



## NOTICE OF PRIVACY PRACTICES

*Effective Date: January 1, 2005*

*Rev. September 2013*

**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.**

### **Our Obligations**

We are required by law to:

- Maintain the privacy of protected health information (PHI) of health plan participants' and their dependents;
- Give you this notice of our legal duties and privacy practices regarding health information about you; and
- Follow the terms of our Notice that is currently in effect. We reserve the right to change the terms of this Notice as necessary and to make the new Notice effective for all personal health information maintained by us. Copies of revised Notices may be provided to you directly by regular mail or e-mail with instructions on receiving a paper copy.
- Notify you in the event of a breach of unsecured PHI.

### **Who Must Follow This Notice**

This notice describes the privacy practices of the group health plan and any future health benefit plans maintained through the Diocese of Knoxville. The use of the words "we" and "our" refers to the health plan(s) and not to the Diocese or any of its entities.

### **How We May Use and Disclose Health Information**

The following categories describe ways that we may use and disclose health information that identifies you ("Protected Health Information" or "PHI"). Some of the categories include examples, but every type of use or disclosure of Protected Health Information in a category is not listed. We are prohibited from disclosing genetic information for underwriting purposes. Except for the purposes described below, we will use and disclose PHI only with your written permission. If you give us permission to use or disclose PHI for a purpose not discussed in this Notice, you may revoke that permission, in writing, at any time by providing notice of such intent to revoke to the diocesan director of Employment Services & Benefits (Diocesan Privacy Officer).

- **For Payment.** We may use and disclose Protected Health Information so that we or others may bill or receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your health care provider information about your treatment to verify proper payment for health treatment you receive. We also may disclose PHI about you to obtain pre-approval for health care treatment or to determine whether such treatment is covered by the plan.
- **For Health Care Operations.** We may use and disclose Protected Health Information for health care operations. These are uses and disclosures that are necessary for the administration of the health plans. For example, we may use PHI to review the treatment and services provided to ensure that the care you receive is of the highest quality.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release Protected Health Information to a person who is involved in your medical care or helps pay for your care, such as a family member or friend. We also may notify your family about your location or general condition or disclose such information in the event of a disaster.

### Special Circumstances

- **As Required by Law.** We will disclose Protected Health Information when required to do so by international, federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose Protected Health Information when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, will only be to someone who may be able to help prevent the threat.
- **Business Associates.** We may disclose Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- **Military and Veterans.** If you are a member of the armed forces, we may release Protected Health Information as required by military command authorities.
- **Workers' Compensation.** We may release Protected Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose Protected Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths or child abuse or neglect; notify people of recalls of products they may be using and track products to monitor their use and effectiveness; or notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We also may release PHI to an appropriate government authority if we believe a participant has been the victim of abuse, neglect or domestic violence; however, we will only release this information if you agree or when we are required or authorized by law.

- **Health Oversight Activities.** We may disclose Protected Health 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.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.
- **Law Enforcement.** We may release Protected Health Information if asked by a law enforcement official, for example: (1) in response to a court order, subpoena, warrant, or similar process; (2) to identify or locate a suspect, witness, or missing person; (3) about the victim of a crime under certain limited circumstances; (4) about a death that may be the result of a crime; (5) about criminal conduct on our premises; and (6) in emergency circumstances, to report a crime, the location of victims, or the identity, description, or location of the person who committed the crime.

### Your Rights

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

- **Right to Inspect and Copy.** You have the right to inspect and copy Protected Health Information that may be used to make decisions about your care or payment for your care. To inspect and copy this PHI, you must make a written request to the Privacy Officer.
- **Right to Amend.** If you feel that Protected Health Information we have 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. To request an amendment, you must make a written request to the Privacy Officer.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures of Protected Health Information we made. To request an accounting of disclosures, you must make your request, in writing, to the Privacy Officer.
- **Right to Request Restrictions.**
  - You have the right to request a restriction or limitation on the Protected Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. To request a restriction, you must make your request, in writing, to the Privacy Officer. **We are not required to agree to your request.** If we agree, we will comply with your request unless we need to use the information in certain emergency treatment situations.
  - You have the right to, and we must comply with, restrictions for services for which you have paid in full out of pocket.

- ***Right to Request Confidential Communications.*** You have the right to request that we communicate with you about confidential health care matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. To request confidential communications, you must make your request, in writing, to the Privacy Officer, specifying how or where you wish to be contacted. The Privacy Officer intends to accommodate all reasonable requests.
- ***Right to Opt Out.*** You have the right to opt out of fundraising activities or for marketing purposes, should they ever be undertaken.

### **Changes to This Notice**

We reserve the right to change this Notice and will provide you a copy of any revised or changed Notice. We reserve the right to make the revised or changed Notice effective for Protected Health Information we already have as well as any information we receive in the future. The Notice will contain the effective date on the first page, in the top right-hand corner.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer or the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Privacy Officer, contact the Diocesan Benefits Administrator. All complaints must be made in writing. You will not be penalized for filing a complaint.

If you have any questions about any part of this Notice of Protected Health Information Privacy Practices or desire to have further information concerning the privacy practices of The Roman Catholic Diocese of Knoxville, Tennessee Group Health Plan, please direct your inquiries to: Director, Employment Services & Benefits, Diocese of Knoxville, 805 S. Northshore Drive, Knoxville, TN 37919, telephone number (865)584-3307.