



**Evangelical Presbyterian Church
Employee Benefits Plan**

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

The Health Insurance Portability and Accountability Act (“HIPAA”) regulates the use and disclosure of your Protected Health Information (“PHI”). Your PHI includes all individually identifiable health information related to your past, present or future physical or mental health condition or to payment for health care, whether maintained in oral, written, or electronic form. This Notice of Privacy Practices (“the Notice”) describes how the Evangelical Presbyterian Church Employee Benefits Plan (“the Plan”) may use and disclose your PHI. It also describes your rights and the Plan’s duties with respect to your PHI. In addition, it informs you of the process for filing a complaint, and of the person to contact for further information about the Plan’s privacy practices that are summarized in this Notice. The Plan is required to abide by the terms of this Notice, but reserves the right to change the Notice at any time. *The effective date of this Notice is September 23, 2013.*

NOTICE OF PHI USES AND DISCLOSURES

1. **Treatment, Payment and Health Care Operations.** The Plan and its business associates may use and disclose PHI for the purposes of treatment, payment and health care operations, without your consent or authorization. Examples of the uses and disclosures that the Plan may make under each section are listed below:
 - a. **Treatment** is the provision, coordination, or management of health care and related services. It includes but is not limited to consultations and referrals between one or more of your providers. For example, the Plan may disclose to a specialist the name of your primary care physician so that the specialist may ask the primary care physician for x-rays.
 - b. **Payment** includes but is not limited to actions to make coverage determinations and payment including billing, claims management, subrogation and reimbursement, reviews for medical necessity, appropriateness of care and utilization review and preauthorizations. For example the Plan may tell a doctor whether you are eligible for coverage or the extent of the payment that would be made by the Plan.
 - c. **Health care operations** include but are not limited to quality assessment and improvement studies to evaluate the Plan’s performance or the performance of a particular network or vendor, reviewing competency or qualifications of health care professionals, determining the cost impact of benefit design changes, and underwriting, rating and other activities relating to insurance



contracts. It also includes disease management, case management, legal and auditing services, and general administrative activities. For example, the Plan may use information about your claims to project further benefit costs, to audit the accuracy of a claims processing function or to assist it in pursuing a reimbursement claim from a provider.

2. **Other Uses and Disclosures Allowed Without Authorization.** Federal law also allows a group health plan to use and disclose PHI, without your consent or authorization, in the following ways:

- a. To you, as the covered individual.
- b. To a personal representative designated by you to receive PHI or a personal representative designated by law such as the parent or legal guardian of child, or the surviving family members or representative of the estate of a deceased individual. Your personal representative will be required to produce evidence of his/her authority to act on your behalf.
- c. To the Plan Sponsor, as necessary to carry out administrative functions of the Plan.
- d. To a Business Associate as part of an agreement to perform services for the Plan.
- e. In response to a court order, subpoena, discovery request or other lawful judicial or administrative proceeding, or when otherwise required by law.
- f. As required for law enforcement purposes, disaster relief efforts, prevention of a serious threat to health or safety or national security and intelligence activities.
- g. To the Secretary of the U.S. Department of Health and Human Services (“HHS”) or any employee of HHS as part of an investigation to determine the Plan’s compliance with the HIPAA Privacy Rules.
- h. To a federal agency to respond to inquiries or investigations of the Plan, requests to audit the Plan, or to obtain necessary licenses. o When permitted for purposes of public health and safety activities, including in connection with an effort to avoid a serious threat to the health and safety of a person or the public.
- i. When necessary to report product defects, to permit product recalls and to conduct post-marketing surveillance.
- j. As required to comply with workers’ compensation or other similar programs established by law.
- k. Reporting suspected abuse, neglect or domestic violence.
- l. To a coroner, medical examiner or funeral director to carry out their duties when an individual dies.
- m. To organ procurement organizations.



- n. For special government functions such as military, national security and presidential protective services.
3. **Uses and Disclosures for which You Will Have an Opportunity to Agree or Disagree Prior to the Use or Disclosure.** Disclosure of your PHI to family members, other relatives or close personal friends is allowed if:
- a. The information is directly relevant to the family member's or other's involvement with your care or payment for that care; and
 - b. You have either agreed to the disclosure or have been given an opportunity to object and have not objected.
4. **Uses and Disclosures with Your Written Authorization.** Use or disclosure of your PHI is allowed only with your written authorization in the following circumstances:
- a. The use or disclosure is for marketing purposes.
 - b. The use or disclosure constitutes the sale of PHI.
 - c. The PHI used or disclosed includes psychotherapy notes.
 - d. Any other use or disclosure that is not described in this Notice.

You may revoke an authorization at any time by providing written notice to the Plan that you wish to revoke an authorization. We will honor a request to revoke as of the day it is received and to the extent that we have not already used or disclose your PHI in good faith with the authorization.

YOUR RIGHTS REGARDING PHI

1. **Right to Request Restrictions on PHI Use and Disclosure.** You have the right to request that the Plan limit its uses and disclosures of PHI in relation to treatment, payment and health care operations or not use or disclose your PHI for these reasons at all. You also have the right to request that the Plan restrict the use or disclosure of your PHI to family members or personal representatives. Any such request must be made in writing to the Plan's Privacy Official who is listed at the end of this Notice ("the Privacy Official") and must state the specific restriction requested and to whom that restriction would apply. The Plan is not required to agree to a restriction that you request. However, if the Plan does agree to the requested restriction, it may not violate that restriction except as necessary to allow the provision of emergency medical care to you.
2. **Right to Receive Confidential Communications.** You have the right to request that communications involving PHI be provided to you at an alternative location or by an alternative means of communication. The Plan is required to accommodate any reasonable request if the normal method of disclosure would endanger you and that



danger is stated in your request. Any such request must be made in writing to the Privacy Official.

3. Right to Access to Your Protected Health Information. You have the right to inspect and copy your PHI that is contained in a designated record set for as long as the Plan maintains the PHI. A designated record set contains claim information, premium and billing records and any other records the Plan has created in making claim and coverage decisions relating to you.

You or your personal representative (such as a legal guardian or someone to whom you have given a medical power of attorney) will be required to complete a form to request access to the PHI in your designated record set. The form must be sent to the Privacy Official. The requested information will be provided within thirty (30) days. A single thirty (30) day extension is allowed if the Plan is unable to comply with the deadline.

Federal law prohibits you from having access to certain records, including psychotherapy notes; information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding; and PHI that is otherwise subject to a law that prohibits access to that information. If your request for access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise your review rights and a description of how you may complain to the Secretary of HHS.

4. Right to Amend Protected Health Information. You or your personal representative may request that PHI in a designated record set be amended for as long as the Plan maintains the PHI, by filing the appropriate form with Privacy Official. The Plan has sixty (60) to act upon your request, although a single thirty (30) day extension is allowed if the Plan is unable to comply with the deadline.

The Plan may deny your request for amendment if it determines that the PHI was not created by the Plan, is not part of the designated record set, is not information that is available for inspection, or is accurate and complete. If your request for amendment is denied in whole or in part, the Plan will provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and that statement will be included with any future disclosures of your PHI. The Plan has a right to include a rebuttal to your statement, and a copy of that rebuttal will be provided to you.

5. Right to Receive an Accounting of Disclosures. You have the right to receive an accounting of all disclosures of your PHI that the Plan has made, except for:



- a. disclosures that the Plan has made to you or your personal representative; or
- b. disclosures that the Plan has made for purposes of treatment, payment and health care operations.

Your right to an accounting of disclosures applies only to PHI created or received by the Plan during the six years prior to the date of your request.

You or your personal representative will be required to complete a form to request accounting of disclosures of your PHI. The form must be sent to the Privacy Official. The requested information will be provided within thirty (30) days, although a single thirty (30) day extension is allowed if the Plan is unable to comply with the deadline. If you request more than one accounting within a twelve (12) month period, the Plan may charge a reasonable cost based fee for each additional accounting.

6. Right to Receive a Paper Copy of this Notice. You have the right to receive a paper copy of this Notice upon written request. This right applies even if you have previously agreed to accept this Notice electronically. Requests for a paper copy of this Notice should be directed to the Privacy Official.

7. Right to Notice in the Event of a Breach. You have the right to be notified in the event of any breach of your unsecured PHI.

8. Right to Opt Out of Fundraising Communications. You have the right to opt out of any fundraising communications issued by the Plan. Requests to opt out of fundraising communications should be directed to the Privacy Official.

THE PLAN'S DUTIES REGARDING PHI

1. **Use or Disclosure of Minimum Amount Necessary.** When using or disclosing PHI or when requesting PHI from another entity covered under HIPAA, the Plan will make reasonable efforts not to use, disclose, or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply in the following situations:
 - a. Disclosures to or request by a healthcare provider for treatment.
 - b. Uses or disclosures made to you.
 - c. Disclosures made to the Secretary of HHS.
 - d. Uses or disclosures that are required by law.
 - e. Uses or disclosures that are required for The Plan's compliance with legal regulations.



2. **De-identified Information.** This Notice does not apply to information that has been deidentified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.
3. **Summary Health Information.** In addition, the Plan may use or disclose summary health information to the Plan Sponsor for the purpose of obtaining premium bids or modifying, amending, or terminating the Plan. Summary health information summarizes claims history, claims expenses or types of claims experienced by individuals for whom the health benefits have been provided by the Plan and from which identifying information has been deleted in accordance with HIPAA.
4. **Genetic Information.** The Plan may not use or disclose genetic information for underwriting purposes.

YOUR RIGHT TO FILE A COMPLAINT

1. **With the Plan.** If you believe that your privacy rights have been violated, you may complain to the Plan in care of its Privacy Official. The Plan's Privacy Official is:

Michelle Pullen
EPC Employee Benefits Plan
60 Boulevard of the Allies, Fifth Floor
Pittsburgh, PA 15222

You may also contact the Privacy Official for more information about this Notice or about your rights under HIPAA.

2. **With HHS.** If you believe that your privacy rights have been violated, you may also file a complaint with the Secretary of HHS by writing to: The U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-800-877-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. The Plan will not retaliate against you for filing a complaint.