

Notice of Information Privacy Practices

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.

The Health Insurance Portability and Accountability Act (HIPAA) requires that Consociate•Dansig protect the privacy of the personal health information (PHI) of its members. We must also make the following information regarding our legal duties and privacy practices available to you. If you wish to receive additional copies of this Notice, they are available upon request. This Notice is effective **04/13/2003**.

Permitted Uses of Your PHI

Consociate•Dansig may use or disclose your PHI for the following purposes:

Treatment – the provision, coordination, or management of the health care you receive by one or more doctors. Treatment also includes consultations between two or more doctors, or your referral from one doctor to another.

For example, if you were to suffer a stroke, we may provide your PHI to a physical therapist, to ensure you receive proper treatment.

Payment – Activities taken by Consociate•Dansig to collect premiums or determine or fulfill our responsibility for coverage and benefits under your plan. It also includes activities by Consociate•Dansig or your provider(s) to obtain or provide reimbursement for the payment you receive.

For example, when you go to the doctor, your doctor will submit a claim to Consociate•Dansig in order to receive payment.

Consociate•Dansig may need to use or disclose PHI in order to determine proper payment.

Health Care Business Operations – activities we do to maintain our company. This includes activities such as:

- Conducting quality assessment and improvement
- Reviewing the qualifications of health care professionals
- Evaluating providers' and our employees' performance
- Conducting training programs
- Determining premiums or similar actions relating to creation or renewal of contracts for health benefits
- Conducting medical review, legal services, and auditing functions (such as our Fraud and Abuse Program)
- Business planning and development
- Business management and general administrative activities (such as resolving internal complaints, and things we do to comply with the Privacy Rule)

For example, your PHI may be used to evaluate guidelines and procedures at Consociate•Dansig or our business partners, to improve them when possible. We may also provide your PHI to our accountants, attorneys and others, to ensure we are following the laws that apply to us.

Public Health Activities – We may disclose PHI to public health and government agencies authorized by law to collect PHI. This would be done for purposes such as reporting, controlling and preventing disease, injury, disability or vital events. It can also include disclosures to:

- representatives of the Food and Drug Administration (FDA) or persons subject to the FDA
- a person who may have been exposed to a communicable disease or condition, when permitted by law
- an employer, if the PHI pertains to, a work-related illness or injury or work-related medical surveillance
- a government agency authorized to receive reports of abuse, neglect, or domestic violence, if we believe that such an instance has occurred.

Where Required by Law – We may disclose PHI where a state or federal law or court requires us to do so.

Health Oversight Activities – We may disclose PHI to government agencies, so they may monitor and maintain government benefit programs and other organizations subject to government regulations.

Judicial and Administrative Proceedings - We may disclose PHI in the course of a judicial or administrative proceeding in response to an order of a court or administrative tribunal or in response to a subpoena, discovery request or other lawful process, provided that certain requirements are met.



Notice of Information Privacy Practices

Law Enforcement Purposes – We may disclose PHI to a law enforcement official when asked to do so by a court, subpoena or other request. We may also provide limited PHI for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person. In some cases, we may also disclose PHI if it is suspected you may have been the victim of a crime, or if we believe a crime has occurred on Consociate•Dansig premises and your PHI relates to the incident.

Decedents – We may disclose PHI to a coroner or medical examiner for identification, determining a cause of death, and other similar activities. We may also disclose PHI to funeral directors as necessary to carry out their duties with respect to the decedent.

Organ Donation – We may disclose PHI to organizations involved in organ, eye and tissue retrieval, storage, and transplantation, but only for those purposes.

Research – We may disclose PHI for medical research. This will only happen if an appropriate review board approves the disclosure.

Averting a serious health threat – We may disclose PHI if we believe it is necessary to prevent or lessen an immediate threat to you, another individual or the health of the public.

Specialized government functions – We may disclose PHI for national security reasons. We may also disclose PHI for certain military and veteran's activities, as well as correctional institutions.

Enrollment/Disenrollment – We may disclose your PHI to your employer or their representative if it relates to your (or your dependents') enrollment or disenrollment from the plan.

Friends and Family Members – We may disclose PHI to your family members, relatives, personal friends or other individuals under the following circumstances:

- If you give us permission to do so
- To notify your representative or other person involved in your care of your location, general condition or death
- When you are incapacitated, not present, or in emergency circumstances, if we have reason to believe that the disclosure is in your best personal interest
- We may disclose your information to public or private groups in the disaster relief, in order to notify or locate a relative or other individual involved in your care.

De-identified Information – We may use your PHI to create de-identified information. This is information which may pertain to you, but does not identify you.

Health-related benefits or services – We may use PHI to send you information about other health care treatment, services, or benefits.

Other Uses of Your PHI

Consociate•Dansig will not use or disclose your PHI for any other purpose unless we have your written permission to do so. If we want your permission, we will give you an Authorization Agreement. It will explain our request. You are not required to sign it. If you do sign it, and later want to revoke your authorization, you may do so in writing. Please direct your letter to the Privacy Officer, at the address below.

State Restrictions

Illinois state law also imposes restrictions on how we use your PHI. Generally, Consociate•Dansig may not disclose any PHI regarding your diagnosis, treatment, or health without your consent. We may disclose PHI without your consent to comply with state law, in response to a claim or litigation, to implement public medical assistance programs, and when disclosure of PHI is required by law.

Genetic Information – Consociate•Dansig will not disclose your genetic information without your prior written authorization. We will not require you to disclose the genetic information of you or your dependents.



Notice of Information Privacy Practices

Mental Health Records – Records relating to the mental health treatment and legal proceedings concerning patients or residents of mental institutions are confidential. They generally may not be disclosed without consent of the patient or guardian. Disclosure is permitted to carry out treatment or commitment of the individual, upon court order, and in some law enforcement circumstances. Disclosure is also permitted, upon proper inquiry, of information as to the current medical condition of a patient or resident to any member of the patient's family.

Organ Transplants – Records containing the source of body parts for transplantation or any information concerning persons donating body parts for transplantation are confidential. They are not open to public inspection.

Member Rights

This section explains some of your rights regarding your access to your PHI.

Right to Request Restrictions – You have the right to request restrictions in how your PHI may be used or shared with others regarding Treatment, Payment, and Business Operations. Your request must be in writing. Please direct your request to the Privacy Officer, at the address below. Consociate•Dansig is not legally required to agree to your request. If we agree to your request, that agreement will be binding.

Right of Access – You have a limited right to obtain and inspect a copy or receive a summary or oral description of a file that contains your PHI. If you want to do this, your request must be in writing. Please direct your request to the Privacy Officer, at the address below. Once we receive your request, a determination will be made within thirty (30) days. If we approve your request, a small fee based on your request will be charged for this service.

Right to Receive a Confidential Communication – If you believe that receiving your PHI at your home address could endanger you, you have the right to request that any communication be sent to an alternate location. You may also receive your information by other means. Please include this information with your written request to the Privacy Officer at the address below.

Right to Amend – If you believe that PHI created and maintained by Consociate•Dansig is incorrect, you have the right to request that it be amended. Your request must be in writing. It must include the reason you wish it to be amended. Please direct your request to the Privacy Officer, at the address below. Once we receive your request, a determination will be made within sixty (60) days.

Right to Accounting of Disclosures – You have a limited right to receive a report of the instances in which we have disclosed your PHI for any purpose other than Treatment, Payment, Health Care Business Operations or disclosures we make pursuant to your authorization, as explained in this Notice. You may not request an accounting of disclosures made more than six years prior to your request. All requests must be in writing. Please specify the exact time frame you want the account to include. Please direct your request to the Privacy Officer, at the address below. The first report processed for you within a twelve (12) month period will be done without charge. A small fee based on your request will be charged for additional reports within the same twelve (12) month period.

Right of Complaint – If you believe your privacy rights have been violated, you have the right to register a complaint with us or the Department of Health and Human Services. If you wish to register a complaint with Consociate•Dansig, you should submit this complaint in writing to the Privacy Officer at the address below. No action will be taken against you for filing a complaint.



Notice of Information Privacy Practices

Any written requests concerning your rights explained above should be sent to:

Privacy Officer
Consociate • Dansig
P.O. Box 1068
Decatur, IL 62525

For further explanation of the information contained in this Notice, please contact the Customer Service Department. Our representatives may be reached at 217-423-7788 (locally) or 1-800-798-2422 (toll-free).

Consociate • Dansig is required to follow the terms of this Notice. Please note that we reserve the right to make changes to this Notice and the terms of the new notice will apply to all PHI that we maintain. If any changes are made, we will provide you a revised copy, via mail. If you wish to receive a copy of this Notice, or any future revisions electronically, please contact our Customer Service Department at the telephone number(s) above. Receiving a Notice electronically will not affect your right to receive a paper copy.



CONSOCIATE • DANSIG