

**COOK COUNTY GROUP HEALTH PLANS’
NOTICE OF PRIVACY PRACTICES UNDER
THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

I. ABOUT THIS NOTICE

THIS NOTICE IS A LEGALLY REQUIRED DOCUMENT THAT DESCRIBES HOW HEALTH BENEFIT INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY RECEIVE ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

II. THE PLAN’S LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires the Cook County Group Health Plans (collectively known as an Organized Health Care Arrangement or “OHCA” under HIPAA and hereinafter referred to as “the Plans”) to protect the privacy of your health information. This information, known as “protected health information” or “PHI,” includes individualized data that the Plans have created or received about your past, present or future health or condition, the provision of health care to you, or the payment for this health care. HIPAA requires the Plans to provide you with this notice about its legal duties and privacy practices with respect to your PHI.

The Plans must follow the terms and conditions of this notice as long as it is in effect. However, the Plans reserve the right to change the terms and conditions of this notice at any time. Any changes may apply to past, present and future PHI. If the Plans materially change this notice, it will send you a revised notice by regular mail or by e-mail, if you have agreed to receive amended versions of this notice electronically. Except when required by law, the Plans will not implement a material change to any term of this notice prior to the effective date of the new notice that includes the material change.

You may also request a copy of this notice from the contact person listed in Section VIII of this notice at any time.

For purposes of this notice, the “Plans” means the following:

**HMO Illinois, a BlueCross BlueShield HMO
Caremark, Inc. (Pharmacy Benefit Manager)
First Commonwealth Dental HMO/PPO
Cole Managed Vision**

In addition, any PHI created or received by the Plans, where the benefits are provided by an insurance company or health maintenance organization, will be subject to the notice of privacy practices delivered to you by that insurance company or health maintenance organization. Each Plan will share your PHI with each other Plan as necessary to carry out the treatment, payment and health care operations of all Plans or any one of them.

III. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The Plans use and disclose PHI for many different reasons. The Plans will share PHI with each other as necessary to carry out treatment, payment or health care operations relating to the OHCA. With some exceptions, it may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. Described below are the different categories of the Plans' uses and disclosures, along with some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations. With limited exceptions, the Plans may use or disclose your PHI for treatment, payment, and health care operations without your authorization. Examples of these uses and disclosures include the following:

1. For treatment:

“Treatment” includes the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with another party. It also includes consultation between health care providers relating to a patient or the referral of a patient for health care from one health care provider to another.

As your health benefit plans, the Plans do not provide treatment. However, from time to time it may need to use or disclose your PHI for treatment purposes. For example, prior to providing a health service to you, your doctor may ask the Plans for information concerning whether and when the service was previously provided to you. The Plans may use and disclose your PHI for treatment activities of a health care provider.

2. For Payment:

The Plans use and disclose your PHI in order to fulfill its responsibilities for providing coverage and health care benefits under the Plans or to obtain or provide reimbursement for the provision of health care. This includes the following activities:

- Determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims.
- Risk adjusting amounts due based on participant health status and demographic characteristics.
- Billing, claims management, collection activities, obtaining payment under a contract for reinsurance (including stop-loss insurance and excess of loss insurance), and related health care data processing.
- Review of health care services with respect to medical necessity, coverage under the Plans, appropriateness of care, or justification of charges.
- Utilization review activities, including pre-certification and preauthorization of services, concurrent and retrospective review of services.

- Disclosure to consumer reporting agencies of certain PHI relating to collection of premiums or reimbursement.

For example, the Plans will use your PHI in reviewing a claim submitted by you or your doctor to determine payment. They may also disclose your PHI to another carrier to determine which carrier is primary or to otherwise determine cost sharing between the Plans and the other carrier. They may disclose your PHI to a physician for his or her opinion as to whether the requested services are necessary. The Plans may also disclose your PHI to an attorney or collection agency to make a collection effort for amounts which are due to the Plans. The Plans may use and disclose your PHI to other health plans, clearinghouses or health care providers for their payment activities.

3. For Health Care Operations:

The Plans will use and disclose your PHI in performing those day-to-day administrative uses that are necessary for them to act as your health benefits plan. The Plans' health care operations include the following activities:

- Conducting quality assessment and improvement activities, as well as population based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting health care providers and patients with information about treatment alternatives and performing related functions that do not include treatment.
- Reviewing the qualifications and performance of health care providers, evaluating health plan performance, training, and performing accreditation, certification, or licensing activities.
- Performing underwriting, premium rating, and other activities relating to the creation, renewal or replacement of health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss and excess of loss insurance).
- Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs.
- Business planning and development.
- Managing Plan business and performing general administrative activities.

For example, the Plans need to use your PHI along with that of other participants for purposes of establishing budgets. Or, if you have a complaint about a provider or with the Plans, the Plans may, in order to resolve matters, need to review your file, which may contain relevant PHI. The Plans also may need to review your PHI for purposes of conducting programs to curb provider fraud. They may disclose your PHI to other health plans, health care clearinghouses or health care providers covered under HIPAA for their health care operations provided that the other entity has (or had) a relationship with you, the PHI that the Plans disclose pertains to that relationship, and the disclosure is for limited health care operations described in the first two items listed above (quality assurance,

reviewing qualifications and performance) or for fraud and abuse detection or compliance.

B. Other Purposes for Which the Plans are Permitted or Required to Use or Disclose Your Protected Health Information Without Your Written Authorization. The Plans may also use and disclose your PHI without authorization for the following reasons:

1. **When a disclosure is required by federal, state or local law.** For example, the Plans make disclosures when a law requires that it report information to government agencies.
2. **In the course of judicial or administrative proceedings.** For example, the Plans may disclose information pursuant to a court order.
3. **For law enforcement purposes.** For example, the Plans may disclose information in response to a law enforcement official's request for such information to identify or locate a suspect, material witness or missing person.
4. **For public health activities.** For example, the Plans may report information about the safety or effectiveness of an FDA-regulated product or activity or information about various diseases to government officials in charge of collecting that information.
5. **To report incidents of abuse, neglect or domestic violence.** If the Plans' employees suspect abuse, neglect or domestic violence, the Plans may provide information to appropriate authorities.
6. **For health oversight activities.** For example, the Plans will provide information to assist the government when it conducts an investigation of a health care plan or provider.
7. **For research purposes.** In certain circumstances, the Plans may provide PHI in order to conduct medical research.
8. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, the Plans may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
9. **For specific government functions.** The Plans may disclose PHI of military personnel and veterans in certain situations. And it may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.
10. **For workers' compensation purposes.** The Plans may provide PHI in order to comply with workers' compensation laws.
11. **Appointment reminders and health-related benefits or services.** The Plans may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits.
12. **To Vendors.** There are some services provided to the Plans through various vendors. Examples include the third-party administrators that the Plans engage to

process payment of your health claims. (Information regarding where to find a complete list of these vendors is set forth in Section VII of this notice.) The Plans may disclose your PHI to these vendors so that they can perform the services the Plans have contracted with them to perform. To protect your PHI, however, the Plans require that the vendor appropriately safeguard your information.

13. To Limited Data Set Recipients. The Plans may make available to another individual or entity your PHI in a “limited data set” for purposes of research, public health and health care operations. A limited data set is PHI that excludes direct identifiers of you or your relatives, employers, or household members. To protect your PHI, the Plans require that the recipient of the limited data set appropriately safeguard your information.

14. Incidental Disclosures. The Plans may use or disclose your PHI incidentally as part of another use or disclosure which is permitted under law.

C. Marketing. We will need your written authorization to use and disclose your PHI for marketing purposes, except if the marketing is a face-to-face communication or if it involves a promotional gift of nominal value. “Marketing” includes a communication about a product or service that encourages you to purchase or use the product or service. It also includes an arrangement whereby the Plans disclose your PHI to another entity, in exchange for compensation, and the other entity communicates about its own product or service to encourage purchase or use of that product or service. Marketing does *not* include a description of a health-related product or service (or payment for such product or service) that the Plans provide or include in its plan of benefits. For example, the Plans may communicate to you (without your authorization) about the Plans’ provider network, replacement of, or enhancements to, the health plan, and health-related products or services available only to plan participants that add value to, but are not part of the plan of benefits. Marketing also does *not* include the Plans’ communication for your treatment or for case management or care coordination purposes, or to recommend to you alternative treatments, therapies, health care providers, or settings of care.

D. Disclosures of Your Protected Health Information to Cook County, the Sponsor of the Plans. Cook County may ask the Plans to provide your PHI. The Plans will provide the PHI unless it is prohibited by law from doing so. In most cases, the Plans will disclose your PHI to Cook County only to carry out plan administration functions. The Plans will not disclose your PHI to Cook County for the purpose of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of Cook County.

E. Uses and Disclosures for Which You Have the Opportunity to Object. The Plans may use or disclose your PHI to: (1) a family member, friend, or other person that you indicate is involved in your care or the payment for your health care; (2) notify, or assist in the notification of (including identifying or locating), a family member, your personal representative, or another person responsible for your care regarding your location, general condition, or death; or (3) a disaster relief organization for purposes listed in (2) above. In all of these cases, the Plans may do so unless you object in whole or in part. If you are not present or in the event of your incapacity or an emergency, the Plans will, in the exercise of its professional judgment, determine if the disclosure is in your best interests and, if so, disclose only the PHI that is directly relevant to the person’s involvement with your health care. However, in an emergency, the Plans may use and

disclose your PHI without approval for notification purposes to disaster relief organizations.

- F. All Other Uses and Disclosures of Your Protected Health Information Require Your Written Authorization.** Uses and disclosures of your protected health information for purposes other than those referred to above will be made only with your written authorization. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that the Plans have not taken any action relying on the authorization).
- G. Additional State and Federal Law Requirements.** State laws of general applicability which have criminal penalties, as well as some federal laws, may further limit the Plans' use and disclosure of your PHI. For example, state law may require that the Plans obtain your written permission to use and disclose your PHI even though written authorization would not otherwise be required under this notice. The Plans will abide by applicable state and federal law.

IV. Your Rights Regarding Your PHI

You have the following rights described below with respect to PHI held by the Plans' vendors (information regarding where to find a complete list of these vendors is set forth in Section VII of this notice).

- A. The Right to Choose How We Send PHI to You.** You have the right to ask each vendor to send information to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate means (for example, instead of regular mail). The vendors are required to accommodate reasonable requests if you inform such vendor that to provide the information otherwise would put you in danger.
- B. The Right to Receive This Notice by E-Mail.** You have the right to get a copy of this notice by E-mail. Even if you agree to receive the notice via E-mail, you have the right to request a paper copy. If you would like to receive this notice by E-mail, please send your request in writing to the HIPAA Privacy Official as described in Section VIII.
- C. The Right to Amend Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request the vendor in possession of the information to correct the existing information or to add the missing information. You must provide the request and your reason for the request in writing to the vendor which you believe has the incorrect information (hereinafter referred to as the "Request For Amendment"). The vendor may have prepared forms to assist you in this process. The vendor will respond within 60 days of receiving your request. If your request is denied, the written denial you receive will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file a statement of disagreement, you have the right to request that your written request and the denial be attached to all future disclosures of your PHI.

If a vendor approves your Request For an Amendment, the Plans or their vendors must report the amendment of PHI to the Plans, to other vendors of the Plans which the vendor's agents reasonably believe possess the unamended PHI and to persons or entities which you identify in your Request For Amendment. (In your Request For Amendment, you may provide a list of individuals or entities which you believe possess the

unamended PHI and either the Plans or the vendors will use their best efforts to contact such individuals and entities regarding the amendment.)

- D. The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to request a vendor to limit how it uses and discloses your PHI for treatment, payment and health care operations (discussed above) or to cease uses and disclosures for which you have the right to object (also discussed above). A vendor will consider your request, but is not legally required to accept it. If the vendor accepts your request, it will abide by the limitation except in emergency treatment situations. You may not place limitations on uses and disclosures that the Plans or their vendors are legally required or allowed to make without your authorization.
- E. The Right to Access Your PHI.** In most cases, you have the right to view or obtain copies of your PHI on file with each vendor, but you must make the request in writing to each vendor. If the vendor which you contact does not have your PHI but is aware of a vendor which does, it will redirect you to the appropriate vendor or to the Plans. A vendor will respond to you within 30 days after receiving your written request. In certain situations, a vendor may deny your request. If so, the vendor will notify you, in writing, of the reasons for the denial and explain your right to have the denial reviewed. If you request copies of your PHI, the vendor may charge a fee. Instead of providing the PHI you requested, the vendor may provide you with a summary explanation of the PHI as long as you agree to the summary and to the costs associated with the summary in advance.
- F. The Right to an Accounting of Disclosures of Your PHI.** You have the right to get a list of instances in which each vendor has disclosed your PHI (hereinafter sometimes referred to as an “accounting”). The list will not include uses or disclosures: (i) made to you, (ii) made for treatment, payment, or health care operations, (iii) made pursuant to an authorization, (iv) which are incidental, or (v) for which you have the right to object (and you did not object). The list also will not include uses and disclosures: (a) made for national security purposes, (b) made to corrections or law enforcement personnel, (c) made as part of a limited data set, or (d) which were made before April 14, 2003. Each vendor will respond within 60 days of receiving your request. The list provided will include disclosures made in the last six years (but not before April 14, 2003), unless you request a shorter time frame. The list will also include the date of the disclosure, to whom PHI was disclosed (including contact information, if available), a brief description of the information disclosed, and the purpose for the disclosure. A vendor may impose fees for such service.
- G. Exercising Your Rights.** When exercising your right to receive access to your PHI, to request an accounting of the use and disclosure of your PHI, or to limit the uses and disclosures of your PHI, you must separately contact each vendor of the Plans which may have the relevant PHI and request the appropriate action. If you are unsure as to which vendors to contact or to whom to make a request, you may write to the Cook County Group Health Plans’ HIPAA Privacy Official at the address listed in Section VIII of this notice. Any such access, accounting, or limitations on your PHI will only be effective as to those vendors which you contact. If, for example, you wish to limit the use or disclosure of your PHI, you may wish to separately request such a limitation from each vendor which may possess such information. A vendor will assist you in exercising your rights according to its policies and procedures and the policies and procedures of the Plans which govern the responsibilities of a vendor. For the purposes of this Notice,

Cook County is treated as a vendor to the Plans to the extent it receives PHI for Plan administration.

V. If You Have Complaints

If you think that the Plans or one of their vendors may have violated your privacy rights, you may file a written complaint with the person listed in Section VIII of this notice. You also may send a written complaint to the Secretary of the Department of Health and Human Services. The Plans and Cook County will take no retaliatory action against you if you file a complaint about our privacy practices.

VI. Plan Vendors

To accommodate the administrative needs of its vendors, the Plans have agreed to adopt, when available, the policies and procedures of each of its vendors with respect to PHI used or disclosed by that vendor in connection with the services it renders to the Plans. If a vendor does not adopt appropriate policies and procedures regarding your rights with respect to your PHI, the Plans will adopt appropriate policies and procedures for use by that vendor.

VII. Contacting Plan Vendors

You can find vendor contact information from the Cook County Department of Risk Management's Employee Benefits Office. Most vendor contact information is also contained in the back of each benefit plan or program's Summary Plan Description (SPD).

If, upon contacting a vendor, you are unable to exercise your privacy rights, as set forth in Section IV of this notice, please contact the Employee Benefits Office as directed in Section VIII.

VIII. Who To Contact for Information About This Notice or to Complain About the Privacy Practices

If you have any questions about this notice or any complaints about our privacy practices, you may contact the Cook County Department of Risk Management/Employee Benefits Office at (312) 603-6385 or by mail at 118 North Clark Street, Room 1072, Chicago, IL 60602. They can also tell you how to file a complaint with the Office of Civil Rights, Department of Health and Human Services.

IX. Effective Date of This Notice

This notice is effective as of April 14, 2003.