

Your Harvard Pilgrim Health Care Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

The privacy of your information is important. Harvard Pilgrim may collect, use and disclose financial and medical information about you when doing business with you or with others.

Harvard Pilgrim Health Care, Inc. and its affiliates and subsidiaries, including Harvard Pilgrim Health Care of New England and HPHC Insurance Company take the protection of your personal privacy seriously. We do this in accordance with Harvard Pilgrim's privacy policies and applicable state and federal laws for all of our benefit designs. Harvard Pilgrim also requires its business partners who administer health care coverage to you on our behalf to protect your information in accordance with applicable state and federal laws.

We may make a change to this notice and our privacy practices at any time, as long as the change is consistent with our current privacy policies and state and federal law. If we make an important change to our policies, we will notify you by mail or electronically as permitted by applicable law. We will also post the revised notice on our web site, www.hphc.org. For members enrolled in a student health plan offered by HPHC insurance company and administered by UnitedHealthcare Student Resources, you may also access the revised notice at www.uhcsr.com.

This notice is effective 7/1/2013 and supersedes the revision dated September 1, 2004.

WHAT IS PERSONAL AND HEALTH INFORMATION?

Personal and Health Information (referred to as 'information' elsewhere in this notice) includes protected health information (PHI) and individually identifiable information like your name and social security number. PHI is health information related to your physical or behavioral health condition used in providing health care to you or for payment for health care services. We protect all forms of information including electronic, written and verbal information.

TO WHOM WILL HARVARD PILGRIM DISCLOSE MY INFORMATION?

Harvard Pilgrim may disclose information to:

- Our Business Associates and Business Partners:
 - Harvard Pilgrim may contract with other organizations to provide services on our behalf. In these cases, Harvard Pilgrim will enter into an agreement with the organization explicitly

outlining the requirements associated with the protection, use and disclosure of your information.

- Your Family and Others:
 - When you are unavailable to communicate, such as during an emergency
 - When you have previously indicated an individual is your personal representative
 - When the information is clearly relevant to their authorized involvement with your health care or payment for health care. For example, we may confirm a claim has been received or paid if an individual has prior knowledge of the claim.
 - When sharing co-payment, coinsurance and deductible information with subscribers for dependents in order to facilitate management of health costs and Internal Revenue Service verification.
 - When sharing a minor's information with

parents who have custodial rights when that information is not further restricted by pertinent state or federal law. Information related to any care a minor may seek and receive without parental consent remains confidential unless the minor authorizes disclosure.

- Your Providers and Others Involved in Your Care:
 - Harvard Pilgrim may share information with those involved in your care for quality initiatives, safety concerns and coordination of care. Examples include state-mandated quality improvement initiatives, results of laboratory tests not otherwise restricted by law, and clinical reminders sent to your primary care provider.
 - Your employer-sponsored health benefit plan administrator
 - When sharing data used for enrollment and Plan renewal with your Plan Sponsor (your employer and/or their representatives, if you are enrolled through an employer)
 - When providing detailed claims and other health plan information to your Plan Sponsor after receiving appropriate certifications that the Plan Sponsor agrees to protect your privacy and the information will not be used for employment decisions. For example, supporting an employer's efforts to design and develop a wellness program for employees by sharing results of screening tests offered for evaluating common medical conditions and responses to health status questionnaires employees may elect to complete and submit.

HOW WILL HARVARD PILGRIM USE AND DISCLOSE MY INFORMATION?

In order to provide coverage for treatment and to pay for those services, we need to use and disclose your information in several different ways. Harvard Pilgrim maintains and enforces company policies governing the use and disclosure of information. Our staff is trained to handle your information appropriately and to only use information required for their roles. The following are examples of the types of uses and information disclosures we are permitted to make without your authorization:

FOR PAYMENT

Harvard Pilgrim will use and disclose your information to administer your health benefits. This may involve the determination of eligibility, claims payment, utilization review activities, medical necessity review, coordination of benefits, appeals and external review requests. Examples include:

- Paying claims that were submitted to us by physicians and hospitals
- Transmitting information to a third party to facilitate administration of a Flexible Spending Account, a Health Savings Account, a Health Reimbursement Account or a dental benefits plan.

FOR HEALTH CARE OPERATIONS

Harvard Pilgrim may use and disclose your information for operational purposes, such as care management, customer service, coordination of care or quality improvement. Examples include:

- Assessing the quality of care and outcomes for our members
- Learning how to improve our services through the use of internal and external surveys
- Reviewing and credentialing our affiliated physicians and institutions
- Evaluating the performance of our staff, such as reviewing our customer service representatives' phone conversations with you
- Seeking accreditation by independent organizations, such as the National Committee for Quality Assurance
- Engaging in wellness programs, preventive health, early detection, disease management, health risk assessment participation initiatives, case management and coordination of care programs, including sending preventive health service reminders
- Using information for underwriting, establishing premium rates and determining cost sharing amounts, as well as administration of reinsurance policies. (Harvard Pilgrim will not use or disclose any genetic information it might otherwise receive for underwriting purposes.)
- Facilitating transition of care from and to other

insurers, health plans or third party administrators

- Other general administrative activities, including data and information systems management, risk management, auditing and detection of unlawful conduct

FOR TREATMENT

Harvard Pilgrim may disclose your information to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) in connection with your treatment. Examples include:

- Quality improvement and cost containment wellness programs, preventive health initiatives, early detection programs, safety initiatives and disease management programs. For example, Harvard Pilgrim may disclose information to physicians involved in your care. This includes a list of medications you've received using your Harvard Pilgrim coverage (this will alert your treating physicians about any medications prescribed for you by other providers and will help minimize potential adverse drug interactions).
- To administer quality-based cost effective care models. For example, if you receive your treatment through a "Medical Home," a setting in which team-based care is led by your physician, Harvard Pilgrim may share information with the Medical Home providers about the services you receive elsewhere to assure effective and high quality care is coordinated.
- Harvard Pilgrim may receive your test results from labs you use, from your providers or directly from you. These results may be used to develop tools to improve your overall health, and may be shared with providers involved in your care.

FOR OTHER PERMITTED PURPOSES

Harvard Pilgrim may use or disclose your information for the following permitted purposes:

- To provide data for **health services research** to improve the health of our members and the community. Harvard Pilgrim may use your health information for research purposes when our Human Subjects Committee has reviewed

the research proposal and approved the research based on established protocols to ensure your privacy.

- To comply with laws and regulations related to **Workers' Compensation**.
- For **public health activities** such as assisting public health authorities with disease prevention or disease control. This can include data collection by state government-mandated or -sponsored consortiums or public health authorities.
- For **health oversight activities** data may be submitted to a government agency authorized to oversee the health care system or government programs, or to its contractors. Examples include the U.S. Department of Health and Human Services (HHS), a state insurance department or the U.S. Department of Labor for activities authorized by law, such as audits, examinations, investigations, inspections and licensure activity.
- In response to a **court order** or an administrative tribunal and, in certain cases, in response to a subpoena, discovery request or other lawful process.
- To funeral directors or coroners so they can carry out their lawful duties. Harvard Pilgrim may also disclose information **about a decedent** to the executor, administrator or other person with authority to act on behalf of the decedent's estate.
- To **organ procurement** organizations to facilitate cadaveric organ, eye or tissue donation/transplantation, only after your prior authorization.

OTHER REQUIRED USES AND DISCLOSURES

Harvard Pilgrim may use and disclose information about you as required by law. Examples of such situations include:

- To **report** information related to victims of **abuse, neglect or domestic violence**
- To prevent serious **threat to your health or safety**, or that of another person
- To authorized federal officials for **national**

security purposes. In addition, under certain conditions, we may disclose your information if you are or were a member of the Armed Forces, for those activities deemed necessary by appropriate military authorities.

- For **inmates**, to a correctional institution or a law enforcement official having lawful custody, if the provision of such information is necessary to provide you with health care, protect your health and safety, and that of others, or maintain the safety and security of the correctional institution.

WILL HARVARD PILGRIM USE OR DISCLOSE MY INFORMATION IN WAYS NOT DESCRIBED IN THIS NOTICE?

Other than the uses previously listed, your information will only be used or disclosed with your written authorization. You may revoke such an authorization at any time in writing, except to the extent we have already taken an action based on a previously executed authorization.

To authorize us to use or disclose any of your information to a person or organization for reasons other than those described in this notice, please complete an authorization form located www.HarvardPilgrim.org/Members. You should send the completed form to:

**Harvard Pilgrim Health Care
Customer Service Department
1600 Crown Colony Drive
Quincy MA 02169**

For members enrolled in a student health plan offered by HPHC Insurance Company and administered by UnitedHealthcare Student Resources, the form is located at www.uhcsr.com, and the completed form should be sent to:

**UnitedHealthcare StudentResources
PO Box 809025
Dallas, TX 75380-9025**

Harvard Pilgrim will neither use nor sell your information to offer you services or products unrelated to your health care coverage or your health status, without your authorization.

WHAT RIGHTS DO I HAVE REGARDING MY INFORMATION?

Access and receive copies of your information

You have the right to receive a copy of your information, once you provide us with specific information to fulfill your request. We reserve the right to charge a reasonable fee for the cost of producing and mailing copies of such information.

Amend your information

If you believe your information is incorrect or incomplete, you have the right to ask us to amend it. In certain cases, we may deny your request and provide you with a written explanation. For example, we may deny a request if we did not create the information, as is often the case for medical information that was generated by a provider, or if we believe the current information is correct.

Confidential communications

Harvard Pilgrim recognizes you have the right to receive communications regarding your information in a manner and at a location that you feel is safe from unauthorized use or disclosure. To support this commitment, Harvard Pilgrim will permit you to request your information by alternative means or at alternative locations. We will attempt to accommodate reasonable requests.

Accounting of disclosures

You have the right to request an accounting of those instances in which we or our business associates have disclosed your information for purposes other than treatment, payment or health care operations, or other permitted or required purposes. Harvard Pilgrim will require specific information needed to fulfill your request. If you request an accounting more than once in a 12-month period, we may charge you a reasonable fee.

Restrictions

You have the right to ask us to place restrictions on the way we are permitted to use or disclose your information. We are not, however, required by law to agree to these requested restrictions. If we do agree to a restriction, we will abide by the restriction unless it is related to an emergency.

Notice of Privacy Practice

You have the right to receive a paper copy of the Notice of Privacy Practices upon request at any time.

Rights under state law

You may be entitled to additional rights under state law. Harvard Pilgrim pays careful attention to protecting your information as required by these state laws.

Right to be notified of a breach

You have the right to be notified of a breach of your unsecured information.

How do I exercise my rights?

You can exercise all of your privacy rights by contacting our Customer Service Department. We may require a written request be completed and submitted to:

**Harvard Pilgrim Health Care
Customer Service Department
1600 Crown Colony Drive
Quincy, MA 02169**

To request a form, call (888) 333-4742 or go to www.HarvardPilgrim.org/Members for more information.

For members enrolled in a student health plan offered by HPHC Insurance Company and administered by UnitedHealthcare Student Resources, the form is located at www.uhcsr.com, and the completed form should be sent to:

**UnitedHealthcare StudentResources
PO Box 809025
Dallas, TX 75380-9025**

What do I do if I feel my rights have been violated?

If you believe your privacy rights have been violated, you may file a written complaint with:

**Privacy Officer
Harvard Pilgrim Health Care
93 Worcester Street
Wellesley, MA 02481**

Or, you may call this office at (617) 509-3258.

You may also notify the Secretary of the Department of Health and Human Services (HHS). Send your complaint to:

**Medical Privacy, Complaint Division
Office for Civil Rights (OCR)
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201.**

You may also call OCR's Voice Hotline at (800) 368-1019 or you can find more information at www.hhs.gov/ocr.

Harvard Pilgrim will not take retaliatory action against you if you file a complaint about our privacy practices with either OCR or Harvard Pilgrim.

Non-English speaking members may also call Harvard Pilgrim's Customer Service Department at (888) 333-4742 to have their questions answered. Harvard Pilgrim offers free language interpretation services in more than 200 languages.

Deaf and hard-of-hearing members who have access to a Teletypewriter (TTY) may communicate directly with the Customer Service Department by calling our TTY machine at 1-800-637-8257.

Non-English speaking members may also call Harvard Pilgrim's Member Services Department at **1-888-333-4742** to have their questions answered. Harvard Pilgrim offers free language interpretation services in more than 200 languages.

[Spanish]

Los miembros que no dominan el inglés pueden llamar al Departamento de servicios para miembros de Harvard Pilgrim Health Care al 1-888-333-4742, donde se responderá a sus preguntas. El Plan ofrece un servicio de interpretación gratuito en más de 120 idiomas.

[Russian]

Те, кто не владеет английским языком, могут также получить ответы на свои вопросы, позвонив по телефону 1-888-333-4742 в отдел обслуживания медицинского центра Harvard Pilgrim. Данный план предоставляет бесплатные услуги по обеспечению устного перевода более, чем на 120 иностранных языков.

[Arabic]

كما يستطيع الأعضاء الغير الناطقين باللغة الإنجليزية أن يتصلوا بقسم خدمات الأعضاء بهيئة العناية الصحية (Harvard Pilgrim) هارفارد بيلجرم ، وذلك للحصول على 1-888-333-4742 على الرقم إجابات لاستفساراتهم. ويقدم البرنامج خدمات ترجمة مجانية بأكثر من 120 لغة.

[Portuguese]

Os membros que não falam inglês também podem telefonar para o Departamento dos Serviços de Saúde Harvard Pilgrim para membros através do número 1 888 333 4742, de forma a obterem os esclarecimentos pretendidos. Este plano oferece serviços de interpretação gratuitos em mais de 120 idiomas.

[French]

Harvard Pilgrim Health Care propose des services d'interprétation gratuits dans plus de 120 langues pour répondre aux questions des membres qui ne parlent pas anglais. Pour utiliser ce service, appelez la section des services aux membres au 1-888-333-4742.

[Greek]

Τα Μέλη που δε μιλούν Αγγλικά μπορούν επίσης να τηλεφωνήσουν στο Τμήμα Εξυπηρέτησης Μελών του Harvard Pilgrim Health Care στον αριθμό 1-888-333-4742 για τυχόν ερωτήσεις. Το Πρόγραμμα παρέχει δωρεάν ξενόγλωσσες υπηρεσίες διερμηνείας για περισσότερες από 120 γλώσσες.

[Haitian Creole]

Manm yo ki pa pale Angle ka rele Depatman Sèvis Manm Harvard Pilgrim Health Care tou nan 1-888-333-4742 pou jwenn repons a keksyon yo. Plan an ofri sèvis entèpretasyon gratis nan plis ke 120 lang.

[Italian]

I Partecipanti che non parlano inglese possono anche rivolgere le proprie domande al Reparto Servizi Partecipanti dell'Harvard Pilgrim Health Care, chiamando il numero 1-888-333-4742. Il Piano offre servizi di interpretariato gratuiti in oltre 120 lingue.

[Traditional Chinese]

不說英語的會員亦可致電 1-888-333-4742，請 Harvard Pilgrim 醫療保健的會員服務部門回答所提出的問題。該計劃免費提供120多種語言的翻譯服務。

[Lao]

ສະມາຊິກ ທັງ ຫລາຍ ທີ່ ບໍາກ ພາສາ ອັງກິດ ບໍ່ ບັນກໍ ສາມາດ ຕິດ ຕໍ່ ກັບ ຜະນກ ບໍລິການ ອຸກ ຄ້າ ຂອງ ໂຄງ ການ ຮັກສາ ສຸຂະພາບ Harvard Pilgrim ໄດ້ ໂດຍ ໂທ ໄປ ຫາ 1-888-333-4742 ເພື່ອ ຂໍ ຊາບ ຄຳ ຕອບ ຂອງ ຄຳ ຖາມ ຕ່າງໆ ຂອງ ຕົນ. ໂຄງ ການ ນີ້ ຂໍ ສະນີ ບໍລິການ ໝູ່ ພາສາ ໃນ ຫລາຍ ກວ່າ 120 ພາສາ ໂດຍ ສິດ ຄຳ ບໍລິການ ໂຄງ ທັງ ສິ້ມ.

[Cambodian]

សមាជិកដែលមិនចេះនិយាយភាសាអង់គ្លេស ក៏អាចទូរស័ព្ទទៅការិយាល័យផ្នែកសេវាបម្រើសមាជិកនៃ ផែនការសុខភាព **Harvard Pilgrim Health Care** លេខ **1-888-333-4742** ដើម្បីឲ្យគេឆ្លើយសំណួរចំពោះជំនួញផ្សេងៗ ។ ផែនការសុខភាពនេះមានផ្តល់ជូនសេវាបកប្រែភាសាដោយ ឥតគិតថ្លៃ រហូតដល់ 120 ភាសា ។