

## Patriot Retirees Voluntary Employees' Beneficiary Association

### NOTICE OF 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 Patriot Retirees Voluntary Employees' Beneficiary Association ("VEBA") is required by the law, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), to:

- Make sure that medical and payment information that identifies you is kept private;
- Give you this Notice about our legal duties and privacy practices with respect to medical and payment information about you; and
- Follow the terms of the Notice that is currently in effect.

#### **I. HOW THE VEBA MAY USE AND DISCLOSE MEDICAL AND PAYMENT INFORMATION ABOUT YOU**

The VEBA uses and discloses medical and payment information for many different reasons. Below, we describe the different categories of our uses and disclosures and give you some examples of each category. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Whenever an arrangement between the VEBA and a third-party "business associate" involves the use or disclosure of your medical or payment information, the VEBA will have a written contract that contains terms that will protect the privacy of this information. In such cases, the VEBA will only use or disclose the minimum necessary information to accomplish the purpose of the use or disclosure.

1. **For Treatment.** The VEBA will use and disclose your medical information as needed to coordinate or manage your medical care and any related services. This includes the coordination or management of your medical care with medical service providers and business associates of the VEBA. For example, the VEBA may disclose your medical information to refer you to a program for managing diabetes or heart disease. The VEBA may disclose your medical information to a durable medical equipment company to provide equipment or supplies to you. We may also disclose our medical information to a local agency to provide home health services or meal services. We may disclose your information to local community resources to connect you with appropriate assistance to help you in your efforts to stay healthy and independent.

2. **Payment.** Your medical information will be used, as needed, to provide payment for health care services. This may include determining your eligibility and coverage for health services, reviewing services provided to you to determine if they are medically necessary, and performing utilization review activities, such as pre-approving services before you use them.  
For example, the VEBA may review your eligibility information to determine what your medical benefits are. The VEBA may use your medical information to approve a hospital or nursing home stay. The VEBA may also use your medical and payment information to obtain payment from or coordinate payment with responsible third parties.
3. **Healthcare Operations.** The VEBA may use or disclose, as needed, your medical or payment information in order to support the business activities of the VEBA health plan. For example, the VEBA may use your claims payment records to review the quality of our claims payment operations. The VEBA may share your medical or payment information with business associates that perform various activities (e.g. billing) for the VEBA health plan. The VEBA may also provide your claims payment information to business associates such as accountants, attorneys, consultants, and others as necessary to make sure the VEBA is compliant with the law.
4. **Health-Related Benefits and Services.** The VEBA may use and disclose medical and payment information about you to tell you about health-related benefits or services that may be of interest to you. For example, the VEBA may use your medical and payment information to inform you about flu shot clinics, transportation services such as van services, or health fairs. Your information may be used to ensure that the proper medications are being prescribed, that emergency room visits are the appropriate level of care, and that nursing home care is medically necessary and should be utilized. The VEBA may also use your information to determine if your medical conditions put you at risk for maintaining your health and independent living.
5. **As Required By Law.** The VEBA will use or disclose our medical and payment information when required to do so by federal, state, or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. The VEBA may disclose medical and payment information required for law enforcement purposes or in response to a court or administrative order, subpoena, discovery request, or other lawful purpose.
6. **For Public Health Activities.** The VEBA may disclose your medical and payment information for public health activities to a public health authority that is permitted by law to collect or receive such information.

For example, The VEBA may notify the appropriate government authority to report suspected child abuse, neglect or domestic violence. The VEBA will only release this information if you agree, or if the disclosure is required by law, or if the disclosure is authorized by law and necessary to prevent serious harm to you or other potential victims.

7. **For Health Oversight Activities.** The VEBA may disclose medical and payment information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These activities are necessary for the government to monitor the health care system, compliance with civil rights laws, and government programs such as Medicare. For example, the VEBA will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization. The VEBA may disclose medical and payment information to assist government programs in their study and development or programs for senior citizens.
8. **For Addressing Fraud.** The VEBA may disclosure medical and payment information for investigating or preventing fraud and abuse.
9. **To Individuals Involved In Your Care or Payment For Your Care.** Unless you object, the VEBA may release or discuss your medical and payment information to a family member, relative, friend, or any other persons that you identify who is involved in your care or the payment for your health care. The VEBA may also use or disclose medical and payment information to notify or assist in notifying your family or friends about your general condition, location, or death. The VEBA may disclose this information to help in assisted living arrangements, nursing home benefits, additional VEBA benefits, and estate planning.

If you are unable to agree to or object to such a disclosure, the VEBA may disclose such information as necessary if we determine that it is in your best interest based on the VEBA's professional judgment.

10. **To Avoid Harm.** The VEBA may use and disclose medical and payment information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to prevent the threat, such as law enforcement personnel.
11. **For Disaster Relief Efforts.** The VEBA may disclose medical information about you to an authorized organization assisting in a disaster relief effort so your family can be notified about your condition, status, and location. The VEBA may disclose information to assist in the replacement of durable medical equipment, pharmacy medication, and transportation.
12. **For Workers' Compensation Purposes.** The VEBA may provide medical and payment information in order to comply with workers' compensation laws.
13. **For Deceased Participants.** The VEBA may disclose medical and payment information to coroners, medical examiners, and funeral directors to carry out their duties.
14. **For Specialized Government Functions.** The VEBA may disclose medical and payment information to authorized governmental officials for lawful security and

intelligence activities.

**ALL OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION.** For additional information about the use and disclosure of your medical and payment information, see:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/>.

In any other situation not described above, the VEBA or its third party administrators will ask for your written permission before using or disclosing any of your medical and payment information. If you choose to sign an authorization to disclose your medical and payment information, you can revoke that authorization at any time in writing. This will stop any future uses and disclosures to the extent that the VEBA have not already taken action based on the authorization. If you are unable to provide consent, the VEBA will share your information only if it believes, in its professional judgment, that it is in your best interest to do so.

The VEBA will not use or sell your medical and payment information without your express consent. The VEBA will not use or disclose your genetic information for underwriting purposes. Notwithstanding anything in this Policy to the contrary, most uses and disclosures of psychotherapy notes require your consent as well.

## **II. YOUR RIGHTS REGARDING YOUR HEALTH AND PAYMENT INFORMATION**

You have the following rights:

### **1. The Right to See and Get Copies of Your Medical and Payment Information.**

In most cases, you have the right to look at or get copies of your medical and payment information held by the VEBA. You must request this information in writing. The VEBA or its third party administrators will respond within 30 days of receiving your request. The VEBA may charge a fee for the cost of providing a copy of the information.

In certain situations, the VEBA or its third party administrators may deny your request. If that happens, the VEBA or its third party administrators will tell you in writing the reasons for the denial and explain your right to have the denial reviewed.

### **2. The Right to Request Limits on the Uses and Disclosures of Your Medical and Payment Information for Healthcare Operations Purposes.**

You have the right to ask that we limit how we disclose your information so long as the restrictions do not interfere with the VEBA's ability to perform treatment, payment, and health care operations. Restrictions may include asking that the VEBA or its third party administrators limit how your information is disclosed to persons you identify. You may not limit the uses and disclosures that the VEBA or its third party administrators are

legally required or allowed to make.

Your written request must state the specific restriction requested and to whom you want the restriction to apply. The VEBA or its third party administrators will consider reasonable requests, though the VEBA or third party administrator are not legally required to accept all requests. The VEBA or the third party administrators will try to comply with your wishes that do not impede our operations. If your request is accepted, the VEBA or its third party administrators will put any limits in writing and abide by them except in emergency situations. If your request is denied, you will be notified in writing.

**3. The Right to Choose How The VEBA or Third Party Administrators Send Medical and Payment Information to You.**

You have the right to ask that we send information to you to a different address such as a relative's or work address or by an alternate means, such as by telephone instead of regular mail. Your request must be in writing. The VEBA or its third party administrators must agree to your request so long as the information can be reasonably provided in the format you requested.

**4. The Right to Get a List of the Disclosures The VEBA or Third Party Administrators Have Made.**

You have the right to get a list of instances in which we have disclosed your medical or payment information. The list will not include uses or disclosures made for treatment, payment, or health care operations, those made directly to you or to your family, or those that you authorized. The list also will not include disclosures made for national security purposes, to corrections or law enforcement personnel.

The VEBA or third party administrators will respond within 60 days of receiving your request. The list we will give you includes disclosures made in the last six years unless you request a shorter time. The list will include the date of disclosure, to whom the information was disclosed (including their address if known), and the reason for the disclosure. The VEBA or the third party administrators will provide the list to you once in a twelve-month period at no charge.

**5. The Right to Correct or Update Your VEBA Medical and Payment Information.**

If you believe that there is a mistake in your medical or payment information or that a piece of important information is missing, you have the right to request that the VEBA or third party administrators correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. The VEBA or third party administrators will respond within 60 days of receiving your request; if additional time (up to 30 days) is necessary, the Fund will notify you in writing.

The VEBA or third party administrators may deny your request in writing if the information is (i) accurate and complete, (ii) not created by the VEBA or its third party administrators, (iii) not allowed to be disclosed, or (iv) not part of the VEBA or third party administrator's records. The written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request that your request and the VEBA or its third party administrators denial be attached to all future disclosures of your medical or payment information.

If your request is approved, the VEBA or its third party administrators will make the change to your information, inform you that it has been done and tell others that need to know about the change.

**6. The Right to Get This Notice by E-Mail.**

You have the right to get a copy of this notice by e-mail.

**III. CHANGES TO THIS NOTICE**

The VEBA reserves the right to change the terms of this notice and the VEBA's privacy policies at any time. Any changes will apply to information the VEBA or its third party administrators already have as well as any information that is received in the future. The VEBA or its third party administrators will send a revised copy of this Notice to all health plan participants within 60 days of the material revision.

**IV. HOW TO EXERCISE YOUR RIGHTS**

You may call the VEBA at 1-800-500-4277 for assistance. The VEBA or its third party administrators will then help you determine when you need to file a written request and provide you with the correct form and instructions.

**V. HOW TO OBTAIN MORE INFORMATION OR COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you think the VEBA or its third party administrators have violated certain privacy rights, or you disagree with a decision that has been made about access to our medical and payment information, you may file a complaint with the VEBA Privacy Officer. The VEBA or its third party administrators will take no retaliatory action against you if you file a complaint about the VEBA or third party administrator's privacy practices.

If you have any questions about this notice or any complaints about the VEBA or third party administrator's privacy practices, contact the VEBA Privacy Officer at:

Privacy Officer  
Board of Trustees Patriot Retirees Voluntary Employees' Beneficiary Association  
18354 Quantico Gateway Drive, Suite 200  
Triangle, VA 22172

or by telephone at 703-291-2415.

You can also file a complaint or obtain more information by contacting the Department of Health and Human Services at 1-877-696-6775, sending a letter to 200 Independence Avenue, SW, Washington, DC 20201, or by visiting:  
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/>.

**VI. EFFECTIVE DATE OF THIS NOTICE.**

This notice goes into effect on July 1, 2013.