



HIPAA Notice of Privacy Practices for Personal Health Information



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

Dear Plan BMI Customer:

This is your Health Information Privacy Notice from Best Meridian Insurance Company and its administrator, BMI Services, Inc. (hereinafter referred to as “BMI” and/or “BMI Services”). Please read it carefully. You have received this notice because of your Health Insurance coverage with us. BMI and each member of the BMI family of companies (an “Affiliate”) strongly believe in protecting the confidentiality and security of information we collect about you. This notice refers to BMI and BMI Services by using the terms, “us”, “we”, or “our”.

This notice describes how we protect the Personal Health Information we have about you which relates to your health insurance coverage (“Personal Health Information”), and how we may use and disclose this information. Personal Health Information includes individually identifiable information which relates to your past, present or future health, treatment or payment for health care services. This notice also describes your rights with respect to the Personal Health Information and how you can exercise those rights.

We are required to provide this Notice to you by the Health Insurance Portability and Accountability Act (“HIPAA”). For additional information regarding our HIPAA Medical Information Privacy Policy or our general privacy policies, please see the privacy notices contained at our website, www.bmicos.com. You may submit questions to us there or you may write to us directly at BMI Companies, 8950 SW 74th Court, Miami, FL 33156.

We are required by law to:

- maintain the privacy of your Personal Health Information;
- provide you this notice of our legal duties and privacy practices with respect to your Personal Health Information; and
- follow the terms of this notice.

We protect your Personal Health Information from inappropriate use or disclosure. Our employees, and those of companies that help us service your Health Insurance, are required to comply with our requirements that protect the confidentiality of Personal Health Information. They may look at your Personal Health Information only when there is an appropriate reason to do so, such as to administer our products or services.

We will not disclose your Personal Health Information to any other company for their use in marketing their products to you. However, as described below, we will use and disclose Personal Health Information about you for business purposes relating to your Health Insurance coverage.

The main reasons for which we may use and may disclose your Personal Health Information are to evaluate and process any requests for coverage and claims for benefits you may make. The following describe these and other uses and disclosures, together with some examples.

- **For payment.** We may use and disclose Personal Health Information to pay benefits under your Health Insurance coverage. For example, we may review Personal Health Information contained on claims to reimburse providers for services rendered. We may also disclose Personal Health Information to other insurance carriers to coordinate benefits with respect to a particular claim. Additionally, we may disclose Personal Health Information to a health plan for various payment-related functions, such as eligibility determination, audit and review or to assist you with your inquiries or disputes.
- **For Health Care Operations.** We may also use and disclose Personal Health Information for our insurance operations. These purposes include evaluating a request for Health Insurance products or services, administering those products or services, and processing transactions requested by you. We may also disclose Personal Health Information to Affiliates, and to business associates outside of the BMI family of companies, if they need to receive Personal Health Information to provide a service to us and will agree to abide by specific HIPAA rules relating to the protection of Personal Health Information. Examples of business associates are: billing companies, data processing companies, or companies that provide general administrative services. Personal Health Information may be disclosed to reinsurers for underwriting, audit or claim review reasons. Personal Health Information may also be disclosed as apart of a potential merger or acquisition involving our business in order to make an informed business decision regarding any such prospective transaction.



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- **Where Required by Law or for Public Health Activities.** We disclose Personal Health Information when required by federal, state or local law. Examples of such mandatory disclosures include notifying state or local health authorities regarding particular communicable diseases, or providing Personal Health Information to a governmental agency or regulator with health care oversight responsibilities. We may also release Personal Health Information to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death.
- **To Avert a Serious Threat to Health or Safety.** We may disclose Personal Health Information to avert a serious threat to someone's health or safety. We may also disclose Personal Health Information to federal, state or local agencies engaged in disaster relief as well as to private disaster relief or disaster assistance agencies to allow such entities to carry out their responsibilities in specific disaster situations.
- **For Health-Related Benefits or Services.** We may use Personal Health Information to provide you with information about benefits available to you under your current coverage or policy and, in limited situations, about health-related products or services that may be of interest to you.
- **For Law Enforcement or Specific government Functions.** We may disclose Personal Health Information in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons or similar process. We may disclose Personal Health Information about you to federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **When Requested as Part of a Regulatory or Legal Proceeding.** If you or your estate is involved in a lawsuit or a dispute, we may disclose Personal Health Information about you in response to a court or administrative order. We may also disclose Personal Health Information 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 Personal Health Information requested. We may disclose Personal Health Information to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.
- **Other Uses of Personal Health Information.** Other uses and disclosures of Personal Health Information not covered by this notice and permitted by the laws that apply to us will be made only with your written authorization or that of your legal representative. If we are authorized to use or disclose Personal Health Information about you, you or your legally authorized representative may revoke that authorization, in writing at any time, except to the extent that we have taken action relying on the authorization. You should understand that we will not be able to take back any disclosures we have already made with authorization.

YOUR RIGHTS REGARDING PERSONAL HEALTH INFORMATION WE MAINTAIN ABOUT YOU

The following are your various rights as a consumer under HIPAA concerning your Personal Health Information. Should you have questions about a specific right, please write to us at the located listed in our discussion of that right.

- **Right to Inspect and Copy Your Personal Health Information.** In most cases, you have the right to inspect and obtain a copy of the Personal Health Information that we maintain about you. To inspect and copy Personal Health Information, you must submit your request in writing to BMI Services, Inc., 8950 S.W. 74th Court, Miami, FL 33156. To receive a copy of your Personal Health Information, you may be charged a fee for the costs of copying, mailing or other supplies associated with your request. However, certain types of Personal Health Information will not be made available for inspection and copying. This includes Personal Health Information collected by us in connection with, or in reasonable anticipation of any claim or legal proceeding. In very limited circumstances we may deny your request to inspect and obtain a copy of your Personal Health Information. If we do, you may request that the denial be reviewed. The review will be conducted by an individual chosen by us who was not involved in the original decision to deny your request. We will comply with the outcome of that review.
- **Right to Amend Your Personal Health Information.** If you believe that your Personal Health Information is incorrect or that an important part of it is missing, you may have the right to ask us to amend your Personal Health Information while it is kept by or for us. You must provide your request and your reason for the request in writing, and submit it to BMI Services, Inc., 8950 SW 74th Court, Miami, FL 33156. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend Personal Health Information that:
 - is accurate and complete;
 - was not created by us, unless the person or entity that created the Personal Health Information is no longer available to make the amendment;



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- is not part of the Personal Health Information kept by or for us; or
- is not part of the Personal Health Information which you would be permitted to inspect and copy.

- **Right to a List of Disclosures.** You have the right to request a list of the disclosures we have made of Personal Health Information about you. This list will not include disclosures made for treatment, payment, health care operations, for purposes of national security, made to law enforcement or to corrections personnel or made pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing to BMI Services, Inc., 8950 SW 74th Court, Miami, FL 33156.

Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years and may not include dates before April 13, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. We may charge you for responding to any additional requests. We 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 Request Restrictions.** You have the right to request a restriction or limitation on Personal Health Information we use or disclose about you for treatment, payment or health care operations, or that we disclose to someone who may be involved in your care or payment for your care, like a family member or friend. While we will consider your request, we are not required to agree to it. If we do agree to it, we will comply with your request. To request a restriction, you must make your request in writing to BMI Services, Inc., 8950 SW 74th Court, Miami, FL 33156. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). We will not agree to restrictions on Personal Health Information uses or disclosures that are legally required.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about Personal Health Information in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to BMI Services, Inc., 8950 SW 74th Court, Miami, FL 33156 and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

ADDITIONAL INFORMATION

Changes to this Notice. We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for Personal Health Information we already have about you as well as any Personal Health Information we receive in the future. The effective date of this notice and any revised or changed notice may be found on the last page, on the bottom right hand corner of the notice. You will receive a copy of any revised notice from BMI Companies by mail or by e-mail, but only if e-mail delivery is offered by BMI Companies and you agree to such delivery.

Further Information. You may have additional rights under other applicable laws. For additional information regarding our HIPAA Medical Information Privacy Policy or our general privacy policies, please contact us at www.bmicos.com (305) 443-2898 or write to us at BMI Services, Inc., 8950 SW 74th Court, Miami, FL 33156.



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AUTHORIZATION FOR THE DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, the undersigned individual, authorize the disclosure of my Protected Health Information (“PHI”) as follows:

A) Classes of Persons Authorized to Disclose My Protected Health Information: I hereby authorize each physician, doctor, physician practice group, nurse, hospital, insurance company and any other health care provider (each considered an “Authorized Discloser”) to disclose any and all PHI as provided under this authorization. I further authorize each Authorized Discloser to rely upon a photostatic or facsimile copy or other reproduction of this authorization.

B) Persons Authorized to Receive My Protected Health Information: I authorize my PHI to be disclosed by each Authorized Discloser under this authorization to **BMI Services, Inc.** and any of its officers, partners, employees, agents, independent contractors or other representatives (collectively known as the “Authorized Recipient”).

C) Description of Protected Health Information authorized for Disclosure and the purpose for Such Disclosure: This authorization shall apply to any and all of my PHI, including but not limited to, medical records, charts, laboratory reports, test results, or similar information or knowledge of me or my health condition, including but not limited to, PHI relating to AIDS/ARC/HIV, Alcohol and/or Drug Abuse, Mental Health and Communicable Diseases, whether or not personally identifiable or protected under any federal or state confidentiality or privacy law or regulations. This authorization and all disclosures of my PHI made under this authorization are for the purposes of allowing the Authorized Recipient to: (1) evaluate or cause evaluation to be prepared for payment of medical claims and authorization of treatment and, (2) to verify or update said PHI on me for all purposes relating to my insurance policy which “Authorized Recipient” maybe be called upon to perform.

D) Right To Revoke Authorization: I acknowledge and understand that I may revoke this authorization at any time with respect to any Authorized Discloser by notifying such Authorized Discloser of my revocation of this authorization in writing and delivering my revocation by mail or personal delivery at such address designated by such Authorized Discloser provided any revocation of this authorization shall not apply to the extent that an Authorized Discloser has taken action in reliance upon this authorization prior to receiving notice of my revocation.

I further understand that this authorization is a consent and authorization requested by a health care clearinghouse or health plan covered by the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (the “HIPAA Privacy Regulations”). I further understand that, as a result of this authorization, the PHI disclosed by any Authorized Discloser to the Authorized Recipient may also be disclosed by the Authorized Recipient to Business Associates as may be required.

I certify that I am executing and delivering this authorization freely and unilaterally as of the date written below. I further certify that this authorization is written in plain language and that I have retained a copy of this signed authorization for future reference.

[Signature area]

(Signature of Individual)

[Print or Type Name area]

(Print or Type Name of Individual)

[Date area]

(Date)