

MY HEALTH CARE MANAGER, INC.

NOTICE OF HIPAA PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION

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.

You have received this notice because you have become a Member in My Health Care Manager, Inc. This Notice refers to My Health Care Manager, Inc. by using the terms "us", "we", or "our". We are committed to protecting the confidentiality and security of information we collect about you, especially health information.

We collect, use and disclose information about you for the purpose of helping us provide you with a program of health care management, advisory, and advocacy services. This Notice describes how we protect the Personal Health Information we have about you which relates to this program of health care management, and how we may use and disclose this information. Personal Health Information is medical information about you, including demographic information, that may identify you and that relates to your past, present or future health, treatment or payment for health care services. This notice also describes your rights with respect to the Personal Health Information and how you can exercise those rights.

We are required to provide you with this Notice in accordance with federal health privacy regulations that were issued as a result of the Health Insurance Portability and Accountability Act ("HIPAA"). We are required by law to maintain the privacy of your Personal Health Information; to provide you this notice of our legal duties and privacy practices with respect to your Personal Health Information; and to follow the terms of this Notice.

We reserve the right to change the terms of this Notice. Any such changes will apply to all Personal Health Information that we already have about you as well as any Personal Health Information that we may receive in the future. If we make a material change to the terms of this Notice, we will promptly send the revised Notice to you if you are a Member with us when the revised Notice becomes effective.

**USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION**

This information describes when we may use and disclose your Personal Health Information with your written authorization and without your authorization.

**Use and Disclosure With Your Authorization:** Except as described below, we will not use or disclose your Personal Health Information for any reason unless we have a signed authorization from you or your legal representative to use or disclose your Personal Health Information. Please contact your Health Care Manager to obtain and complete a form updating your authorizations. You or your legal representative have the right to revoke an authorization in writing, except to the extent that we have taken action relying on the authorization, or if the authorization was obtained as a condition of establishing or maintaining you as a Member in My Health Care Manager, Inc..

**Use and Disclosure for Treatment:** My Health Care Manager is not involved in any way in providing medical care to you; however, a doctor or health facility involved in your care may, for instance, request Personal Health Information that we hold about you in order to make decisions about your care. We may use and disclose your Personal Health Information as necessary for such treatment.

**Use and Disclosure for Health Care Operations Related to Services We Provide to You:** We may use and disclose your Personal Health Information for our health care operations related to the services we provide to you. Our operations may include communications with you, with providers of health care, your family members, and other individuals you have designated to be informed about your Personal Health Information, for the purposes of management and coordination of your health care. We may also use and disclose Personal Health Information to assist you in seeking and receiving additional services. In addition, we may use or disclose Personal Health Information to support our operation's business functions including quality assessment and improvement activities, reviewing the performance of our Health Care Managers, conducting training programs, and to conduct or arrange for medical review, legal services, business planning and development regarding the management and operation of our health care management processes, or auditing, including fraud and abuse detection and compliance programs.

**Use and Disclosure with Business Associates:** We may also disclose Personal Health Information to non-affiliated business associates, but only if the receipt of Personal Health information is necessary to provide a service to us and the business associate agrees to protect the Personal Health Information according to HIPAA rules. Examples of business associates are: billing companies, data processing companies, auditors, claims processing companies and companies that provide general administrative services.

**Uses and Disclosures Where Authorized or Required by Law:** We may use or disclose your Personal Health Information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.

**Uses and Disclosures for Public Health Reasons:** We may also use or disclose Personal Health Information for public health reasons. These reasons may include the following: (1) prevention or control of disease, injury or disability; (2) to report abuse or neglect; (3) to report reactions to medications or problem with products; (4) to notify individuals of recalls of medications or products they may be using and track FDA regulated products as directed by the FDA; and (5) to notify a person who may have been exposed to a disease, or may be at risk for contracting or spreading a disease or condition.

**Use and Disclosures to Family, Friends or Others Involved in Your Care:** With your written approval, we may disclose your Personal Health Information to designated family members, friends, personal representatives, or other individuals that you may identify as involved in your care or involved in the payment for your care. Should you become incapacitated or be in the face of an emergency medical situation and not able to provide us with your written approval, we may disclose Personal Health Information about you that is directly relevant to such person's involvement in your care or payment for such care. Your Personal Health Information is available to you, designated family members, friends, personal representatives, or other individuals you have designated via the Internet at a secure website to which only individuals you have designated will have access via a password. We are not responsible for the safeguarding of passwords among Member and designees.

**Victims of Abuse, Neglect or Domestic Violence:** As permitted or required by law, we may disclose your Personal Health Information to an appropriate government authority if we reasonably believe you are the victim of abuse, neglect or domestic violence.

**Health Oversight Activities:** As required by law, we may disclose your Protected Health Information to health oversight agencies for activities that are necessary for the government to monitor the health care system, government benefit programs, compliance with program standards, and compliance with civil rights laws. Such disclosure will occur during audits, investigations, inspections, licensure, and other government monitoring activities.

**Judicial Proceedings, Lawsuits and Disputes:** We may disclose your Personal Health Information in response to an order of a court or administrative tribunal, provided that we disclose only the Personal Health Information expressly authorized by such order. We may disclose your Personal Health Information when responding to a subpoena, discovery request, or other lawful process where there is no court order or administrative tribunal. Under these circumstances, we will require satisfactory assurance from the party seeking your Personal Health Information that such party has made reasonable effort either to ensure that you have been given notice of the request or to secure a court order protecting your Personal Health Information.

**Law Enforcement:** We may disclose your Personal Health Information, within limitations, if asked to do so by a law enforcement official for a law enforcement purpose, if it is: (1) to identify or locate a suspect, fugitive, material witness, or missing person; (2) about the victim of a crime if the individual agrees to the disclosure, or due to incapacity or emergency, we are unable to obtain the individual's agreement; or (3) about a death we suspect may have resulted from criminal conduct.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose your Personal Health Information when we believe in good faith it is necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public. Any disclosure, however, would only be to a person able to help prevent the threat.

**Governmental Functions:** We may disclose the Personal Health Information of individuals who are members of the Armed Forces, as required by appropriate military command authorities. Personal Health Information may be disclosed for purposes of determining an individual's eligibility for or entitlement to benefits under appropriate military laws. We may also disclose the Personal Health Information of foreign military personnel to the appropriate foreign military authority. We may disclose your Personal Health Information to authorized federal officials for lawful intelligence, counterintelligence, and other national security

activities as authorized by law. We may disclose your Personal Health Information to authorized federal officials, so they may adequately provide protection to the President, other authorized persons, or foreign heads of state. Personal Health Information may also be disclosed to conduct special investigations.

## YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

You have the following rights as a consumer under HIPAA concerning the Personal Health Information we have about you in our records. Any request to exercise your rights as described below should be made in writing and sent to **My Health Care Manager, Inc., HIPAA Privacy Administration, 8520 Allison Pointe Boulevard, Suite 230, Indianapolis, IN 46250**. Also, should you wish to terminate a request that has been accommodated, such termination request must also be in writing and sent to the same address listed above. Your request should include your full name and address. Generally, we will respond to these requests within 30 days of receipt.

**Right to Request Restrictions:** You have the right to request that we restrict or limit our use or disclosure of your Personal Health Information that would otherwise be permitted for purposes related to your health care treatment, payment, or our health care operations related to the services we provide, or that we disclose to someone who may be involved in your care or payment for your care, like a family member, friend or personal representative. While we will consider your request, we are not required to agree to your restriction. If we do agree to the restriction, we will not use or disclose your Personal Health Information as requested, but reserve the right to terminate the agreed to restriction if such termination is deemed appropriate. In your request to restrict use and disclosure, 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 or child). We will not agree to restrictions on Personal Health Information uses or disclosures that are legally required, or which are necessary to administer our business.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about Personal Health Information in a certain way or at a certain location. Such a request must be in writing and sent to the address listed above. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Right to Inspect and Copy Your Personal Health Information:** You have the right to inspect and obtain a copy of the Personal Health Information that is contained in records maintained, used, collected or disseminated by us. You may inspect or obtain a copy of your Personal Health Information by requesting this assistance from your Health Care Manager through a written request.

In certain very limited circumstances we will provide you with a written denial of your request to inspect and copy with no opportunity for appeal. Those circumstances include: (1) the Personal Health Information you are requesting to inspect is specifically prohibited by law; or (2) the information you are requesting was confidentially obtained from a source other than a health care provider and if you were granted access you could find out the identity of the source.

If we deny your request for reasons other than those listed above, you will have an opportunity to have the denial reviewed if the denial was based on a licensed health care professional's opinion that the access is reasonably likely to endanger the life or physical safety of you or another individual, or your Personal Health Information makes reference to another person, and we believe that the requested access would likely cause substantial harm to the other person. If this occurs, a licensed health care professional chosen by us will review the request and denial. The person conducting the review will not be the person who denied your request. The review will be final and we will comply with the outcome of the review.

**Right to Amend Your Personal Health Information:** You have the right to request an amendment to your Personal Health Information if you believe the Personal Health Information we have about you is incorrect or incomplete. You have this right as long as your Personal Health Information is maintained by us.

To request an amendment, you must submit a written request to the address listed above. You must provide us with a reason that supports your request. We may deny your request for an amendment in any of the following circumstances: (1) your request is not in writing, or it does not include a reason to support the request; (2) the Personal Health Information to which your request refers was not created by us, unless the person or entity that created the Personal Health Information is no longer available to make the amendment; (3) the Personal Health Information to which your request refers is not part of the medical information kept by us; (4) the Personal Health Information to which your request is not part of the information you would be permitted to inspect or copy; or (5) the Personal Health Information to which your request refers is accurate and complete.

**Right to Receive an Accounting of Disclosures of Your Personal Health Information:** You have the right to request an accounting or list of disclosures we have made of your Personal Health Information. This list will not include disclosures made to providers, payors, or others for treatment or to otherwise support your medical care, made for purposes of national security, made to law enforcement or to corrections personnel, made pursuant to your authorization, made incident to a use or disclosure permitted or required by law, or made directly to you. Apart from such disclosures, My Health Care Manager does not intend to make other disclosures without your awareness and authorization. Should such a disclosure occur, My Health Care Manager would notify you of such occurrence. To request a list of such disclosures, you must submit your request in writing to the address listed above. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years and may not include dates before March 26, 2006. The first list you request within a 12-month period will be free. We reserve the right to charge you for responding to any additional request within the same 12-month period. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us. To file a complaint with us, you must submit a written complaint to the address listed below. The complaint should contain a brief description on how you believe your rights have been violated. You can be assured that My Health Care Manager will not retaliate against you for filing a complaint.

You may also file complaints with the United States Department of Health and Human Services at:

**United States Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201**

**For Further Information:** For further information regarding this Notice of My Health Care Manager's privacy practices, please contact **My Health Care Manager, Inc., HIPAA Privacy Administration, 8520 Allison Pointe Boulevard, Suite 230, Indianapolis, IN 46250.**

**Effective Date:** This Notice is effective March 26, 2006.