

# Notice of Health Privacy Practices



Providing the details of your health information is one area you probably want to control. As your health insurer, we are legally required to maintain the confidentiality of your personal health information. This notice defines the term “protected health information,” describes the standards for how we use and disclose this information, and explains your rights. Please review it carefully.

The terms of this Notice of Health Privacy Practices apply to Everence Association Inc., a fraternal benefit society, and/or Everence Insurance Company operating as affiliated covered entities (“Everence”). The above organizations will share protected health information of members as necessary to carry out treatment, payment, and health care operations as permitted by law. We are required by law to maintain the privacy of our members’ protected health information and to provide members with notice of our legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of this notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Health Privacy Practices as necessary and to make the new notice effective for all protected health information maintained by us. Copies of revised notices will be mailed to all members then covered by the health plan.

## A definition of protected health information

This term refers to information that:

- a. Is created or received by a health care provider, health plan, employer, or health care clearinghouse;
- b. Is related to the past, present, or future physical or mental health or condition of the individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and
- c. Identifies the individual; or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

## Uses and disclosures of your protected health information

**Your authorization.** Except as outlined below, we will not use or disclose your protected health information for any purpose unless you have executed a consent previously approved by Everence authorizing the use or disclosure. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.

**Disclosures for treatment.** We will make disclosures of your protected health information as necessary for your treatment. For instance, a doctor or health facility involved in your care may request certain pieces of your protected health information that we hold in order to make decisions about your care.

**Uses and disclosures for payment.** We will make uses and disclosures of your protected health information as necessary for payment purposes. For instance, we may use information regarding your medical procedures and treatment to process and pay claims, to determine whether services are medically necessary, or to otherwise preauthorize or certify services as covered under your health plan. We may also forward such information to another health plan, which may also have an obligation to process and pay claims on your behalf.

**Uses and disclosures for health care operations.** We will use and disclose your protected health information as necessary, and as permitted by law, for our health care operations, which include credentialing health care providers, peer review, business management, accreditation and licensing, utilization review and management, quality improvement and assurance, enrollment, underwriting, reinsurance, compliance, auditing, rating, and other functions related to your health plan. We may also disclose your protected health information to another health care facility, health care professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.

**Family and friends involved in your care.** With your approval, we may from time to time disclose your protected health information to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person’s involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited protected health information

with such individuals without your approval. If you have designated a person to receive information regarding payment of the premium on your Medicare supplement policy, we will inform that person when your premium has not been paid. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other people who may be involved in some aspect of caring for you.

**Business associates.** At times it may be necessary for us to provide certain details of your protected health information to one or more of our affiliates or outside third party entities that perform services and assist us with our health care operations. In all cases, business associates may use and disclose your protected health information only if such use or disclosure is in compliance with each applicable privacy requirement imposed by law.

**Communications with you.** We may contact you to provide information on payment of your claims, premiums, or other matters connected with your health plan or policy with us. You have the right to request (and we will accommodate reasonable requests by you) to receive communications regarding your protected health information from us by alternative means or at alternative locations if you believe disclosure endangers you or the member. For instance, if you wish messages to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You may request such confidential communication in writing and may send your request to the address set forth below. You also have the right to request that we not send you any future marketing materials, and we will use our best efforts to honor such a request. You may make the request by contacting the address set forth below with your request to be removed from our marketing mailing lists.

**Other health-related products or services.** We may, from time to time, use your protected health information to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products, or services, which may be available to you as a member of the health plan. For example, we may use your protected health information to identify whether you have a particular illness, and contact you to advise you that a disease management program to help you manage your illness better is available to you as a health plan member. We will not use your information to communicate with you about products or services which are not health-related without your written permission. If you do not wish for us to use your protected health information to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products, or services, you may opt out by notifying us at the contact information appearing at the end of this Notice.

**Information received pre-enrollment.** We may request and receive from you and your health care providers protected health information prior to your enrollment in the health plan or prior to the issuance of a policy to you. We will use this information to determine whether you are eligible to enroll in the health plan or policy and to determine your rates. We will protect the confidentiality of that information in the same manner as all other protected health information we maintain and, if you do not enroll in the health plan or if the policy is not issued, we will not use or disclose your information for any other purpose.

**Research.** In limited circumstances, we may use and disclose your protected health information for research purposes. For example, a research organization may wish to compare outcomes of patients by payer source and will need to review a series of records we hold. In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board that oversees the research or by representations of the researchers that limit their use and disclosure of member information.

**Other uses and disclosures.** We are permitted or required by law to make certain other uses and disclosures of your protected health information without your authorization.

- We may release your protected health information for any purpose required by law;
- We may release your protected health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- We may release your protected health information as required by law if we suspect child abuse or neglect; we may also release your protected health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- We may release your protected health information to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
- We may release your protected health information to your plan sponsor provided, however, that your plan sponsor certifies the information will be maintained in a confidential manner and not used for employment-related decisions or for other employee benefit determinations or in any other manner not permitted by law;
- We may release your protected health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- We may release your protected health information if required to do so by a court or administrative-ordered subpoena or discovery request. In most cases you will have notice of such release;
- We may release your protected health information to law enforcement officials as required by law to report wounds, injuries, and crimes;
- We may release your protected health information to coroners and/or funeral directors consistent with law;
- We may release your protected health information if necessary to arrange an organ or tissue donation from you or a transplant for you;
- We may release your protected health information for certain research purposes when such research is approved by an institutional review board with established rules to ensure privacy;
- We may release your protected health information if you are a member of the military as required by armed forces services; we may also release your protected health information if necessary for national security or intelligence activities; and
- We may release your protected health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.

## Genetic information

We will not use any genetic information we may have received about you for underwriting any product or services that we offer.

## Notification of breach of protected health information

You will be notified promptly if we or a business associate discover a breach of the privacy or security of your unsecured protected health information.

### Everence

1110 N. Main St.  
P.O. Box 483  
Goshen, IN 46527  
everence.com

Toll-free: 800-348-7468  
T: 574-533-9511

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## Rights you have

**Access to your protected health information.** You have the right to copy and/or inspect much of the protected health information we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. We will charge you \$0.25 per page if you request a copy of the information. We will also charge for postage if you request a mailed copy and will charge for preparing a summary of the requested information if you request such summary. This right extends to your right to receive electronic copies of your protected health information if such information is maintained as an electronic record. You may obtain an access request form from us at the address set forth below.

**Amendments to your protected health information.** You have the right to request in writing that protected health information we maintain about you be amended or corrected. We are not obligated to make all requested amendments, but will give each request careful consideration. All amendment requests, to be considered by us, must be in writing, signed by you or your authorized representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from us at the address set forth below.

**Accounting for disclosures of your protected health information.** You have the right to receive an accounting of certain disclosures made by us of your protected health information after April 14, 2003. Requests must be made in writing and signed by you or your representative. Such request forms are available from us at the address set forth below. The first accounting in any 12-month period is free; you will be charged a fee of \$15 for each subsequent accounting you request within the same 12-month period.

## Restrictions on use and disclosure of your protected health information.

You have the right to request restrictions on certain of our uses and disclosures of your protected health information for treatment, payment, or health care operations by notifying us of your request for a restriction in writing mailed to the contact information at the end of this Notice

## Your request must describe in detail the restriction you are requesting.

We are not required to agree to your restriction request, but will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction by sending such termination notice to Everence.

**Complaints.** If you believe your privacy rights have been violated, you can file a complaint with Everence Insurance Products Operations, Everence. You may also file a complaint with the Office of Civil Rights of the United States Department of Health and Human Services in Washington, D.C., in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

## For further information

If you have questions or need further assistance regarding this notice, you may contact the Insurance Products Operations Manager at Everence. As a member you retain the right to obtain a paper copy of this Notice of Health Privacy Practices, even if you have requested such copy by email or other electronic means.

## Notices and requests

All requests or communications under this notice shall be addressed to Everence at:

Everence Insurance Products Operations  
P.O. Box 483  
Goshen, IN 46527

## Effective date

This Notice of Health Privacy Practices is effective April 14, 2003. Revised Feb. 17, 2010. Second revision Sept. 1, 2013.