

INDIVIDUAL RIGHTS

1. **DESIGNATED RECORD SET:** You have the right to look at or get copies of your health plan information, with limited exceptions. You must make a written request, using a form available from the Privacy Office, to obtain access to your health plan information. If you request copies of your health plan information, you will be charged 25¢ per page, \$10 per hour for staff time required to copy that information, and postage if you want the copies mailed to you. If you request an alternative format, the charge will be based upon the cost of providing your health plan information in the requested format. If you prefer, the company will prepare a summary or explanation of your health plan information for a fee. For a more detailed explanation of the fee structure, please contact the Privacy Office. The company requires advance payment before copying your health plan information.
2. **ACCOUNTING OF DISCLOSURES;** You have the right to receive an accounting of any disclosures of your health plan information made by the company or a business associate for any reason, other than treatment, payment, or health care operations purposes within the past six years. This accounting will include the date the disclosure was made, the name of the person or entity the disclosure was made to, a description of the health plan information disclosed, the reason for the disclosure, and certain other information. If you request an accounting more than once in a 12-month period, there may be a reasonable cost-based charge for responding to those additional requests. Please contact the Privacy Office for a more detailed explanation of the fees charged for such accountings.
3. **RESTRICTION REQUESTS;** You have the right to request restrictions on the company's use or disclosure of your health plan information. The company is not required to agree to such requests. The company will only restrict the use or disclosure of your health plan information as set forth in a written agreement that is signed by a representative of the Privacy Office on behalf of the company.
4. **BREACH NOTICE;** You have the right to notice following a breach of unsecured protected health information. The notice of a breach of unsecured protected health information shall at a minimum include the following: The date of the breach, the type of data disclosed in the breach, who made the non-permitted access, use or disclosure of unsecured protected health information and who received the non-permitted disclosure, and what corrective business action was or will be taken to prevent further non-permitted access, uses or disclosures of unsecured protected health information.
5. **CONFIDENTIAL COMMUNICATIONS;** If you reasonably believe that sending health plan information to you in the normal manner will endanger you, you have the right to make a written request that the company communicate that information to you by a different method or to a different address. If there is an immediate threat, you may make that request by calling a BlueCross BlueShield of Tennessee Customer Service Representative or the Privacy Office at 1-888-455-3824. Follow up with a written request is required as soon as possible. The company must accommodate your request if it is reasonable, specifies how and where to communicate with you, and continues to permit collection of premium and payment of claims under your health plan.
6. **AMENDMENT REQUESTS;** You have the right to make a written request that the company amend your health plan information. Your request must explain why the information should be amended. The company may deny your request if the health plan information you seek to amend was not created by the company or for other reasons permitted by its legal obligations. If your request is denied, the company will provide a written explanation of the denial. If you disagree, you may submit a written statement that will be included with your health plan information. If the company accepts your request, reasonable efforts will be made to inform the people that you designate about that amendment. Any future disclosures of that information will be amended.
7. **RIGHT TO REQUEST WRITTEN NOTICE:** If you receive this notice on the company's Web site or by electronic mail (e-mail), you may request a written copy of this notice by contacting the Privacy Office.

Privacy Practices



Important privacy information. This notice describes how health plan information about you may be used and disclosed and how you can get access to this information.

LEGAL OBLIGATIONS

BlueCross BlueShield of Tennessee, Inc. and some subsidiaries and affiliates (BCBST) are required to maintain the privacy of all health plan information, which may include your: name, address, diagnosis codes, etc. as required by applicable laws and regulations (hereafter referred to as "legal obligations"); provide this notice of privacy practices to all members, inform members of the company's legal obligations; and advise members of additional rights concerning their health plan information. BCBST must follow the privacy practices contained in this notice from its effective date until this notice is changed or replaced.

BCBST reserves the right to change its privacy practices and the terms of this notice at any time, as permitted by the legal obligations. Any changes made in these privacy practices will be effective for all health plan information that is maintained, including health plan information created or received before the changes are made. All members will be notified of any changes by receiving a new notice of the company's privacy practices.

You may request a copy of this notice of privacy practices at any time by contacting BCBST at the address on the back of this notice



BlueCross BlueShield of Tennessee
1 Cameron Hill Circle | Chattanooga, TN 37402
bcbst.com



Important Privacy Information

PLEASE REVIEW THIS NOTICE CAREFULLY. THEN, KEEP IT ON FILE FOR REFERENCE.

QUESTIONS AND COMPLAINTS

If you want more information concerning the company's privacy practices or have questions or concerns, please contact the Privacy Office.

If you are concerned that: (1) the company has violated your privacy rights; (2) you disagree with a decision made about access to your health plan information or in response to a request you made to amend or restrict the use or disclosure of your health plan information; (3) to request that the company communicate with you by alternative means or at alternative locations; please contact the Privacy Office. You may also submit a written complaint to the U.S. Department of Health and Human Services. The company will furnish the address where you can file a complaint with the U.S. Department of Health and Human Services upon request.

The company supports your right to protect the privacy of your health plan information. There will be no retaliation in any way if you choose to file a complaint with BlueCross BlueShield of Tennessee or subsidiaries and affiliates, or with the U.S. Department of Health and Human Services.

BlueCross BlueShield of Tennessee
The Privacy Office
1 Cameron Hill Circle
Chattanooga, Tennessee 37402-0001
Phone: (888) 455-3824
Fax: (423) 535-1976
E-mail: privacy_office@bcbst.com

USES AND DISCLOSURES OF YOUR INFORMATION

Your health plan information may be used and disclosed for treatment, payment, and health care operations. For example:

TREATMENT: Your health plan information may be disclosed to a healthcare provider that asks for it to provide treatment.

PAYMENT: Your health plan information may be used or disclosed to pay claims for services or to coordinate benefits, which are covered under your health insurance policy.

HEALTH CARE OPERATIONS: Your health plan information may be used and disclosed to determine premiums, conduct quality assessment and improvement activities, to engage in care coordination or case management, accreditation, conducting and arranging legal services, fraud prevention and investigation, wellness, disease management, and for other similar administrative purposes.

AUTHORIZATIONS: You may provide written authorization to use your health plan information or to disclose it to anyone for any purpose. You may revoke your authorization in writing at any time. That revocation will not affect any use or disclosure permitted by your authorization while it was in effect. BCBST cannot use or disclose your health plan information except those described in this notice, without your written authorization. Examples of where an

ORGANIZATIONS COVERED BY THIS NOTICE

This notice applies to the privacy practices of BlueCross BlueShield of Tennessee, Inc. and may apply to some subsidiaries and affiliates. Health plan information about members may be shared among these organizations as needed for treatment, payment or healthcare operations. As the company procures or creates new business lines, they may be required to follow the terms defined in this notice of privacy practices.

Subsidiaries or affiliates that do not receive or have access to your health plan information and are excluded from this notice of privacy practices include: The non-healthcare components of Golden Security Insurance Company, Southern Health Plan, Inc., and Tennessee Health Foundation Inc.

authorization would be required: Most uses and disclosures of psychotherapy notes (if recorded by a covered entity), uses and disclosures for marketing purposes, disclosures that constitute a sale of PHI, other uses and disclosures not described in this notice.

PERSONAL REPRESENTATIVE: Your health plan information may be disclosed to a family member, friend or other person as necessary to help with your health care or with payment for your health care. You must agree that the company may do so, as described in the Individual Rights section of this notice.

PLAN SPONSORS: Your health plan information, and the health plan information of others enrolled in your group health plan, may be disclosed to your plan sponsor in order to perform plan administration functions. Please see your plan documents for a full description of the uses and disclosures the plan sponsor may make of your health plan information in such circumstances.

UNDERWRITING: Your health plan information may be received for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a health insurance or benefits contract. If the company does not issue that contract, your health plan information will not be used or further disclosed for any other purpose, except as required by law; Additionally, health plans are prohibited from using or disclosing genetic information of an individual for underwriting purposes pursuant to the Genetic Information Nondiscrimination Act of 2008 (GINA).

MARKETING: Your health plan information may be used to provide information about health-related benefits, services or treatment alternatives that may be of interest to you. Your health plan information may be disclosed to a business associate assisting us in providing that information to you. We will not market products or services other than health-related products or services to you unless you affirmatively opt-in to receive information about non-health products or services we may be offering. You have the right to opt out of fundraising communications.

RESEARCH: Your health plan information may be used or disclosed for research purposes, as allowed by law.

YOUR DEATH: If you die, your health plan information may be disclosed to a coroner, medical examiner, funeral director or organ procurement organization.

AS REQUIRED BY LAW: Your health plan information may be used or disclosed as required by state or federal law.

COURT OR ADMINISTRATIVE ORDER: Health plan information may be disclosed in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances.

VICTIM OF ABUSE: If you are reasonably believed to be a victim of abuse, neglect, domestic violence or other crimes, health plan information may be released to the extent necessary to avert a serious threat to your health or safety or to the health or safety of others. Health plan information may be disclosed, when necessary, to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

MILITARY AUTHORITIES: Health plan information of Armed Forces personnel may be disclosed to Military authorities under certain circumstances. Health plan information may be disclosed to authorized federal officials as required for lawful intelligence, counterintelligence, and other national security activities.

