

**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.**

**FRIDAY HEALTH PLANS OF COLORADO, INC. PRIVACY NOTICE**

Effective October 5, 2017

At Friday Health Plans of Colorado, Inc. (Friday), we respect the confidentiality of your health information. As an essential part of our commitment to you, we maintain the privacy of certain confidential health care information about you, known as Protected Health Information (PHI). PHI is individually identifiable information about a person's health, health care or payments, including demographic information collected from you. We are required by law to protect this health care information and to provide you with a Notice of Privacy Practices.

This notice explains how we use PHI about you and when we can share that information with others. It also informs you of your rights with respect to your health information and how you can exercise those rights.

**HOW WE SHARE INFORMATION**

We may collect, use and share your Protected Health Information (PHI) for the following reasons and others as allowed or required by law, including the HIPAA Privacy rule:

- **For payment:** We use and share PHI to manage your account or benefits, or to pay claims for health care. For example, we keep information about your premium and deductible payments. We may give information to a doctor's office to confirm your benefits.
- **For approval:** We may use PHI to review and determine approval of referrals and authorizations to health care providers before you receive services.
- **For treatment activities:** We do not provide treatment. This is the role of a health care provider, such as your doctor or a hospital. But, we may share PHI with your health care provider to help them provide medical care to you.
- **To manage/improve your health:** We may use or share your PHI with others to help manage your health care. For example, we might suggest a disease management or wellness program or we might send you information about programs to manage conditions such as diabetes, congestive heart disease, asthma, smoking cessation or weight loss.
- **For health care operations:** We may share your PHI with others who help us conduct our business operations. For example, we may use PHI to review the quality of care and services you get, or actuaries may use information to develop rates.
- **For research:** We may share your PHI for research purposes subject to specific rules.
- **For an employer funded benefit plan:** If you are enrolled with us through an employer-sponsored group health plan, we may share PHI with your group health plan. We and/or your group health plan may share PHI with the sponsor of the plan. Plan sponsors that receive PHI are required by law to have controls in place to keep it from being used for reasons that are not proper. If your employer pays your premium or part of your premium, but does not pay your health insurance claims, your employer is not allowed to receive your PHI — unless your employer promises to protect your PHI and makes sure the PHI will be used for legal reasons only.
- **As allowed or required by law:** There are state and federal laws that may require us to release your health information to others without your authorization. We may be required to provide information for the following reasons [*always the minimum amount of information necessary*]:
  - We may report information to state and federal agencies that regulate us such as the US Department of Health and Human Services and the Colorado Division of Insurance.
  - We may share information for public health activities.
  - We may share information with a health oversight agency for certain oversight activities. For example, audits, inspections, licensure and disciplinary actions.
  - We may provide information to a court or administrative agency. For example, pursuant to a court order or search warrant.
  - We may report information to a government authority regarding child abuse, neglect or domestic violence.

- We may use or share information for procurement, banking or transplantation of organs, eyes, or tissue.
- We may share information relative to specialized government functions, such as military and veteran activities, national security and intelligence activities, and protective services for the President of the United States and others.
- We may report information on job-related injuries because of requirements of workers' compensation laws.
- We may report information to a law enforcement agency if you are a victim of a crime or if we believe you are a victim of a crime.
- We may release information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as required by law.

Our uses and disclosures of information may be prohibited or materially limited by other applicable federal or state law.

Before we can use or disclose your PHI for reasons other than those mentioned above, we must get your permission in writing first. You always have the right to revoke any written permission you provide. But, if we have already used or shared your PHI based on your consent, we cannot undo any actions we took before you revoked permission.

You may tell us in writing that it is permissible for us to give your PHI to someone else for any reason. Also, if you are present and tell us it is acceptable, we may give your PHI to a family member, friend, or other person so that they can be involved in your current treatment or payment for your treatment. If you are not present or; if it is an emergency and you are not able to tell us it is acceptable, we may give your PHI to a family member, friend or other person if sharing your PHI is in your best interest.

Genetic information: We cannot use or disclose PHI that is an individual's genetic information for underwriting.

## **YOUR RIGHTS**

The following are your rights with respect to your PHI. If you would like to exercise the following rights, please contact us by writing to: Privacy Officer or Customer Service, Friday Health Plans of Colorado, Inc., 700 Main Street Suite 100, Alamosa, CO 81101.

You have the right to ask us to restrict how we use or disclose your PHI for treatment, payment, or health care operations. You also have the right to ask us to restrict PHI that we have been asked to give to family members or to others who are involved in your health care or payment for your health care. *Please note that while we will try to honor your request, we are not required to agree to these restrictions. Restrictions, if accepted, will be honored for six (6) years.*

You have the right to ask to receive confidential communications of PHI. For example, if you believe that you would be harmed if we send your PHI to your current mailing address (for example, in situations involving domestic disputes or violence), you can ask us to send the PHI by alternative means or to an alternative address. We will accommodate your reasonable requests as explained above. PHI held electronically may be provided in an electronic form if that is how it is requested.

You have the right to inspect and obtain a copy of certain PHI. You must submit this request in writing. *However, you do not have the right to access certain types of PHI and we may decide not to provide you with copies of the following information:*

- PHI contained in psychotherapy notes;
- PHI compiled in reasonable anticipation of, or for use in a civil criminal or administrative action or proceeding; and
- PHI subject to certain federal laws governing biological products and clinical laboratories.

In certain other situations, we may deny your request to inspect or obtain a copy of your PHI. If we deny your request, we will notify you in writing and may provide you with a right to have the denial reviewed.

You have the right to ask us to make changes to PHI we maintain about you. These changes are known as amendments. We will require that your request be in writing and that you provide a reason for your request. We will respond to your request no later than 30 days after we receive it.

If we deny your request to amend, we will notify you in writing of the reason for the denial. The denial will explain your right to file a written statement of disagreement. We have a right to respond to your statement. However, you have the right to request that your written request, our written denial and your statement of disagreement be included with your PHI for any future disclosures.

You have the right to receive an accounting of certain disclosures of your PHI. You may request an accounting of the uses and disclosures of your PHI for up to six years prior to your request. Please note that we are not required to provide you with an accounting of the following PHI:

- PHI disclosed or used for treatment, payment, and health care operations purposes
- PHI disclosed to you or pursuant to your authorization
- PHI that is incident to a use or disclosure otherwise permitted
- PHI disclosed to persons involved in your care or other notification purposes
- PHI disclosed for national security or intelligence purposes
- PHI disclosed to correctional institutions, law enforcement officials or health oversight agencies
- PHI that was disclosed or used as part of a limited data set for research, public health, or health care operations purposes.

We require that your request be in writing. We will act on your request for an accounting within 30 days. Your first accounting will be free. Additional accountings will be charged a fee, we will inform you in advance of the fee and provide you with an opportunity to withdraw or modify your request.

You have the right to pay out of pocket for treatment or a service and ask your provider not to submit a claim to Friday. If you or your provider submits a claim to Friday, the PHI may be used for payment, treatment or health operation purposes.

You have the right to be notified in the case of a breach. Friday is required by law to notify you in case of a breach of your unsecured PHI when it has been or is reasonably believed to have been accessed, acquired or disclosed as a result of a breach.

You can ask us not to use or share health information for treatment, payment or our operations without an authorization. We are not required to agree to your request and we may deny your request if it would affect your care. We will also not request an authorization for any services which are an emergency.

To protect your private information, we will require proof in the form of a formal identification (such as a driver's license or passport) or a signed affidavit. If a person who is trying to access your private information claims to have legal representation over your protected health information, such person will be required to submit a signed advanced directive as well as provide adequate identification.

### **EXERCISING YOUR RIGHTS**

If you have any questions about this notice or about how we use or share information, please contact the Privacy Officer at (719) 589-3696. If you believe your privacy rights have been violated, you may file a complaint with us. You may also notify the Office of Civil Rights at the U.S. Department of Health and Human Services of your complaint. **WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.**

### **NON-PUBLIC PERSONAL INFORMATION**

Friday is committed to keeping the nonpublic personal information (NPI) collected from our potential, current and former members confidential and secure. The proper handling of nonpublic personal information is one of our highest priorities. Friday wants to be sure that you know why we need to collect nonpublic personal information from you.

COLLECTING INFORMATION: We collect NPI about our customers to provide them with insurance products and services. The information is received directly or indirectly from you, your employer or benefit plan sponsor through applications, surveys, or other forms in writing, in person, by telephone, or electronically. Examples of the type of information we collect:

- a. Name
- f. Dependent Information

- b. Address
- c. Social Security Number
- d. Date of Birth
- e. Marital Status
- g. Employment Information
- h. Medical History
- i. Tobacco Use
- j. Other Coverage Information

**SHARING INFORMATION:** Friday shares the type of NPI described above with people who perform insurance, business, and professional services for us, such as our affiliates, our agents, third party administrators, or to comply with legal or regulatory requirements. The information is used for a member's care or treatment, the operations of our health plan, or other related activities. In certain cases, we may share NPI for reporting and auditing purposes. When legally necessary, we will ask your permission before sharing your NPI. Our practices apply to our former, current and future customers.

*These parties are required to keep non-public personal information confidential as provided by applicable law.*

In addition, we may disclose non-public information to affiliated or nonaffiliated third parties as otherwise permitted by law. For other purposes, Friday will seek special authorization before disclosing information. In the event that a special authorization is required but the member in question is unable to give the authorization (for example, if the member is medically unable to do so), we will accept the authorization from any person legally permitted to give the authorization on behalf of the member.

*Please be assured that we do not share your health NPI to market any product or services.*

**SAFEGUARDING INFORMATION:** We have physical, electronic and procedural safeguards that protect the confidentiality and security of NPI. We give access only to employees who need to know the NPI to provide insurance products or services to you.

**ACCESS TO INFORMATION:** To authorize us to disclose any of your personal information to a person or organization other than those described above or for reasons other than those described above, please send a written request to our Customer Service Department at the address listed below.

If you would like to revoke previously granted authorization, send a letter to us at the same address, letting us know that you would like to revoke the authorization. Please provide your name, address, member identification number and a telephone number where we can reach you in case we need to contact you about your request.

If you want to access information about your medical history, you should go to the provider that generated the original records, which are more complete than any we maintain. When required by law, we will permit you to obtain documents reflecting information we receive from providers when they submit claims or encounters to us for payment. In these cases, we may charge an administrative fee to defray costs. To find out whether you can access claims/encounter information we maintain concerning you and your dependents, and if so how, please send a letter to Customer Service at the address listed below.

If you believe the information in your medical records is wrong or incomplete, contact the provider who was responsible for the service or treatment in question. Where required by law, or if we are the source of a confirmed error, we will correct or amend the records we maintain (but not the records maintained by your provider or other third parties).

**INFORMATION ABOUT MEMBERS WHO ARE NO LONGER ENROLLED WITH FRIDAY:** Friday does not destroy NPI when an individual terminates their coverage with us. The information is necessary and used for many of the purposes described above, even after an individual leaves a plan, and in many cases is subject to legal retention requirements. However, the policies and procedures that protect that information against inappropriate use and disclosure apply regardless of the status of any individual member.

### **NOTICE DISTRIBUTION AND CHANGES**

Friday sends this notice to our subscribers upon enrollment in any of our health benefit plans, when our confidentiality practices are materially changed, and at other times as required by law. Updates of this notice are distributed to employers who sponsor our plans, and can be requested by calling the toll free number on your ID card. Changes to the Privacy Notice will apply to PHI we already have about you as well as any PHI we receive in the future.

Friday Health Plans of Colorado, Inc.  
Attention: Customer Services  
700 Main Street, Suite 100  
Alamosa, CO 81101

719-589-3696 (local) 800-475-8466 (toll-free)