Notice of Privacy Practices

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Your Information. Your Rights. Our Responsibilities.

The content provided here has been adapted from the U.S. Department of Health and Human Services' 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 review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communications
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief

Our Uses and Disclosures

We may use and share (disclose) your information as we:

- Help manage the healthcare treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

To exercise any of these rights, call Customer Service at the number listed on your ID card, or call the Privacy Office at **602-864-2255** or **1-800-232-2345, ext. 2255.**

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. To ask us how to do this, call Customer Service at the number listed on your ID card.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. To ask us how to do this, call Customer Service at the number listed on your ID card.
- We may say "no" to your request, but we'll tell you why—in writing—within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (called an accounting request) of the times we've shared your health information, who we shared it with, and why, for up to six years prior to the date you ask.
- We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting request a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us at:

Mail	Phone	Email
AZ Blue Privacy Office P.O. Box 13466, C300 Phoenix, AZ 85002-3466	**602-864-2255** or **1-800-232-2345, ext. 2255**	PrivacyOffice@azblue.com

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

Mail	Phone	Online
200 Independence Ave., S.W. Washington, D.C. 20201	**1-877-696-6775**	hhs.gov/hipaa/filing-a-complaint/index.html

- We will not retaliate against you for filing a complaint.

Your Choices

You have the right to choose specific people—family, close friends, or others—with whom we can share certain health information, in specific situations. These are:

1. People who may be involved in helping you get medical care or pay for services, such as:

- **a.** A friend who sometimes picks up prescriptions for you
- **b.** A close relative who handles your medical bills
- **c.** A son or daughter who goes with you to doctor visits

2. The people you want us to contact if you have a medical emergency

In a disaster situation, it may be in your best interest for us to share your protected health information with public or private entities that are allowed to have this information by law in order to assist in disaster-relief efforts. However, the choice is yours. You can tell us whether or not we have your permission to share your information with disaster-relief organizations in the event of a disaster.

If you have a clear preference for how we share your information in any of the situations described above, talk to us. Tell us what you want us to do, and we will follow your instructions.

If you are not able to tell us your preference (for example if you are unconscious), we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to your health or safety.

In these cases, we never share your information, unless you give us written permission:
- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information to:

Help manage the healthcare treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage, or to set the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions under the law before we can share your information for these purposes. For more information, see https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html

Help with public health and safety issues

We can share health information about you for certain public health purposes, such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions (things like bad side effects or allergic reactions)to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services, if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests, and work with a medical examiner or funeral director

- We can share health information about you with organizations that handle organ, eye, or tissue donation and transplantation.
- When an individual dies, we can share their health information with a coroner, medical examiner, or funeral director.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Notice of Privacy Practices

Special Rules for the Use and Disclosure of Substance Use Disorder (SUD) Records
We may get information about your substance use disorder (SUD) from providers or programs that follow federal law (42 CFR Part 2). If we receive this information from someone like your SUD provider, we can use or share it as allowed under HIPAA. However, we will not use or share your SUD information—or talk about it in court, legal, or government proceedings—unless you give written permission or a court legally requires us to.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information (PHI).
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice.
- If you request a hard copy of this notice, we must provide one for you.
- We will not use or share your information other than as described here unless you tell us in writing that we can share it. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see **hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**

Changes to the Terms of this Notice

Effective Date: April 14, 2013

We can change the terms of this notice at any time, and the changes will apply to all information we have about you. If we do, we will post a revised notice to our website, **azblue.com.** In our next annual mailing after the changes have been made, we will either include a copy of the revised notice, or an explanation of the changes, as well as instructions about how you can get a copy of the revised notice.

If you or someone you are helping has questions about Blue Cross Blue Shield of Arizona, you have the right to receive help and information in your language, free of charge. Get more information at:
https://azblue.com/meaningfulaccess

Read our Nondiscrimination Notice at:
azblue.com/misc/nondiscrimination/notice

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