

Uses of Your Personal Health Information

Your Authorization

Except as outlined below, Altrua HealthShare (AHS) will not use or disclose your personal health information for any purpose unless you have signed a form 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

AHS will make disclosures of your personal health information as necessary for your treatment. For instance, a doctor or health facility involved in your care may request some of your personal health information that we hold in order to make decisions about your care.

Uses and Disclosures for Payment

AHS will make uses and disclosures of your personal health information as necessary for payment purposes. For instance, we may use information regarding your medical procedures and treatment to process and arrange for the payment of medical bills, to determine whether services are medically appropriate or to otherwise pre-authorize or certify services as eligible to be shared under the Guidelines. AHS may also forward such information to another health plan that may also have an obligation to process and pay expenses on your behalf.

Uses and Disclosures for Health Care Operations

AHS will use and disclose your personal health information as necessary for our health care operations which include peer review, business management, accreditation and licensing, utilization review and management, quality improvement and assurance, enrollment, voluntary disclosure of health conditions, compliance, auditing, and other functions related to your healthcare management. AHS may also disclose your personal 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, AHS may from time to time disclose your personal 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 personal health information with such individuals without your approval. AHS may also disclose limited personal 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 persons that may be involved in some aspect of caring for you.

Business Associates

Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as corporate leadership and oversight, operations, legal services, Utilization Management Services, Preferred Provider Organizations, Pharmacy Benefit Managers, claims adjudication systems, etc. At times it may be necessary for us to provide some of your personal health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

Communicating With Members

AHS may communicate with you regarding your medical expenses, contribution amounts, or other things connected with your health care. In the event you could be endangered if all or part of the information being sent to you is viewed by another person, you have the right to request and we will accommodate reasonable requests by you to receive communications regarding your personal health information from us by alternative means or at alternative locations. 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 AHS at the address listed in the For Further Information section at the end of this notice.

Other Health-Related Products or Services

AHS may, from time to time, use your personal 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. For example, we may use your personal 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 member. AHS will not use your information to communicate with you about products or services that are not health-related without your written permission.

Information Received Pre-Enrollment

AHS may request and receive from you and your health care providers' personal health information prior to your enrollment in the program. AHS will use this information to determine whether you are eligible to enroll. AHS will protect the confidentiality of that information in the same manner as all other personal health information we maintain and, if you do not enroll, we will not use or disclose the information about you we obtained for any other purpose.

Other Uses and Disclosures

AHS is permitted to make certain other uses and disclosures of your personal health information without your authorization.

- AHS may release your personal health information for any purpose required by law;
- AHS may release your personal health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;

- AHS may release your personal health information as required by law if we suspect child abuse or neglect; we may also release your personal health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- AHS may release your personal health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- AHS may release your personal 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;
- AHS may release your personal health information to law enforcement officials as required by law to report wounds and injuries and crimes;
- AHS may release your personal health information to coroners and/or funeral directors consistent with law;
- AHS may release your personal health information if necessary to arrange an organ or tissue donation from you or a transplant for you;
- AHS may release your personal health information if you are a member of the military as required by armed forces services; we may also release your personal health information if necessary for national security or intelligence activities; and
- AHS may release your personal health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.

Access You Have

Access to Your Personal Health Information

You may request a copy and/or inspect much of the personal health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. AHS may charge you a fee if you request a copy of the information. AHS 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. You may obtain an access request form by contacting AHS at the address listed in the "Contact Us" section of the AHS website.

Amendments to Your Personal Health Information

You may request in writing that personal health information that we maintain about you be amended or corrected. All amendment requests, in order to be considered by us, must be in writing, signed by you or your 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 by contacting AHS at the address listed in the "Contact Us" section of the AHS website.

Accounting for Disclosures of Your Personal Health Information

You may receive an accounting of certain disclosures made by us of your personal health information. Requests must be made in writing and signed by you or your representative. Accounting request forms are available from AHS at the address listed in the "Contact Us" section on the AHS website. The first accounting

in any 12-month period is free. You will be charged a fee for each subsequent accounting you request within the same 12-month period.

Restrictions on Use and Disclosure of Your Personal Health Information

You may request restrictions on some of our uses and disclosures of your personal health information for treatment, payment or health care operations by notifying us of your request for a restriction in writing. A restriction request form can be obtained from AHS at the address listed in the “Contact Us” section on the AHS website. AHS will attempt to accommodate reasonable requests when appropriate and 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 may terminate, in writing or orally, any agreed restriction by providing such termination notice to AHS at the address listed in the “Contact Us” section on the AHS website.

Complaints

If you believe your privacy has been violated, you can file a complaint with AHS at the address listed in the “Contact Us” section on the AHS website. There will be no retaliation for filing a complaint.