

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.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE PLEASE CONTACT OUR PRIVACY OFFICER, WHO IS:

**Michael J. Williamson, Esquire
APS HEALTHCARE, INC.
44 South Broadway, Suite 1200
White Plains, NY 10601**

As you are aware, your mental health and substance abuse benefits are administered by APS Healthcare Bethesda, Inc.¹ Your Plan has asked APS to provide you with information about how we protect your privacy as well as to provide information regarding your individual rights.

At APS, we understand that information about your health is personal. For this reason, we follow strict federal and state guidelines to maintain the confidentiality of your health information and continuously seek to safeguard that information. This Notice of Privacy Practices describes how we may use and disclose your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all the protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our Web site, or by calling our office and requesting that a revised copy be sent to you in the mail. If we make a significant change in our privacy practices, we will change this notice and send the new notice to you within 60 days of the effective date of the change.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

To provide you with your mental health and substance abuse benefits, we use and disclose the physical and mental health information obtained from you, or created related to you, for the normal business activities that federal law sees as falling in the categories of treatment, payment and health care operations. The federal health care Privacy Regulations generally do not "preempt" (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Regulations, might impose a privacy standard under which we will be required to operate. For example, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of the protected health information concerning mental health and substance abuse/chemical dependency. For example, in addition to these state law requirements, we also may use or disclose protected health information in the following situations:

¹ APS consists of all APS organizations and affiliates including, but not limited to, APS Healthcare Bethesda, Inc.

- **Payment:** We may use and disclose your protected health information as needed for all activities that are included within the definition of "payment" as written in the federal Privacy Regulations. This may include conducting a review and determination of eligibility or coverage for insurance benefits, or a review to coordinate benefits, or to review services provided to you for medical necessity. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed. We might also use and disclose your protected health information to pay claims for services provided to you by doctors, hospitals, pharmacies and others that are covered by your Plan.
- **Health care operations:** We may use and disclose your protected health information for all activities that are included within the definition of "health care operations" as defined in the federal Privacy Regulations. For example, we may use and disclose your protected health information to determine premiums for your Plan, conduct quality assessment and improvement activities, accreditation, certification, licensing or credentialing. We may use and disclose your protected health information to engage in care coordination or case management, risk management, auditing, investigation of fraud and generally manage our business.
- **Business associates:** In connection with our payment and health care operations activities, we contract with individuals and entities (called "business associates") to perform various functions on our behalf or to provide certain types of services (such as member service support, utilization management, subrogation or pharmacy benefit management). To perform these functions or to provide the services, our business associates will receive, create, maintain, use or disclose protected health information, but only after we require the business associates to agree in writing to contract terms designed to appropriately safeguard your information.
- **Covered entities:** We may use or disclose your protected health information to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain of their health care operations. For example, we may disclose your protected health information to a health care provider when needed by the provider to render treatment to you, and we might disclose protected health information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object.

The following is a description of other possible ways in which we may (and are permitted to) use and/or disclose your protected health information without your authorization or providing you the opportunity to agree or object:

- **Required by Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.
- **Public Health:** We may use or disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.
- **Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- **Disclosures to the Secretary of the U.S. Department of Health and Human Services:** We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services (DHHS) when the Secretary is investigating or determining compliance with the federal Privacy Regulations.

- **To plan sponsors:** As the business associate of your Plan, we may disclose your protected health information to the plan sponsor of your Plan to permit the plan sponsor to perform plan administration functions. For example, a plan sponsor may contact us seeking information regarding claims disputes, appeals, and to evaluate future changes to your benefit plan.
- **To family and friends:** If you agree (or if you are unavailable to agree), such as in a medical emergency situation, we may disclose your protected health information to a family member, friend or other person to the extent necessary to help with your health care or with payment of your health care.
- **Underwriting:** We might use or disclose your protected health information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. We will not use or further disclose this protected health information received under these circumstances for any other purpose, except as required by law.
- **Health oversight activities:** We might disclose your protected health information to a health oversight agency for activities authorized or required by law, such as: audits, investigations, inspections, licensure or disciplinary actions, or civil, administrative or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system, (ii) government benefit programs, (iii) other government regulatory programs and (iv) compliance with civil rights laws.
- **Abuse or neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. We may disclose your protected health information to appropriate authorities if we reasonably believe that you might be a possible victim of abuse, neglect, domestic violence or other crimes. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- **Research:** We may disclose your protected health information to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information and (2) approved the research.
- **Inmates:** If you are an inmate of a correctional institution, we may disclose your protected health information to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you, (2) your health and safety and the health and safety of others or (3) the safety and security of the correctional institution.
- **Workers' compensation:** We may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.
- **Legal Proceedings:** We may disclose your protected health information in response to a court or administrative order, subpoena, discovery request: or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may disclose your protected health information to law enforcement officials.
- **Law Enforcement:** We may disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) limited identification requests for identification and location purposes, (2) pertaining to victims of a crime, (3) suspicion that death has occurred as a result of criminal conduct, (4) medical emergency and it is likely that a crime has occurred, (5) legal processes otherwise required by law. We might disclose to federal officials protected health information required for lawful counterintelligence, intelligence and other national security activities.

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization

We must disclose your protected health information to you, as described in the Individual Rights section of this notice. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed in this notice. If you give us an authorization, you may revoke it in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Your revocation will not affect any use or disclosures that we made as permitted by your authorization while it was in effect. Without your written authorization, we may not use or disclose your protected health information for any reason except those described in this notice.

Other Permitted and Required Uses and Disclosures That Require Providing You the Opportunity to Agree or Object:

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest.

Others Involved in Your Health Care or Payment for Your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information.

This means you may inspect and obtain a copy of protected health information about you for so long as we maintain the protected health information. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative actions or proceeding; and laboratory results that are subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, for a facility directory, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the Privacy rule) or correctional facilities, as part of a limited data set disclosure. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

What if I have a Complaint?

If you believe that your privacy has been violated, you may file a complaint with us or with the Secretary of Health and Human Services in Washington, D.C. We will not retaliate or penalize you for filing a complaint with the Secretary or us.

To file a complaint with us or receive more information contact APS Customer Service at:

Phone: 1-800-305-3720
Address: APS Healthcare Bethesda, Inc.
c/o: Privacy Officer – APS Healthcare, Inc.
44 South Broadway, Suite 1200
White Plains, NY 10601

To file a complaint with the Secretary of Health and Human Services, write to 200 Independence Ave., S.E., Washington, D.C. 20201 or call 1-877-696-6775.

Who Will Follow This Notice?

This Notice describes APS' practices.

Your personal health care providers may have different policies or Notices regarding their use and disclosure of your health information created in their offices.

Need more information?

- Visit our website at www.apshealthcare.com, or
- Call or write Customer Service.