

# NOTICE OF PRIVACY PRACTICES

13001040

Effective February 18, 2020

THIS NOTICE DESCRIBES HOW YOUR PERSONAL FINANCIAL AND HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.  
45 CFR 164.520(b)(1)(i)

This notice applies to the privacy practices of Blue Cross of Idaho Health Service, Inc. and Blue Cross of Idaho Care Plus, Inc., affiliated entities. Blue Cross of Idaho maintains the privacy of your protected health information and is required to comply with the terms of this notice currently in effect. We may share your personal financial and health information with each other as needed for our treatment, payment and healthcare operations. We are committed to protecting the privacy of your personal financial and health information in any form, whether oral, written or electronic. We keep your personal information private by maintaining physical, electronic, and procedural safeguards that comply with legal requirements. This notice explains our privacy practices, our legal duties, and your rights concerning your personal information. We reserve the right to change the way your personal information is used or disclosed. Blue Cross of Idaho provides our members notice of its legal duties and privacy practices with respect to protected health information. If we make a material change to the notice, we will post the revised notice on our website and send current members information about the change and how to obtain a revised notice the next time we send out a mailing to all members.

## **Uses and Disclosures of Personal Financial Information**

We use certain financial information to carry out insurance activities as allowed by law. This includes information collected from you when you apply for our products or services, such as your name, address, age, and social security number. We may verify or obtain additional information through others, such as adult family members, employers, other insurers, physicians, hospitals, and other medical providers. We disclose information only to our affiliates and others who perform services within the scope of healthcare operations on our behalf. For example, information is disclosed to our affiliates and others to help us evaluate requests for insurance or benefits, perform general administrative activities, and process claims. In addition, we disclose information to law enforcement and regulatory agencies to help us prevent fraud. We do not make any disclosures of your financial information to other companies who may want to sell their products or services to you.

## **Uses and Disclosures of Personal Health Information**

We use your personal health information for treatment, healthcare payment and operations as allowed or required by law. We must use and disclose your personal health information to provide information:

- To you or someone who has the right to act on your behalf (your legal or personal representative);
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected; and
- As required by law.

We have the right to use and disclose your personal health information for treatment, to pay for your healthcare, and to carry out our healthcare operations. For example, we may use or disclose your personal health information:

- To pay or deny your claims, to collect your premiums, to share your benefit payment information with your other insurers, and to inform your providers regarding your eligibility for coverage under a health plan;
- To provide customer services to you, or to resolve any complaints you may have;
- To inform the policyholder about determinations made regarding claims submitted for all dependents on the policy;
- To send you a reminder to obtain preventive health services or to inform you about alternative medical treatments or other health-related benefits and services that may interest you (such as our Disease Management Programs);
- To the Idaho Health Data Exchange (IHDE), a collaboration to improve coordination and quality of care, and to other health care entities that provide health care operations on our behalf, and other health improvement or health care cost-reduction programs;
- With others who help us conduct our business operations. However, we will not share your information with these outside groups unless they agree to protect it;
- If you are an enrollee of a group health plan, to share information with the plan sponsor (employer) or the group health plan through which you receive health benefits. However, we will not share detailed health information with your benefit plan unless they agree in writing to protect it;

We may use or disclose personal health information for the following purposes under limited circumstances:

- To meet regulatory requirements of state and federal agencies (such as the Idaho Department of Insurance);
- For public health activities (such as reporting disease outbreaks, child abuse, neglect or domestic violence);
- For government health care oversight activities (such as fraud and abuse investigations);
- For judicial and administrative proceedings (such as in response to a court order);
- For law enforcement purposes (such as providing limited information to locate a missing person);
- For research studies that meet all privacy law requirements (such as research related to the prevention of disease or disability);
- To avoid a serious and imminent threat to health or safety;
- To a coroner, medical examiner, funeral director or organ donation organizations (for reasons such as to identify a deceased person, determine a cause of death, or as authorized by law);
- To a correctional institution or to a law enforcement official (for reasons such as the health and safety of the inmates and for the safety and security of the correctional institution);
- To specialized government functions (such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others);
- To workers compensation carriers or others involved in workers compensation systems (for reasons such as to report information on job-related injuries); and
- To others involved in your health care or payment for health care (for reasons such as to inform your spouse of the status of a claim).

We may not use or disclose any genetic information for our underwriting purposes. We may not sell your personal health information, or use or disclose your personal health information for marketing communications, without your written authorization except where permitted by law.

### **Other Uses and Disclosures of Your Personal Health Information**

By law, we must have your written authorization to use or disclose your personal health information for any purpose that is not set out in this notice (for reasons such as the disclosure of psychotherapy notes). You may revoke your written authorization at any time, except if we have already acted based on your authorization.

### **Potential Impact of State Law**

In some situations, we are required to follow state privacy or other applicable laws that provide greater privacy protections to individuals. If a state law that we follow requires that we not use or disclose protected health information (such as age of majority or parental notification restrictions), then we may not use or disclose that information.

### **Breach Notification**

In the event of a breach of your unsecured health information, we will provide you notification of such a breach as required by law or where we otherwise deem appropriate.

### **Your Rights**

By law, you have the right to:

- Inspect and get a copy of your personal health information held by us upon your written request. An electronic copy may be available in certain circumstances upon request. There may be a fee for copies of this information;
- Have your personal health information amended if you believe (and we agree) that it is wrong or if information is missing. You must make this request in writing and the request must explain why you think the information should be amended;
- Receive, upon written request, a list of instances in which we may have disclosed your personal health information for purposes other than those described in this notice. This list does not include disclosures made for treatment, payment or healthcare operations, certain other activities, and those authorized by you;
- Ask us, upon written request, to communicate with you in a different manner or at a different place (for example, by sending materials to a post office box instead of your home address). Please include in your request if you believe you will be harmed if we sent your information to your current mailing address.
- Ask us to restrict how your personal health information is used and disclosed in order to pay your claims and run our healthcare operations. We are not required to agree to any restriction that you may request; and
- Get a copy of this notice at any time.

### **Questions and Complaints**

If you believe we have violated your privacy rights set out in this notice, you may file a complaint with us at the following address:

Information Privacy Officer  
Blue Cross of Idaho  
P.O. Box 7408  
Boise, ID 83707  
1-877-488-7788

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. We will not penalize or in any other way retaliate against you for filing a complaint with the Secretary or with us. Please contact our Information Privacy Officer at 1-877-488-7788 for more information about this notice.

## DISCRIMINATION IS AGAINST THE LAW

Blue Cross of Idaho and Blue Cross of Idaho Care Plus, Inc., (collectively referred to as Blue Cross of Idaho) complies with applicable Federal civil rights laws and does not discriminate, exclude or treat less favorably on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)).

Blue Cross of Idaho:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - o Qualified sign language interpreters
  - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
  - o Qualified interpreters
  - o Information written in other languages

If you need these services, contact Blue Cross of Idaho Civil Rights Coordinator at 1-800-627-1188 (TTY: 711).

**ATTENTION:** If you speak Arabic, Bantu, Chinese, Farsi, French, German, Japanese, Korean, Nepali, Romanian, Russian, Serbo-Croatian, Spanish, Tagalog, or Vietnamese, appropriate auxiliary aids and language assistance services are available free of charge. Call 1-800-627-1188 (TTY: 711).

**Arabic:** انتبه: إذا كنت تتحدث اللغة العربية ، فإن خدمات المساعدة اللغوية متاحة لك مجاناً اتصل على 1-800-627-1188 (الصم والبكم: 711).

**Bantu:** ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefonta 1-800-627-1188 (TTY: 711).

**Chinese:** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-627-1188 (TTY: 711)。

**Farsi:** توجه: اگر به زبان فارسی صحبت می کنید، خدمات رایگان پشتیبانی زبان، در دسترس شما است. شماره تماس 1-800-627-1188 (TTY: 711).

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-627-1188 (ATS : 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-627-1188 (TTY: 711).

**Japanese:** 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-627-1188 (TTY: 711) まで、お電話にてご連絡ください。

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-627-1188 (TTY: 711)번으로 전화해 주십시오.

If you believe that Blue Cross of Idaho has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance at:

Civil Rights Coordinator  
3000 E. Pine Ave., Meridian, ID 83642  
Telephone: 1-800-274-4018  
Fax: 208-331-7493  
Email: [grievancesandappeals@bcidaho.com](mailto:grievancesandappeals@bcidaho.com)  
TTY: 711

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Nepali:** ध्यान दनिहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको नमिति भाषा सहायता सेवाहरू नै: शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-627-1188 (टिचि: 711) ।

**Romanian:** ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-627-1188 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-627-1188 (телетайп: 711).

**Serbo-Croatian:** OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-627-1188 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-627-1188 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-627-1188 (TTY: 711).

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-627-1188 (TTY: 711).