

Language Assistance Services

We provide free language services to help you communicate with us. We offer interpreters, letters in other languages, and letters in large print. To get help, please call **1-866-260-2723** for Medical Plans, **1-800-638-3120** for Vision Plans, **1-877-816-3596** for Dental Plans or the toll-free member phone number listed on your health plan ID card. We are available Monday through Friday, 8 a.m. to 8 p.m. E.T. TTY users may dial 711.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Para planes médicos, llame al 1-866-260-2723. Para planes de la vista, llame al 1-800-638-3120. Para planes dentales, llame al 1-877-816-3596.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。醫療計劃請致電 1-866-260-2723。視覺護理計劃請致電 1-800-638-3120。牙科計劃請致電 1-877-816-3596。

XIN LƯU Ý: Nếu quý vị nói **tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Đối với các chương trình bảo hiểm sức khỏe, vui lòng gọi 1-866-260-2723. Đối với các chương trình bảo hiểm nha khoa, vui lòng gọi 1-800-638-3120. Đối với các chương trình bảo hiểm nha khoa, vui lòng gọi 1-877-816-3596.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 의료 플랜은 1-866-260-2723 번으로 전화하십시오. 안과 플랜은 1-800-638-3120 번으로 전화하십시오. 치과 플랜은 1-877-816-3596 번으로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Para sa mga planong medikal, mangyaring tumawag sa 1-866-260-2723. Para sa mga plano para sa mata, mangyaring tumawag sa 1-800-638-3120. Para sa mga plano para sa ngipin, mangyaring tumawag sa 1-877-816-3596.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Для того чтобы связаться с сотрудниками плана, предоставляющего медицинские услуги, позвоните по номеру телефона 1-866-260-2723. Для того чтобы связаться с сотрудниками плана, предоставляющего офтальмологические услуги, позвоните по номеру телефона 1-800-638-3120. Для того чтобы связаться с сотрудниками плана, предоставляющего стоматологические услуги, позвоните по номеру телефона 1-877-816-3596.

تنبيه: إذا كنت تتحدث العربية (**Arabic**)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. للخطط الصحية، يُرجى الاتصال بالرقم 1-866-260-2723. للخطط البصرية، يُرجى الاتصال بالرقم 1-800-638-3120. لخطط الأسنان، يُرجى الاتصال بالرقم 1-877-816-3596.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Pou plan swen medikal, tanpri rele 1-866-260-2723. Pou plan swen vizyon, tanpri rele 1-800-638-3120. Pou plan swen dantè, tanpri rele 1-877-816-3596.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Pour les régimes d'assurance maladie, veuillez appeler le 1-866-260-2723. Pour les régimes de soins optiques, veuillez appeler le 1-800-638-3120. Pour les régimes de soins dentaires, veuillez appeler le 1-877-816-3596.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza W sprawie planów ubezpieczeń zdrowotnych prosimy zadzwonić pod numer 1-866-260-2723. W sprawie planów okulistycznych prosimy zadzwonić pod numer 1-800-638-3120. W sprawie planów stomatologicznych prosimy zadzwonić pod numer 1-877-816-3596.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Para planos médicos, ligue para 1-866-260-2723. Para planos de visão, ligue para 1-800-638-3120. Para planos dentais, ligue para 1-877-816-3596.

ATTENZIONE: in caso lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per i piani sanitari, si prega di chiamare il numero 1-866-260-2723. Per i piani oculistici, si prega di chiamare il numero 1-800-638-3120. Per i piani odontoiatrici, si prega di chiamare il numero 1-877-816-3596.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Für Gesundheitspläne rufen Sie bitte 1-866-260-2723 an. Für Augenbehandlungspläne rufen Sie bitte 1-800-638-3120 an. Für Zahnbehandlungspläne rufen Sie bitte 1-877-816-3596 an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。医療プランについては 1-866-260-2723、眼科プランについては 1-800-638-3120、歯科プランについては 1-877-816-3596 にお電話ください。

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. برای برنامه های پزشکی، لطفاً با شماره 1-866-260-2723 تماس بگیرید. برای برنامه های چشم پزشکی، لطفاً با شماره 1-800-638-3120 تماس بگیرید. برای برنامه های دندانپزشکی، لطفاً با شماره 1-877-816-3596 تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। चिकित्सा योजनाओं के लिए 1-866-260-2723 पर कॉल करें। दृष्ट योजनाओं के लिए 1-800-638-3120 पर कॉल करें। दांतों से संबंधित योजनाओं के लिए 1-877-816-3596 पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Rau cov chaw pab them nqi kho mob, thov hu rau 1-866-260-2723. Rau cov kev pab them nqi kho qhov muag, thov hu ra 1-800-638-3120. Rau cov kev pab them nqi kho hniav, thov hu rau 1-877-816-3596.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (**Khmer**) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សំរាប់គំរោងសុខ្ខ ពល មូស័ព្វទៅលេខ 1-866-260-2723។ សំរាប់គំរោងចក្ខុវិញ ញណ សុ មូស័ព្វទៅលេខ 1-800-638-3120។ សំរាប់គំរោងធ្មេញ សូមមូស័ព្វទៅលេខ 1-877-816-3596។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, dagiti serbisyo para ti baddang ti lengguahe, awan bayadna, ket sidadaan para kenyam. Para kadagiti medical plan, maidawat nga awagan iti 1-866-260 2723. Para kadagiti vision plan, maidawat nga awagan iti 1-800-638-3120. Para kadagiti dental plan, maidawat nga awagan iti 1-877-816-3596.

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i. Azee' bihoot'áál biniiyé, t'áá shqódí koji' hodíílnih 1-866-260-2723. Hánaá' bee hoot'ínígíí bihoot'áál biniiyé, t'áá shqódí koji' hodíílnih 1-800-638-3120. Awoo' bihoot'áál biniiyé, t'áá shqódí koji' hodíílnih 1-877-816-3586.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Qorshayaasha caafimaadka, fadlan wac 1-888-260-2723. Qorshayaasha aragga, fadlan wac 1-888-638-3120. Qorshayaasha ilkaha, fadlan wac 1-877-816-3596.

¹For purposes of the Language Assistance Services and this Non-Discrimination Notice ("Notice"). "We" refers to the entities listed in the Footnote 2 of the Notice of Privacy Practices and Footnote 3 of the Financial Information Privacy Notice. Please note that not all entities listed are covered by this Notice.

Notice of Non-Discrimination

We² do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability, or national origin, you can send a complaint to:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of the incident. We will send you a decision within 30 days. If you disagree with the decision, you have 15 days to ask us to appeal.

If you need help with your complaint, please call **1-866-260-2723** for Medical Plans, **1-800-638-3120** for Vision Plans, **1-877-816-3596** for Dental Plans or the toll-free member phone number listed on your health plan ID card. We are available Monday through Friday, 8 a.m. to 8 p.m. E.T. TTY users may dial 711.

You can also file a complaint with the U.S. Dept. of Health and Human services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.ftml>.

Phone: Toll-free **1-800-368-1019, 800-537-7697 (TDD)**

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

UNITEDHEALTHCARE STUDENTRESOURCES HEALTH PLAN NOTICES OF PRIVACY PRACTICES

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Medical Information Privacy Notice

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.

Effective: January 1, 2017

We³ are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or "disclose" that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms "information" or "health information" in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide to you, in our next annual distribution, either a revised notice or information about the material change and how to obtain a revised notice. We will provide you with this information either by direct mail or electronically, in accordance with applicable law. In all cases, we will post the revised notice on your health plan website located at www.uhcsr.com. We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

We collect and maintain oral, written and electronic information to administer our business and to provide products, services and information of importance to our enrollees. We maintain physical, electronic and procedural security safeguards in the handling and maintenance of our enrollees' information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction or misuse.

²For purposes of the Language Assistance Services and this Non-Discrimination Notice ("Notice"). "We" refers to the entities listed in the Footnote 2 of the Notice of Privacy Practices and Footnote 3 of the Financial Information Privacy Notice. Please note that not all entities listed are covered by this Notice.

³This Medical Information Notice of Privacy Practices applies to the following health plans that are affiliated with UnitedHealth Group: UnitedHealthcare Insurance Company and UnitedHealthcare Insurance Company of New York.

How We Use or Disclose Information

We must use and disclose your health information to provide that information:

To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and

To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to use and disclose health information for your treatment, to pay for your health care and to operate our business. For example, we may use or disclose your health information:

For Payment of premiums due us, to determine your coverage, and to process claims for health care services you receive, including for subrogation or coordination of other benefits you may have. For example, we may tell a doctor whether you are eligible for coverage and what percentage of the bill may be covered.

For Treatment. We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.

For Health Care Operations. We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, we might talk to your physician to suggest a disease management or wellness program that could help improve your health or we may analyze data to determine how we can improve our services.

To Provide You Information on Health Related Programs or Products such as alternative medical treatments and programs or about health-related products and services, subject to limits imposed by law.

For Underwriting Purposes. We may use or disclose your health information for underwriting purposes; however, we will not use or disclose your genetic information for such purposes.

For Reminders. We may use or disclose health information to send you reminders about your benefits or care, such as appointment reminders with providers who provide medical care to you.

We may use or disclose your health information for the following purposes under limited circumstances:

As Required by Law. We may disclose information when required to do so by law.

To Persons Involved With Your Care. We may use or disclose your health information to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interests. Special rules apply regarding when we may disclose health information to family members and others involved in a deceased individual's care. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.

For Public Health Activities such as reporting or preventing disease outbreaks to a public health authority.

For Reporting Victims of Abuse, Neglect or Domestic Violence to government authorities that are authorized by law to receive such information, including a social service or protective service agency.

For Health Oversight Activities to a health oversight agency for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.

For Judicial or Administrative Proceedings such as in response to a court order, search warrant or subpoena.

For Law Enforcement Purposes. We may disclose your health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.

To Avoid a Serious Threat to Health or Safety to you, another person, or the public, by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.

For Specialized Government Functions such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.

For Workers' Compensation as authorized by, or to the extent necessary to comply with, state workers compensation laws that govern job-related injuries or illness.

For Research Purposes such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets federal privacy law requirements.

To Provide Information Regarding Decedents. We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.

For Organ Procurement Purposes. We may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.

To Correctional Institutions or Law Enforcement Officials if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

To Business Associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us and pursuant to federal law, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract and as permitted by federal law.

Additional Restrictions on Use and Disclosure. Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information:

1. HIV/AIDS;
2. Mental health;
3. Genetic tests;
4. Alcohol and drug abuse;
5. Sexually transmitted diseases and reproductive health information; and
6. Child or adult abuse or neglect, including sexual assault.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law. Attached to this notice is a "Federal and State Amendments" document.

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. This includes, except for limited circumstances allowed by federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others, or using or disclosing your health information for certain promotional communications that are prohibited marketing communications under federal law, without your written authorizations. Once you give us authorization to release your health information, we cannot guarantee that the recipient to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization at any time in writing, except if we have already acted based on your authorization. To find out where to mail your written authorization and how to revoke an authorization, contact the phone number listed on the back of your health plan ID card.

What Are Your Rights

The following are your rights with respect to your health information:

You have the right to ask to restrict uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that authorize your dependents to request certain restrictions. **Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.**

You have the right to ask to receive confidential communications of information in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your home address). We will accommodate reasonable requests where a disclosure of all or part of your health information otherwise could endanger you. In certain circumstances, we will accept your verbal request to receive confidential communications, however, we may also require you confirm your request in writing. In addition, any requests to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.

You have the right to see and obtain a copy of certain health information we maintain about you such as claims and case or medical management records. If we maintain your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you identify. In some cases, you may receive a summary of this health information. You must make a written request to inspect and copy your health information or have your information sent to a third party. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.

You have the right to ask to amend certain health information we maintain about you such as claims and case or medical management records, if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.

You have the right to receive an accounting of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information made: (i) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; and (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which federal law does not require us to provide an accounting.

You have the right to a paper copy of this notice. You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You also may obtain a copy of this notice on your health plan website www.uhcsr.com.

Exercising Your Rights

Contacting your Health Plan. If you have any questions about this notice or want information about exercising your rights, please call the toll-free member phone number on the back of your health plan ID card or you may contact UnitedHealthcare **StudentResources**:

For Medical Plans at **1-888-889-3822 (TTY 711)**.
For Vision Plans at **1-800-638-3120 (TTY 711)**.
For Dental Plans at **1-877-816-3596 (TTY 711)**.

Submitting a Written Request. You can mail your written requests to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records, or requesting amendments to your record, to one of the following addresses:

For Medical Plans :
UnitedHealthcare **StudentResources**
Privacy Office
PO Box 809025
Dallas, TX 75380-9025

For Vision Plans:
UnitedHealthcare **StudentResources**
Vision HIPAA Privacy Unit
PO Box 30978
Salt Lake City, UT 84130

For Dental Plans:
UnitedHealthcare **StudentResources**
Dental HIPAA Privacy Unit
PO Box 30978
Salt Lake City, UT 84130

Filing a Complaint. If you believe your privacy rights have been violated, you may file a complaint with us at the address listed above.

You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. We will not take any action against you for filing a complaint.

FINANCIAL INFORMATION PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY.

Effective: January 1, 2017

We⁴ are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, "personal financial information" means information about an enrollee or an applicant for health care coverage that identifies the individual, is not generally publicly available and is collected from the individual or is obtained in connection with providing health care coverage to the individual.

Information We Collect

Depending upon the product or service you with us, we may collect personal financial information about you from the following sources:

Information we receive from you on applications or other forms, such as name, address, age, medical information and Social Security number;

Information about your transactions with us, our affiliates or others, such as premium payment and claims history; and

Information from a consumer reporting agency

Disclosure of Information

We do not disclose personal financial information about our enrollees or former enrollees to any third party, except as required or permitted by law. For example, in the course of our general business practices, we may disclose, as permitted by law, any of the personal financial information that we collect about you, without your authorization, to the following types of institutions:

To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors;

⁴For purposes of this Financial Information Privacy Notice, "we" or "us" refers to the entities listed in footnote 1 beginning on the first page of the UnitedHealth **StudentResource** Health Plans Notice of Privacy Practices, plus the following UnitedHealthcare affiliates: Dental Benefit Providers, Inc.; HealthAllies Inc.; Spectera Inc; UMR, Inc.; and United Behavioral Health of New York I.P.A., Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to other UnitedHealth Group health plans in states that provide exceptions for HIPAA covered entities or health insurance products.

To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and

To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

Confidentiality and Security

We maintain physical, electronic and procedural safeguards in accordance with applicable state and federal standards, to protect your personal financial information against risks such as loss, destruction or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information.

Question About this Notice

If you have any questions about this notice, **please call the toll-free member phone number on the back of your health plan ID card** or contact **UnitedHealthcare® StudentResources** :

For Medical Plans at **1-888-889-3822 (TTY 711)**.

For Vision Plans at **1-800-638-3120 (TTY 711)**.

For Dental Plans at **1-877-816-3596 (TTY 711)**.

UnitedHealthcare® StudentResources HEALTH PLAN NOTICE OF PRIVACY PRACTICES: FEDERAL AND STATE AMENDMENTS

Revised: January 1, 2017

The first part of this Notice, which provides our privacy practices for Medical Information (pages 3-5), describes how we may use and disclose your health information under federal privacy rules. There are other laws that may limit our rights to use and disclose your health information beyond what we are allowed to do under the federal privacy rules. The purpose of the charts below is to:

1. show the categories of health information that are subject to these more restrictive laws; and
2. give you a general summary of when we can use and disclose your health information **without your consent**.

If your written consent is required under the more restrictive laws, the consent must meet the particular rules of the applicable federal or state law.

Summary of Federal Laws

Alcohol & Drug Abuse Information	
We are allowed to use and disclose alcohol and drug abuse information that is protected by federal law only (1) in certain limited circumstances, and/or disclose only (2) to specific recipients.	
Genetic Information	
We are not allowed to use genetic information for underwriting purposes.	

Summary of State Laws

General Health Information	
We are allowed to disclose general health information only (1) under certain limited circumstances, and /or (2) to specific recipients.	AR, CA, DE, NE, NY, PR, RI, VT, WA, WI
HMOs must give enrollees an opportunity to approve or refuse disclosures, subject to certain exceptions.	KY
You may be able to restrict certain electronic disclosures of such health information.	NC, NV
We are not allowed to use health information for certain purposes.	CA, IA
We will not use and/or disclosure information regarding certain public assistance programs except for certain purposes.	KY, MO, NJ, SD
We must comply with additional restrictions prior to using or disclosing your health information for certain purposes.	KS
Prescriptions	
We are allowed to disclose prescription-related information only (1) under certain limited circumstances, and /or (2) to specific recipients.	ID, NV, NH
Communicable Diseases	
We are allowed to disclose communicable disease information only (1) under certain limited circumstances, and /or (2) to specific recipients.	AZ, IN, KS, MI, NV, OK
Sexually Transmitted Diseases and Reproductive Health	
We are allowed to disclose sexually transmitted disease and/or reproductive health information only (1) under certain limited circumstances and/or (2) to specific recipients.	CA, FL, IN, KS, MI, MT, NJ, NV, PR, WA, WY

Alcohol and Drug Abuse	
We are allowed to use and disclose alcohol and drug abuse information (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.	AR, CT, GA, KY, IL, IN, IA, LA, MN, NC, NH, OH, WA, WI
Disclosures of alcohol and drug abuse information may be restricted by the individual who is the subject of the information.	WA
Genetic Information	
We are not allowed to disclose genetic information without your written consent.	CA, CO, KS, KY, LA, NY, RI, TN, WY
We are allowed to disclose genetic information only (1) under certain limited circumstances and/or (2) to specific recipients.	AK, AZ, FL, GA, IL, IA, MD, ME, MA, MO, NH, NJ, NV, NM, OR, RI, TX, UT, VT
Restrictions apply to (1) the use, and/or (2) the retention of genetic information.	FL, GA, IA, LA, MD, NM, OH, UT, VA, VT
HIV / AIDS	
We are allowed to disclose HIV/AIDS-related information only (1) under certain limited circumstances and/or (2) to specific recipients.	AZ, AR, CA, CT, DE, FL, GA, IA, IL, IN, KS, KY, ME, MI, MO, MT, NY, NC, NH, NM, NV, OR, PA, PR, RI, TX, VT, WV, WA, WI, WY
Certain restrictions apply to oral disclosures of HIV/AIDS-related information.	CT, FL
We will collect certain HIV/AIDS related information only with your written consent.	OR
Mental Health	
We are allowed to disclose mental health information only (1) under certain limited circumstances and/or (2) to specific recipients.	CA, CT, DC, IA, IL, IN, KY, MA, MI, NC, NM, PR, TN, WA, WI
Disclosures may be restricted by the individual who is the subject of the information.	WA
Certain restrictions apply to oral disclosures of mental health information.	CT
Certain restrictions apply to the use of mental health information.	ME
Child or Adult Abuse	
We are allowed to use and disclose child and/or adult abuse information only (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.	AL, CO, IL, LA, MD, NE, NJ, NM, NY, RI, TN, TX, UT, WI