

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 READ IT CAREFULLY.

If you have any questions about this notice, please contact our Customer Service Department at 800.832.9186.

Physicians Health Plan (PHP) provides health benefits to you as described in your Evidence of Coverage. PHP receives and maintains your medical information in the course of providing these benefits to you. When doing so, PHP is required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. PHP (we) will follow the terms of this notice.

The effective date of this notice is September 23, 2013. We must follow the terms of this notice until it is replaced. We reserve the right to change the terms of this notice at any time. If we make substantive changes to this notice, we will revise it and send a new notice to all subscribers covered by us at that time. We reserve the right to make the new changes apply to all your medical information maintained by us before and after the effective date of the new notice.

You have the right to get a paper copy of this notice from us, even if you have agreed to accept this notice electronically. Please contact our Customer Service Department to receive a paper copy.

Generally, federal privacy laws regulate how we may use and disclose your health information. In some circumstances, however, we may be required to follow Michigan state law. In either event, we will comply with the appropriate law to protect your health information (for example, in accordance with the Genetic Information Nondiscrimination Act (GINA), we will not use genetic information for underwriting purposes) and to grant your rights with respect to your health information in oral, written or electronic form.

Your Protected Health Information

Ways We May Use or Disclose Your Health Information Without Your Permission: We must have your written authorization to use and disclose your health information, except for the following uses and disclosures.

To You or Your Personal Representative: We may release your health information to you or to your personal representative (someone who has the legal right to act for you).

For Treatment: We may use or disclose health information about you for the purpose of helping you get services you need. For example, we may disclose your health information to healthcare providers in connection with disease and case management programs.

For Payment: We may use or disclose your health information for our payment-related activities and those of healthcare providers and other health plans, including, for example:

- Obtaining premiums and determining eligibility for benefits
- Paying claims for healthcare services that are covered by your health plan
- Responding to inquiries, appeals and grievances
- Deciding whether a particular treatment is medically necessary and what payment should be made
- Coordinating benefits with other insurance you may have

For Healthcare Operations: We may use and disclose your health information in order to support our business activities. For example, we may use or disclose your health information:

- To conduct quality assessment and improvement activities including peer review, credentialing of providers and accreditation
- To perform outcome assessments and health claims analyses
- To prevent, detect and investigate fraud and abuse
- For underwriting, rating and reinsurance activities
- To coordinate case and disease management services
- To communicate with you about treatment alternatives or other health-related benefits and services
- To perform business management and other general administrative activities, including system management and customer service

We may use or disclose parts of your health information to offer you information that may be of interest to you. For example, we may use your name and address to send you newsletters or other information about our activities.

We may also disclose your health information to other providers and health plans that have a relationship with you for certain aspects of their healthcare operations. For example, we may disclose your health information for their quality assessment and improvement activities or for healthcare fraud and abuse detection.

To Others Involved in Your Care. We may under certain circumstances disclose to a member of your family, a relative, a close friend or any other person you identify, the health information directly relevant to that person's involvement in your healthcare or payment for healthcare. For example, we may discuss a claim determination with you in the presence of a friend or relative, unless you object.

As Required by Law. We will use and disclose your health information if we are required to do so by law. For example, we will use and disclose your health information in responding to court and administrative orders and subpoenas, and to comply with workers' compensation or other similar laws. We will disclose your health information when required by the Secretary of the US Department of Health and Human Services.

For Health Oversight Activities. We may use and disclose your health information for health oversight activities such as governmental audits and fraud and abuse investigations.

For Matters in the Public Interest. We may use and disclose your health information without your written permission for matters in the public interest, including, for example:

- Public health and safety activities, including disease and vital statistic reporting and Food and Drug Administration oversight
- To report victims of abuse, neglect or domestic violence to government authorities, including a social service or protective service agency
- To avoid a serious threat to health or safety by, for example, disclosing information to public health agencies
- For specialized government functions such as military and veteran activities, national security and intelligence activities, and the protective services for the president and others
- 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 disclose information for procurement, banking or transplantation of organs, eyes or tissues to organ procurement and tissue donation organizations

For Research. We may use your health information to perform select research activities (such as research related to the prevention of disease or disability), provided that certain established measures to protect the privacy of your health information are in place.

To Business Associates. We may release your health information to business associates we hire to assist us. Each business associate must agree in writing to ensure the continuing confidentiality and security of your medical information.

To Group Health Plans and Plan Sponsor (Enrolling Group). If you participate in one of our group health plans, we may release summary information, such as general claims history, to the employers or other entities that sponsor these plans. This summary information does not contain your name or other distinguishing characteristics. We may also release to a plan sponsor the fact that you are enrolled or dis-enrolled from a plan. Otherwise, we may share health information with plan sponsors only when they have agreed to follow applicable laws governing the use of health information in order to administer a plan.

Uses and Disclosures of Health Information Based Upon your Written Authorization. If none of the above reasons apply, then we must get your written authorization to use or disclose your health information. For example, your written authorization is required for most uses and disclosures of psychotherapy notes, and for disclosures of your health information for remuneration and for most marketing purposes. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization, unless we have already acted based on your authorization. Also, you may not revoke your authorization if it was obtained as a condition for obtaining insurance coverage and other law provides an issuer with the right to contest a claim under the insurance policy. We may condition your enrollment or eligibility for benefits on your signing an authorization, but only if the authorization is limited to disclosing information reasonable for underwriting or risk rating determinations needed for us to obtain insurance coverage. To revoke an authorization, or to obtain an authorization form, call the Customer Service Department at the number on your identification card.

Your Rights.

You have the following rights. To exercise them, you must make a written request on one of our standard forms. To obtain a form, please call the Customer Service Department.

You Have the Right to Inspect and Copy Your Health Information. This means you may inspect and obtain a paper or electronic copy of the health information that we keep in our records for as long as we maintain those records. You must make this request in writing. Under certain circumstances, we may deny you access to your health information – for instance, if part of certain psychotherapy notes or if collected for use in court or at hearings. In such cases, you may have the right to have our decision reviewed. Please contact our Customer Service Department if you have questions about seeing or copying your health information.

You Have the Right to Request an Amendment of Your Health Information. If you feel that the health information we have about you is incorrect or incomplete, you can make a written request to us to amend that information. We can deny your request for certain limited reasons, but we must give you a written reason for our denial.

You Have the Right to an Accounting of Disclosures We Have Made of Your Health Information. Upon written request to us, you have the right to receive a list of our disclosures of your health information, except when you have authorized those disclosures or if the releases are made for treatment, payment or healthcare operations. This right is limited to six years of information, starting from the date you make the request.

You Have the Right to Request Confidential Communications of Your Health Information. You have the right to request that we communicate with you about health information in a certain way or at a certain location. Your request must be in writing. For example, you can ask that we only contact you at home or only at a certain address or only by mail.

You Have the Right to Request Restrictions on How We Use or Disclosure of Your Health Information. You may request that we restrict how we use or disclose your health information. We do not have to agree to your request except for requests for a restriction on disclosures to another health plan if the disclosure is for payment or health care operations, is not required by law and pertains only to a healthcare item or service for which you or someone on your behalf (other than a health plan) has paid for the item or service in full.

You Have the Right to Receive Notice of a Breach. If your unencrypted information is impermissibly disclosed, you have a right to receive notice of that breach unless, based on an adequate risk assessment, it is determined that the probability is low that your health information has been compromised.

How to Use Your Rights Under this Notice. If you want to use your rights under this notice, you may call us or write to us. In some cases, we may charge you a nominal, cost-based fee to carry out your request.

Complaints

You may complain to PHP or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Customer Service Department in writing of your complaint. We will not retaliate against you for filing a complaint.

To Complain to the Federal Government, Write to:

Region V, Office for Civil Rights
U.S. Department of Health and Human Services 233 N.
Michigan Ave., Suite 240
Chicago, IL 60601

Or Call:

Voice mail: 312.886.2359

Fax: 312.886.1807

TDD: 312.353.1807

There will be no negative consequences to you for filing a complaint to the federal government.

You May Write to Our Customer Service Department at:

Physicians Health Plan
Attn: Customer Service
PO Box 7119
Troy, MI 48007

You may also call our Customer Service Department at 800.832.9186.

www.phpmichigan.com

Website Privacy Practices

PHP works hard to protect your privacy. Listed below are ways that PHP protects your privacy while you are on our website:

Using Email: If you send PHP an email using any of the email links on our site, it may be shared with a Customer Service Representative or agent in order to properly address your inquiry.

Once we have responded to your email, it may be discarded or archived, depending on the nature of the inquiry. The email function on our website provides a completely secure and confidential means of communication. All emails are sent under 128-bit encryption on a secure server.

Obtain a Quote: Some employers request quotes online for PHP health coverage. If your employer does this, it may enter the following information into the PHP website: employee name and date of birth, employee gender, spouse's date of birth and whether you have Medicare.

This information is used only to prepare an accurate quote for your employer. PHP does not use this information for any other reason.

Website Visitor Data: At no time are internet "cookies" placed on the computer hard drives of visitors to the PHP website.

Disease Management Programs: You may enroll in one of our disease management programs online. If you do, you may have to enter the following information into the PHP website: name, member number, address and telephone number. This information is used only for your enrollment into the program of your choice and is not used by PHP for any other purpose.

Links to Other Sites: The PHP website contains links to other websites. PHP is not responsible for the privacy and security practices used by other website owners or the content of those sites.

Contact Us

To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact our Physicians Health Plan Customer Service Department at PO Box 7119, Troy, MI 48007. You may also call our Customer Service Department at 800.832.9186.