



MASSACHUSETTS

Our Commitment to Confidentiality

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.

Our Commitment: We respect your right to privacy. We won't disclose personally identifiable information about you without your permission, unless the disclosure is necessary to provide our services to you or is otherwise in accordance with the law.

Collection of Information

We collect only *personal* or *medical* information we need to carry out our business.

- Examples of personal information are name, address, date of birth, and social security number. Most often, you and your employer supply this information to enroll you in a plan.
- Examples of medical information are diagnoses, treatments, and names of providers who treat you. Most often, your providers supply this information.

Use and Disclosure of Information

We're required by law to protect the confidentiality of your personal and medical information and to notify you in case of a breach affecting your personal or medical information. We'll supply your information to you upon your request or to help you understand treatment options and other benefits available to you.

We also may use and disclose your information without your written authorization for the following purposes, and as otherwise permitted or required by law:

- **Treatment**—to help providers manage or coordinate your health care and related services. For example, to refer you to another provider or remind you of appointments.
- **Payment**—to obtain payment for your coverage, provide you with health benefits, and assist another health plan or provider in its payment activities. For example, to manage enrollment records, make coverage determinations, administer claims, or coordinate benefits with other coverage you may have.
- **Health Care Operations**—to operate our business, including accreditation, credentialing, customer service, disease management, and fraud-prevention activities. For example, to do business planning, arrange for medical review, or conduct quality assessment and improvement activities.

- **Legal Compliance**—to comply with applicable laws. For example, to respond to regulatory authorities responsible for oversight of government benefit programs or our operations; to parties or courts in the course of judicial or administrative proceedings; to law enforcement officials during an investigation; and as necessary to comply with workers’ compensation laws.
- **Research and Public Health**—for medical research studies in accordance with laws for the protection of human research subjects, and to report to public health authorities and otherwise prevent or lessen a serious and imminent threat to health or safety. For example, for the purpose of preventing or controlling disease, injury, or disability.
- **To an Account (such as an employer) or Party It Designates**—for administration of its health plan. For example, to a self-insured account for claim review and audits. We’ll disclose your information only to designated individuals. That, along with contract obligations, helps protect your information from unauthorized use.

To carry out these purposes, we share information with entities that perform functions for us subject to contracts that limit use and disclosure to intended purposes. We use physical, electronic, and procedural safeguards to protect your privacy. Even when allowed, uses and disclosures are limited to the minimum amount reasonably necessary for the intended task.

Special Notes Regarding Disclosure

Special protections apply to information about certain medical conditions. For example, with very few exceptions allowed by law, we won’t disclose any information regarding HIV or AIDS to any party without your written permission. We won’t disclose mental health treatment records to you without first receiving approval from your treating provider or another equally qualified mental health professional. Also, we’re prohibited from using or disclosing genetic information for underwriting purposes.

Except as provided in this notice, we won’t use or disclose your personal or medical information without your written authorization. A form for this purpose is available on our website or by calling Member Service. Specifically, we must have your written authorization to use or disclose your information for:

- Marketing purposes;
- The sale of PHI;
- Most use and disclosures of psychotherapy notes.

You may revoke your authorization at any time. Your authorization must be in writing. Your revocation won’t affect any action that we have already taken in reliance on your authorization.

Your Privacy Rights

You have the following rights with respect to your personal and medical information. To exercise any of these rights, contact us using the information listed at the end of this notice.

- **You have the right to receive information about privacy protections.** Your member-education materials include a notice of your rights, and you may request a paper copy of this notice at any time.
- **You have the right to inspect and get copies of information we collect about you.** We'll provide access to this information within 30 days of receiving a written request. We may charge a reasonable fee for copying and mailing records. You may also ask your providers for access to your records.
- **You have the right to receive an accounting of disclosures.** Your request must be in writing. Our response will exclude any disclosures made in support of treatment, payment, and health care operations or that you authorized (among others). An example of a disclosure that would be reported to you is a disclosure of your information in response to a subpoena.
- **You have the right to ask us to correct or amend information you believe to be incorrect.** Your request to correct, amend, or delete information should be in writing. We'll notify you if we make an adjustment as a result of your request. If we don't make an adjustment, we'll send you a letter explaining why within 30 days. In this case, you may ask us to make your request part of your records, or ask the commissioner of insurance to review our decision. We may also provide notice of your requested changes to others who received this information in the past two years.
- **You have the right to designate someone to receive information and interact with us on your behalf.** Your personal representative has the same rights concerning your information as you. Your designation and any subsequent revocation must be in writing, and a form for this purpose is available on our website or by calling Member Service.
- **You have the right to ask that we restrict or refuse to disclose personally identifiable information, and that we direct communications to you by alternative means or to alternative locations.** While we may not always be able to agree, we'll make reasonable efforts to accommodate requests. Your request and any subsequent revocation must be in writing.
- **If you believe your privacy rights have been violated, you have the right to complain to us, using the standard grievance process outlined in your benefit materials, or to the secretary of the U.S. Department of Health and Human Services, without fear of retaliation.**

About This Notice

This notice is effective September 23, 2013. We're required by law to provide this notice to you and to abide by it while it is in effect. We reserve the right to change this notice. Any changes will apply to all personal and medical information that we maintain, regardless of when it was created or received. Before we make any material changes in our privacy practices, we'll post a new notice on our website. We'll provide information about the changes to our privacy practices and how to obtain a new notice in our next annual mailing to members who are then covered by one of our health plans.

If you have any questions, contact Member Service. We're here to help. Please call the Member Service toll-free number on the front of your ID card or visit our website at bluecrossma.org.



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