

**North Bay Builders Exchanges  
Insurance Program  
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.**

**This Notice is jointly issued by the North Bay Builders Exchanges and the Builders Exchange Service Association with respect to the insurance arrangement provided through these entities, both of which are "health plans" under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Notice is intended to cover uses and disclosures of individual protected health information or "PHI" by both the North Bay Builders Exchanges and the Builders Exchange Service Association.**

**Purpose**

HIPAA imposes numerous requirements on health plans concerning the use and disclosure of PHI. HIPAA requires that health plans provide a notice to each individual of the uses and disclosures of PHI that may be made by the health plan, and of the individual's rights and the health plan's legal duties with respect to PHI.

This Notice fulfills the notice requirements under HIPAA for the North Bay Builders Exchange and the Builders Exchange Service Association (collectively, the "Program"). This Notice applies to all individual participants, including their dependants, in the Program. It describes the practices of the Program, including third parties assisting in the administration of Program, for managing PHI in its possession. The Program is required to abide by the terms of this Notice.

If you have any questions about this Notice, or would like further information, please contact the Insurance Supervisor, Builders Exchange Service Association, (707) 255-2515.

**What Is PHI?**

PHI is health information, oral or recorded in any form, that is created or received by the Program, and that identifies the individual. PHI includes any individually identifiable information about you and your medical history, mental or physical condition, or treatment. Examples of PHI include your name, address, phone numbers, social security number, date of birth, date of treatment, treatment records, and claims records. PHI does not include employment records held by your employer.

### PHI Uses And Disclosures In General

The Program may share PHI with other entities subject to HIPAA to carry out health care treatment, payment activities, or health care operations, as discussed below. The Program may also share PHI as required or permitted by law. Other disclosures without your authorization are prohibited.

### Uses And Disclosures For Treatment

The Program may use or disclose PHI about you to facilitate medical treatment or services by providers. For example, the Program may disclose PHI about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you.

### Uses And Disclosures For Payment

The Program may use or disclose PHI about you to determine eligibility for Program benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Program, or to coordinate Program coverage. For example, the Program may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, medically necessary, or to determine whether the Program will cover the treatment. The Program may also share PHI with a utilization review or pre-certification service provider. Likewise, the Program may share PHI with another entity, including another health plan, to assist with the adjudication or subrogation of health claims or to coordinate benefit payments. In addition, the Program may share PHI in connection with submitting claims for stop-loss (or excess loss) coverage.

### Uses And Disclosures For Health Care Operations

The Program may use or disclose PHI about you for other Program operations. These uses and disclosures are necessary to run the Program. For example, the Program may use PHI in connection with (i) conducting quality assessment and improvement activities, (ii) underwriting, premium rating and other activities relating to Program coverage, (iii) conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs, (iv) business Programming and development such as cost management, and (v) business management and general Program administrative activities.

### Disclosures To Program Administrator

The Program may disclose your PHI without your written authorization to the Program administrator for purposes of Program administration. The Program

administrator may need your health information to administer benefits under the Program. The Program administrator agrees not to use or disclose your health information other than as permitted or required by the Program and by law. The Program administrator's employees who handle Program administrative functions on behalf of the Program are the only persons who will have access to your PHI for Program administration functions.

In addition, the Program may share the following information with the administrator or your employer, as allowed under the HIPAA rules:

- The Program may disclose “summary health information” to the administrator, if requested, for purposes of obtaining premium bids to provide coverage under the Program, or for modifying, amending, or terminating the Program. Summary health information is health information that summarizes participants’ claims information, but from which names and other identifying information have been removed.
- The Program may disclose to the employer or administrator information on whether an individual is participating in the Program, or has enrolled or disenrolled in the Program.

The administrator cannot and will not use PHI obtained from the Program for any employment-related actions. However, PHI collected by the employer from other sources (for example under the Family and Medical Leave Act, the Americans with Disabilities Act, or workers’ compensation) is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

PHI may be disclosed to another health Program maintained by the sponsor of the Program for purposes of facilitating claims payments under that Program.

#### Uses And Disclosures As Required By Law

The Program will disclose PHI about you when required to do so by federal, state or local law. For example, the Program may disclose PHI when required by a court order in a litigation proceeding such as a malpractice action.

#### Disclosures For Public Health Activities

The Program will disclose PHI about you to certain public health authorities to prevent or control disease or report child abuse or neglect. The Program will also disclose PHI about you to the Food and Drug Administration to collect or report adverse events or product defects. In addition, the Program will disclose

PHI about you to others who may be at risk of contracting or spreading a disease or condition.

#### Uses And Disclosures To Avert A Serious Threat

The Program may use or disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, the Program may disclose PHI about you in a proceeding regarding the licensure of a physician.

#### Disclosures For Health Oversight Activities

The Program may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

#### Disclosures For Lawsuits And Disputes

If you are involved in a lawsuit or a dispute, the Program may disclose PHI about you in response to a court or administrative order. The Program may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

#### Disclosures For Law Enforcement

The Program may release PHI if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if you agree or if disclosure is necessary for immediate law enforcement activity;
- About a death that the Program believes may have resulted from criminal conduct;
- About criminal conduct at the hospital; or

- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

#### Disclosures To Coroners, Medical Examiners And Funeral Directors

The Program may release PHI to a coroner or medical examiner. Such disclosure may be necessary, for example, to identify a deceased person or determine the cause of death. The Program may also release PHI about patients of the hospital to funeral directors as necessary to carry out their duties.

#### Disclosures For Organ And Tissue Donation

If you are an organ donor, the Program may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

#### Disclosures For Public Health Risks

The Program may disclose PHI about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and

#### Disclosures For Victims Of Abuse, Neglect Or Domestic Violence

The Program may disclose PHI about you to notify the appropriate government authority if the Program believes a patient has been the victim of abuse, neglect or domestic violence. The Program will only make this disclosure if you agree or when required or authorized by law.

#### Disclosures For Military Personnel And Veterans

If you are a member of the armed forces, the Program may release PHI about you as required by military command authorities. The Program may also release PHI about foreign military personnel to the appropriate foreign military authority.

#### National Security And Intelligence Activities

The Program may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

#### Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Program may release PHI about you to the correctional institution or law enforcement official. This disclosure would be necessary either for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

#### Disclosures For Workers' Compensation

The Program may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

#### Other Uses Of Medical Information

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to the Program will be made only with your written permission. If you provide the Program with permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, the Program will no longer use or disclose PHI about you for the reasons covered by your written authorization. However, you cannot revoke your disclosure if the Program has taken action in reliance on that disclosure.

## State Laws Regarding Uses And Disclosures Of PHI

Notwithstanding any provision of this Notice to the contrary, there shall be no use or disclosure of PHI if prohibited under state law.

## Your Rights Regarding PHI About You

You have the following rights regarding PHI the Program maintains about you:

### Privacy Official.

The Privacy Official for the Program is the President of the North Bay Builders Exchanges. The Privacy Official for the Builders Exchange Service Association is the Executive Vice-President. The contact person listed above can provide you with contact information for the Privacy Official. The Privacy Official is responsible for the development and implementation of policies and procedures relating to privacy and for handling requests and complaints as described below.

- Right To Request Restrictions.

You have the right to request a restriction or limitation on the PHI that the Program uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI that the Program discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Program not use or disclose information about a surgery you had. To request such a restriction, you must submit your request in writing to the Program's Privacy Official using the form that is available from the Program's Privacy Official. In your request, you must tell the Program (i) what information you want to limit, (ii) whether you want to limit the Program's use, disclosure or both and (iii) to whom you want the limits to apply (for example, disclosures to your spouse). Please note that the law does not require the Program to agree to your request.

- Right To Request Confidential Communications.

You have the right to request that the Program communicate with you about medical matters in a certain way or at a certain location if you feel the usual method of delivery endangers you in some way. For example, you can ask that the Program only contact you at work or at home, or by mail or by fax. To request such communications, you must submit your request in writing to the Program's Privacy Official using the form that is available from the Program's Privacy Official. The Program will not ask you the reason for your request. Your request must specify how or where

you wish to be contacted. The Program will accommodate reasonable requests.

- Right To Inspect And Copy.

You have the right to inspect and copy PHI that may be used to make decisions about your Program benefits. To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to the Program's Privacy Official using the form that is available from the Program's Privacy Official. If you request a copy of the information, the Program may charge a fee for the costs of copying, mailing or other supplies associated with your request. The Program may deny your request to inspect and copy information in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed.

- Right To Amend.

If you believe that the PHI that the Program has about you is incorrect or incomplete, you may ask the Program to amend the information. You have the right to request an amendment for as long as the information is kept by, or for the Program. To request that the Program amend your PHI, you must submit your request in writing to the Program's Privacy Official using the form that is available from the Program's Privacy Official. You must provide a reason that supports your request. The Program may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Program may deny your request if you ask the Program to amend information that:

1. Is not part of the PHI kept by or for the Program;
2. Was not created by the Program, unless the person or entity that created the information is no longer available to make the amendment;
3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

- Right To An Accounting Of Disclosures.

You have the right to request an accounting of disclosures, where such disclosure was made either (i) for any purpose other than treatment, payment, or health care operations, or (ii) to you. To request an

accounting of disclosures, you must submit your request in writing to the Program's Privacy Official using the form that is available from the Program's Privacy Official. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first accounting that you request within a 12-month period will be provided for free. For additional accountings, the Program may charge you for the costs of providing the accounting. The Program will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

- Right To A Paper Copy Of This Notice.

If you have agreed to receive this Notice electronically, you have the right to a paper copy of this Notice. You may ask the Program to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, contact the Program's Privacy Official.

#### Complaints

If you believe that your privacy rights under HIPAA have been violated, you may file a complaint either to (i) the Program by contacting the Program's Privacy Official, or (ii) the Secretary of the Department of Health and Human Services at Region IX, Office for Civil Rights, U.S. Department of Health and Human Services, 50 United Nations Plaza, Room 322, San Francisco, CA 94102 (phone-(415) 437-8310; fax - (415) 437-8329; TDDs - (415) 437-8311. There will be no retaliation for filing a complaint.

#### Changes To This Notice

The Program reserves the right to change this Notice as necessary and to make any new Notice effective for PHI that the Program has about you and any new information that the Program may receive in the future. This notice is effective as of April 14, 2003. If changes are made to the Program's privacy policies described in this Notice, you will be provided with a revised privacy notice mailed to your home address.