.

If your withdrawal relates to research, researchers are allowed to continue to use the Protected Health Information they have gathered before your withdrawal if they need it in connection with the research study or follow-up to the study.

### **It's Your Information - So Know Your Rights**

You have the following rights regarding Protected Health Information we maintain about you:

**Right to Amend Your Records.** If you feel that Protected Health 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 us in enrollment, payment, claims settlement and case or medical management record systems, or that is part of a set of records that is otherwise used by us to make a decision about you.

Your request must be submitted in writing, with an explanation as to why the amendment is needed. If we accept your request, we will amend your records. If we cannot change what is in the record, then we will add your supplemental information to the records. We may deny or partially deny your request if you ask us to amend Protected Health Information that:

- we did not create (unless the person or entity that created the Protected Health Information is no longer available to make the amendment);
- is not part of the enrollment, payment, claims settlement, and case or medical management record systems maintained by or for us, or part of a set of records that we otherwise use to make decision;
- is not part of the information which you would be permitted to inspect and copy; or
- is determined by us to be accurate and complete.

If we deny or partially deny your request for amendment, you have the right to submit a written rebuttal and request the rebuttal be made a part of your medical record. We have the right to file a rebuttal responding to yours in your medical record. You also have the right to request that all documents associated with the amendment request (including rebuttals) be transmitted to any other party any time the involved portion of the medical record is disclosed.

**Right to Inspect and Copy Your Protected Health Information.** You have the right to inspect and copy Protected Health Information about you that is maintained by us or for us in enrollment, payment, claims settlement, and case or medical management record systems, or that is part of a set of records that is otherwise used by us to make a decision. Your request to inspect or copy your Protected Health Information must be submitted to us in writing. We may charge you a reasonable fee for the costs of copying, mailing, or other supplies associate with your request. We may deny your request to inspect or copy your records in certain limited circumstances. If we deny your request, you have the right to have your request reviewed by a licensed health care professional who was not directly involved in the denial of your request.

**Right to Notice of Breach.** You have the right to receive written notice as soon as possible but no later than 60 days after any unauthorized use or disclosure that compromises the privacy or security of your Protected Health Information.

**Right to Receive an Accounting of Disclosures.** You have the right to receive a list of the disclosures we have made of your Protected Health Information in the six years prior to your request. This list will not include disclosures made for treatment, payment and health care operations purposes and certain other disclosures (such as any you asked us to make). Your request must be submitted in writing and state the time period for which you want to receive the accounting, which may not be longer than six years. You may receive the list in paper or electronic form. The first accounting you request in a 12-month period will be of no charge. We may charge you for responding to any additional requests in that same time period. We will inform you of any costs before you will be charged anything.

**Right to Receive Confidential Communications.** You may ask to receive communications of your Protected Health Information from us in a certain way or at a certain location. You must make any such request in writing and you must specify how or where we are to contact you. While we will consider reasonable requests carefully, we are not required to agree to all requests. We will not ask you the reason for your request.

**Right to Receive Paper Copy of this Notice.** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a paper copy of this notice at any time.

**Right to Request Additional Restrictions.** You may request restrictions on our use and disclosure of your Protected Health Information for the treatment, payment, and health care operations. You also have the right to request a limit on the Protected Health Information we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. Your request for restriction must be submitted in writing and state the specific restriction requested. We are not required to agree to your request. If we do agree with your request for restriction, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment or we are required or permitted by law to disclose it. We are allowed to end the restriction if we tell you. If we end the restriction, it will affect Protected Health Information that was created or received only after we notify you.

**Right to Opt Out of State Regional Health Information Organization Health Information Exchange (If applicable).** Your state may operate a Regional Health Information Organization. You may have the right to opt-out of participation in, if applicable, your state's Regional Health Information Organization's Health Information Exchange program. Your request to opt-out of the program must be submitted to us in writing.

### **Checking Your Identity for Your Protection**

For your protection, we may check your identity whenever you have questions about your treatment or payment activities. We will check your identity whenever we get requests to look at, copy or amend your records or to obtain a list of disclosures of your Protected Health Information.

### **How to Exercise Your Rights**

To exercise your rights described in this Notice, send your request, in writing to our Privacy Officer addressed as follows:

Bright HealthCare  
ATTN: Privacy Officer  
8000 Norman Center Drive, Ste 1200  
Minneapolis, MN 55437

We may ask you to fill out and return to us a form that we will provide to you.

### **If Something is Wrong, Let Us Know Right Away.**

If you believe Bright HealthCare has violated your privacy rights, you may file a complaint with us by calling 1-855-208-3766 at any time or by sending your complaint to the address shown immediately above.

You may also file a written complaint with the Secretary of U.S. Department of Health and Human Services, (HHS). Your complaint can be sent by fax or mail to the HHS Office for Civil Rights (OCR). To file a complaint with the Secretary, write to:

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201  
Website: <https://www.hhs.gov/hipaa>

We will not take any action against you if you exercise your right to file a complaint with us or the Secretary.

### **Changes to this Notice**

We may change our privacy practices and the terms of this Notice at any time as allowed by law. We may, at our discretion, make the new terms effective for all of your Protected Health Information that we maintain, including any Protected Health Information we created or received before we issued the new Notice. When we make significant changes in our privacy practices, we will change this notice and post it to our website at [www.brighthealthcare.com](http://www.brighthealthcare.com).