



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.

This Privacy Notice gives you information required by the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (HIPAA Privacy Rules) about the duties and privacy practices of BLUE CROSS AND BLUE SHIELD OF ALABAMA to protect the privacy of oral, written, and electronic health information. BLUE CROSS AND BLUE SHIELD OF ALABAMA is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices. Our records show that we provide health, dental and/or long-term care benefits to you under an individual or group policy. We use the terms health and healthcare in this notice to refer to the health, dental and/or long-term care benefits we provide to you.

THE EFFECTIVE DATE OF THIS NOTICE IS JANUARY 15, 2015. We are required to follow the terms of this notice until we replace it, and we reserve the right to change the terms of this notice at any time. If we make changes, we will revise it and send a new Privacy Notice to your physical address, your email address if you agree to receive electronic communications, or by prominently posting the revised notice to our website and notifying you in our annual communication. We reserve the right to make the new changes apply to all of your medical information maintained by us before and after the effective date of the new notice.

**Purposes for Which We May Use or Disclose Your Medical Information Without Your Consent or Authorization.
We may use and disclose your medical information for the following purposes:**

Healthcare Providers' Treatment Purposes. For example, we may disclose your medical information to your doctor, at the doctor's request, for your treatment by him or her.

Payment. For example, we may use or disclose your medical information to collect premiums, to pay claims for covered healthcare services or to provide eligibility information to your doctor when you receive treatment. We may also use and disclose your medical information to another covered entity or healthcare provider for the payment activities of the entity that receives your medical information.

Healthcare Operations. For example, we may use or disclose your medical information to conduct quality assessment and improvement activities; for underwriting, premium rating, or other activities relating to the creation, renewal or replacement of a contract of health insurance; to authorize business associates to perform data aggregation services; to engage in care coordination or case management; and to manage, plan or develop our business. In certain circumstances, we may also disclose your medical information to another covered entity for the limited healthcare operations activities and healthcare fraud and abuse compliance activities of the entity that receives your medical information.

Health Services.

We may use your medical information to contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may disclose your medical information to our business associates to assist us in these activities.

As Required by Law. For example, we must allow the U.S. Department of Health and Human Services to audit our records. We may also disclose your medical information as authorized by and to the extent necessary to comply with workers' compensation or other similar laws.

To Business Associates. We may disclose your medical information to business associates we hire to assist us. Each of our business associates must agree in writing to ensure the continuing confidentiality and security of your medical information.

To Plan Sponsor. If we provide health benefits to you under a group health insurance policy, we may disclose to the plan sponsor of your group health plan, in summary form, claims history and other similar information. Such summary information does not disclose your name or other distinguishing characteristics. We may also disclose to the plan sponsor the fact that you are enrolled in, or disenrolled from, the group health plan. We may disclose your medical information to the plan sponsor for administrative functions that the plan sponsor provides to the group health plan if the plan sponsor agrees in writing to ensure the continuing confidentiality and security of your medical information. The plan sponsor must also agree not to use or disclose your medical information for employment-related activities or for any other benefit or benefit plans of the plan sponsor.

We may also use and disclose your medical information as follows:

- To comply with legal proceedings, such as a court or administrative order or subpoena.

- To law enforcement officials for limited law enforcement purposes.
- To a family member, friend or other person, for the purpose of helping you with your healthcare or with payment for your healthcare.
- To your personal representatives as designated by applicable law.
- For research purposes in limited circumstances.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.
- To a governmental agency authorized to oversee the healthcare system or government programs.
- For specialized government functions, such as military and veterans activities, or national security and intelligence services.
- To public health authorities for public health activities.
- To prevent or report abuse, neglect, or domestic violence, as required or authorized by law.
- To an entity authorized by law or its charter to assist in disaster relief efforts.
- Within a limited data set, if we have a data use agreement with the recipient that meets regulatory requirements.

Potential Impact of State Law

In some situations, the HIPAA Privacy Rules do not preempt (or take precedence over) state privacy laws that give you greater privacy protections. As a result, the privacy laws of a particular state might impose a privacy standard under which we will be required to operate. For example, Alabama law provides additional protections for confidential domestic abuse information in certain circumstances.

Uses and Disclosures with Your Permission

We will not use or disclose your medical information for any other purposes unless you give us your written authorization to do so. For example, in general and subject to specific conditions, we will not use or disclose your psychotherapy notes, will not use or disclose your protected health information for marketing, or fundraising, and will not sell your protected health information, unless you give us a written authorization. If you give us written authorization to use or disclose your medical information for a purpose that is not described in this notice, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all of your medical information we maintain, except where we have already taken action in reliance on your prior authorization.

Your Rights

You may make a written request to us to do one or more of the following concerning your medical information that we maintain:

- To place additional restrictions on our use and disclosure of your medical information. We do not have to agree to your request except in case of a disclosure restricted under 45 C.F.R. Section 164.522(a)(1)(vi).
- To communicate with you in confidence about your medical information by a different means or at a different location than we are currently doing. We do not have to agree to your request unless such confidential communications are necessary to avoid endangering you, and your request continues to allow us to collect premiums and pay claims. Your request must specify the alternative means or location. Even though you requested that we communicate with you in confidence, we may give subscribers cost information.
- To see and get copies of your medical information. In limited cases, we do not have to agree to your request.
- To correct your medical information. In some cases, we do not have to agree to your request.
- To receive a list of disclosures of your medical information that we and our business associates made for certain purposes for the last six years (but not for disclosures before April 14, 2003).
- To send you a paper copy of this notice upon request, even if you received this notice by e-mail or on the Internet.

If you want to exercise any of these rights described in this notice, please contact our Privacy Office (below). We will give you the necessary information and forms for you to complete and return to our Privacy Office. In some cases, we may charge you a nominal, cost-based fee to carry out your request.

In addition, we are required by law to maintain the privacy of your verbal, electronic, or written protected health information, and to notify affected individuals following a breach of unsecured protected health information.

Complaints

If you believe we have violated your privacy rights, you have the right to complain to us or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with us at our Privacy Office (below). We will not retaliate against you if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Office

To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact us at 1 800 292-8868 (TTY users call 711) or write to our Privacy Office:

**Blue Cross and Blue Shield of Alabama
Privacy Office
P. O. Box 2643
Birmingham, Alabama 35202-2643**

Notice of Nondiscrimination

Blue Cross and Blue Shield of Alabama complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY), 1-205-220-2984 (fax), 1557Grievance@bcbsal.org (email). If you need help filing a grievance, our 1557 Compliance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Service, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Foreign Language Assistance

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-630-6823 (TTY: 711)

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-630-6823 (TTY: 711)번으로 전화해 주십시오.

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-855-630-6823 (TTY: 711)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-630-6823 (TTY: 711).

Arabic:

انتباه: إذا كنت تتحدث العربية، توجد خدمات مساعدة فيما يتعلق باللغة، بدون تكلفة، متاحة لك. اتصل بـ 1-855-630-6823 (الهاتف النصي: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-630-6823 (TTY: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-630-6823 (ATS: 711).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-630-6823 (TTY: 711).

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોય, તો ભાષા સહાયતા સેવા, તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. 1-855-630-6823 પર કોલ કરો (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-630-6823 (TTY: 711).

Hindi: ध्यान दें: अगर आपकी भाषा हिंदी है, तो आपके लिए भाषा सहायता सेवाएँ नि:शुल्क उपलब्ध हैं। 1-855-630-6823 (TTY: 711) पर कॉल करें।

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-630-6823 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-630-6823 (телетайп: 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-630-6823 (TTY: 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-630-6823 (TTY: 711).

Turkish: DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-855-630-6823 (TTY: 711) irtibat numaralarımı arayın.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-630-6823 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-630-6823 (TTY: 711) まで、お電話にてご連絡ください。