

## HEALTH INFORMATION AND PRIVACY NOTICE

This notice describes how medical information about you may be used and disclosed and how you can access your medical information. Please read it carefully.

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### YOUR HEALTH INFORMATION

The IASIS Healthcare Welfare Benefits Plan (the "Plan") is committed to protecting the privacy of your protected health information. The Plan will provide the highest level of protection for your protected health information, including all records of your medical care that are received by the Plan. The Plan is required under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health Act ("HITECH Act") to:

- make sure that your protected health information as defined under the law is kept private;
- provide you with certain rights with respect to your protected health information;
- give you this notice of its legal duties and privacy practices with respect to protected health information about you; and
- follow the terms of this notice.

### USES AND DISCLOSURES FOR PAYMENT AND HEALTH CARE OPERATIONS

When you enroll in the Plan, you are giving your consent to the Plan to use and disclose protected health information about you so that those who provide you with healthcare services under the Plan may be paid. The Plan may also use and disclose protected health information about you for Plan operations. Your protected health information may be used without any additional authorization from you for administrative purposes, including:

- enrollment in and removal from the health plan;
- health claims processing and related customer services activities;
- health claim payment and remittance advice such as Explanation of Benefits (EOB) forms;
- determination of eligibility;
- health care premium payments (including payments under COBRA);
- health care claim status;
- coordination of benefits, subrogation, and overpayments;
- conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
- medical case management;
- underwriting;
- activities relating to reinsurance and filing of reinsurance claims; or
- in compliance with a request from an authorized governmental agency.

The Plan will not use your genetic information for underwriting purposes.

### OTHER USES AND DISCLOSURES

**Business Associates.** The Plan may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information.

**Decedents.** The Plan may disclose protected health information about you to a coroner, medical examiner, or funeral director to permit them to carry out their legal duties.

**Disclosures Required by Law.** The Plan will disclose protected health information about you when required to do so by federal, state, or local law.

**Disclosures to You.** The Plan is required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health benefits upon your request. The Plan is also required to provide an accounting of disclosures of your protected health information where the disclosure was for reasons other than for payment of healthcare services rendered under the Plan and/or not pursuant to your individual authorization.

**Government Audits.** We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy rule.

**Health Oversight Activities.** The Plan may disclose protected health information to a health oversight agency for activities authorized by law. These activities may include, but are not limited to, audits, investigations, and inspections. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights.

**Inmates.** If you are an inmate of a correctional institute or are under the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, the Plan may disclose protected health information about you in response to a court order or administrative order. It

may also disclose protected 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 information requested.

**Law Enforcement.** The Plan may release protected health information if asked to do so by a law enforcement official for reasons including but not limited to:

- response to a court order, subpoena, warrant, summons, or similar process;
- identification or location of a suspect, fugitive, material witness, or missing person; and
- criminal conduct.

Other related disclosures may include disclosures to national security and intelligence agencies for intelligence, counterintelligence, and other national security activities authorized by law.

**Military and Veterans.** The Plan may release protected health information about you as required by military command authorities if you are a member of the armed forces.

**Organ and Tissue Donation.** If you are an organ donor, the Plan may release protected health information to organizations for the purpose of facilitating organ, eye or tissue donation and transplantation.

**Personal Representatives.** The Plan will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide a written notice/authorization and any supporting documents. Under the law we do not have to disclose information to a personal representative if we have a reasonable belief that:

1. you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or
2. treating such person as your personal representative could endanger you; and
3. in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

**Plan Sponsor.** For the purpose of administration, the Plan may disclose protected health information to certain employees of IASIS Healthcare. However, these employees will use or disclose that information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures.

**Public Health Risks.** The Plan may disclose protected health information about you for public health activities. These actions may include prevention or control of disease, injury or disability, reporting births and deaths, etc.

**Research.** We may disclose your protected health information to researchers when: (1) the individual identifiers have been removed; or (2) when an institutional review board or privacy board (a) has reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

**Serious Threat to Health or Safety.** The Plan may use and disclose protected health information about you when it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Spouse and Other Family Members.** We generally send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. However, you may request alternative communications; see below under "Your Rights Regarding Your Protected Health Information").

**Treatment Alternatives or Health-Related Benefits and Services.** From time to time the Plan may use and disclose protected health information to tell you about health-related benefits or services that may be of interest to you.

**Workers' Compensation.** The Plan may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Written Authorization.** Other uses and disclosures of your protected health information not covered by this notice or the laws that apply to the Plan will be made only with your written authorization. For example, in general and subject to specific conditions, the Plan will not use or disclose your psychiatric notes; the Plan will not use or disclose your protected health information for marketing; and the Plan will not sell your protected health information, unless you give us a written authorization. You may revoke your authorization in writing at any time. Your revocation of authorization will be for all future uses and disclosures.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the right to inspect and copy protected health information that may be used to make decisions about your Plan benefits. Usually this right includes both medical and billing records. You must submit your request in writing to:

IASIS Healthcare Welfare Benefits Plan  
Benefit Plan HIPAA Privacy Official  
117 Seaboard Lane, Building E  
Franklin, TN 37067

The Plan may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request. If the information you request is maintained electronically, and you request an electronic copy, the Plan will provide a copy in the electronic form and format you request unless the information cannot be readily produced in that form and format. Your request to inspect and copy your information may only be denied in very limited circumstances, and you have a right to request that any such denial be reviewed by submitting a written request to the Benefit Plan HIPAA Privacy Official.

You have the right to request that the Plan restrict the use of your protected health information for treatment, payment, and health care operations. **The Plan is not required to agree to your request.** If the Plan does agree, it will comply with your request unless the information is needed to provide you with emergency treatment under the Plan. To request restrictions, you must make your request in writing to the Benefit Plan HIPAA Privacy Official. In your request, you must state (1) what information you want to limit; (2) whether you want to limit its use, disclosure, or both; and (3) to whom you want the limits to apply.

You also have the right to request to receive private health information communications (such as EOBs) by alternative means or at alternative locations. For example, you may ask that you only be contacted at work or by mail. To request confidential communications, you must make your request in writing to the Benefit Plan HIPAA Privacy Official and specify how or where you wish to be contacted.

Your medical treatment providers (i.e., doctors, hospitals, home health agencies, etc.) may have different policies or notices regarding the use and disclosure of your protected health information. If you have questions about your provider's privacy policies, please contact your provider directly.

If you feel that your protected health information is incorrect or incomplete, you have the right to request that your protected health information be amended. The health care entity (i.e., doctor, hospital, clinic, etc.) that created your protected health information is responsible for amending it. To request an amendment of your protected health information by the Plan, submit a written request to the Benefit Plan HIPAA Privacy Official with a reason to support your request.

You have a right to an accounting of disclosures of your protected health information for purposes other than payment or health care operations by the Plan or any of the people or companies who perform payment or health care operations on behalf of the Plan. To request a list of disclosures, you must submit a request in writing to the Benefit Plan HIPAA Privacy Official. Your request must state a time period, which may not be longer than six years prior to the date of your request and may not include dates before April 14, 2003. Your request should indicate the form in which you want the information (for example, paper or electronically). The Plan may charge a reasonable fee for processing your request.

You have a right to be notified in the event we (or a Business Associate) discover a breach of unsecured protected health information.

You have a right to a copy of this notice. You also have the right to request a copy of the IASIS Healthcare Welfare Benefit Plan Document for a complete listing of those that have access to Protected Health Information.

#### **CHANGES TO THIS NOTICE**

The Plan reserves the right to change this notice and to make the revised or changed notice effective for protected health information we already have about you, as well as any information we receive in the future. If we make any material change to this notice, we will provide you with a copy or our revised Notice of Privacy Practices. A copy of the most current notice will be available at the IASIS Healthcare Corporation website: <http://www.iasishealthcare.com/employees/benefits/>. The notice will contain, in the top right-hand corner, the effective date.

#### **COMPLAINTS**

If you believe your privacy rights have been violated and that the Plan has not followed this notice, you may file a complaint with the Benefit Plan HIPAA Privacy Official or with the Office for Civil Rights.

All complaints to the Plan must be submitted in writing. You will not be penalized for filing a complaint.

A complaint to the Office for Civil Rights should be sent to Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street SW, Atlanta, GA 30303-8909.

#### **QUESTIONS**

If you have any questions regarding this notice, please contact the Benefit Plan HIPAA Privacy Official at (615) 844-2747.