

# Health Insurance Portability and Accountability Act (HIPAA) Privacy Notice

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY OUR MEDICAL PLANS AND HOW YOU CAN GAIN ACCESS TO YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Important: Receipt of this notices does not mean you are eligible or enrolled under any of the Medical Plans. Eligibility and enrollment are determined by the plan documents and your elections.**

## 1. Why am I receiving this notice?

The Board of Pensions of the Presbyterian Church (U.S.A.) is the plan sponsor of the Medical Plans identified below (MedPlan or MedPlans). The Plans are subject to the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA) as covered entities.

### Medical Plans Sponsored by The Board of Pensions of the Presbyterian Church (U.S.A.)

- Medical Plan, , and the Medical Continuation Program of the Benefits Plan of the Presbyterian Church (U.S.A.), including the Employee Assistance, Vision Eyewear and Dental Plans.
- Triple-S\*
- Geo-Blue\*
- Aetna Dental\*

*\* These plans are fully insured. Each of these plans has its own Privacy Notice. If you are enrolled in one of these plans you will receive a separate notice from your plan and that notice applies to your rights under that plan.*

The privacy of your personal health information that is received, created, maintained, used, or disclosed by the MedPlans is protected by HIPAA. The MedPlans are required by law to:

- maintain the privacy of your protected health information (PHI);
- provide you with this notice of the MedPlans' legal duties and privacy practices with respect to your PHI;
- notify you if you are affected by a breach of unsecured PHI; and
- abide by the terms of this notice.

## 2. What is PHI?

PHI, or protected health information, is the identifiable health information about you (or may be used to identify you) that is created, received, or maintained or transmitted by the MedPlans, regardless of the form or medium of the information. It includes information that relates to the past, present, or future physical or mental health of an individual or the payment for that individual's healthcare. PHI is individually identifiable if it includes:

- Name
- Address
- Dates directly related to an individual (birth date, admission/discharge date)
- Telephone/fax number
- Medical record number
- Account number
- Social Security number



- Email address, web page address
- Driver’s license number
- Biometric identifiers—fingerprints or voice prints
- Photographic images
- Any other identifying characteristics or codes

PHI does not include the personal health information held by the other Benefits Plans, including the Disability Plan, or medical information included in the personnel records held by your employer.

### 3. How will the MedPlans use or disclose my PHI?

Under HIPAA, the MedPlans must

- disclose your PHI to you or your legal representative when you ask for information;
- make your PHI available to the U.S. Department of Health and Human Services, if necessary, to make sure your privacy is protected; and
- disclose your PHI where otherwise required by law.

The MedPlans, and the individuals who administer them, **may** use, create, receive, or disclose your PHI for treatment, payment, or healthcare operations without obtaining a written authorization from you. These activities cover a broad range of activities, including:

**Treatment.** The MedPlans may use and disclose your PHI to your providers for treatment, including the provision of care (diagnosis, cure, etc.) or the coordination or management of that care.

**Payment.** The MedPlans may use and disclose your PHI to determine eligibility, pay benefits, and obtain premiums. Payment activities may include receiving claims or bills from your healthcare providers, processing payments, sending explanations of benefits (EOBs) to the plan member, reviewing the medical necessity of the services rendered, conducting claims appeals, and coordinating the payment of benefits between multiple medical plans.

**Healthcare Operations.** The MedPlans may use and disclose your PHI for certain plan operational purposes. For example, the MedPlans may use or disclose your PHI for plan administration activities such as enrollment, verification to your doctors or hospitals that you are eligible for benefits under the plan, disease management programs, and other plan-related activities, including audits of claims.

The MedPlans may also use and disclose your PHI to provide information to you about care coordination and disease management programs, treatment alternatives, or other health-related benefits and services that may be of interest to you.

Our MedPlans contract with other businesses for certain plan administrative services. For example, the Benefits Plan uses Highmark Blue Cross/Blue Shield to pay claims for our Medical Plan . The MedPlans may release your health information to one or more of these business associates for plan administration purposes once the business associate agrees in writing to protect the privacy of your information.

The Board of Pensions of the Presbyterian Church (U.S.A.), as the plan sponsor, will also have access to your PHI to administer the MedPlans. Access to your PHI within The Board of Pensions of the Presbyterian Church (U.S.A.) will be limited to persons responsible for administration of the MedPlans.

Unless you authorize the MedPlans otherwise in writing, (or the individually identifying data is deleted from the information), your PHI will be available only to the individuals who need it to conduct these plan administration activities and its release will be limited to the minimum disclosure required, unless otherwise permitted or required by law.



#### **4. Under what circumstances would my PHI be released, other than MedPlan administration?**

The MedPlans are also permitted to use or disclose your PHI, without obtaining a written authorization from you, in the following circumstances:

- For certain required public health activities (such as reporting disease outbreaks);
- To prevent serious harm to you or other potential victims, where abuse, neglect, or domestic violence is suspected or involved;
- To a health oversight agency for oversight of activities authorized by law;
- In the course of any judicial or administrative proceeding in response to a court or administrative tribunal's order, subpoena, discovery request, or other lawful process;
- For a law enforcement purpose to a law enforcement official if certain legal conditions are met (such as providing limited information to locate a missing person);
- For certain organ, eye, or tissue donations;
- For research studies that meet all privacy law requirements (such as research related to the prevention of disease or disability);
- To avert a serious threat to the health or safety of you or any other person;
- For specified government functions, such as intelligence activities and care if you are imprisoned;
- To the extent necessary to comply with laws and regulations related to workers' compensation or similar programs;
- To the extent that PHI is used or disclosed for underwriting purposes, your genetic information will not be used or disclosed;
- For disaster relief purposes, or to coroners, medical examiners, or funeral directors; and
- When otherwise required by law.

Most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require an authorization.

Any other use or disclosure of your PHI not identified within this notice will be made only with your written authorization. Any such authorization may be revoked.

#### **5. Does my state privacy law also apply to PHI?**

If your state laws provide more stringent privacy protections than HIPAA, the more stringent state law will still apply to protect your rights. If you have a question about your rights under any particular federal or state law, please contact the Privacy Officer at the address shown on page 5.

#### **6. How do I authorize the Board of Pensions to release or receive my PHI?**

Under circumstances not identified in Items 3 and 4 above, you need to authorize the release of your PHI by completing and signing a written authorization form (Form HPA-001). Examples that would require the use of HPA-001 include:

- A representative of your presbytery working on your behalf requires information from your MedPlans and calls the Board of Pensions to obtain it. The Board cannot comply unless and until it has in its possession a completed HPA-001 form that you have signed.
- A representative from the Board's Assistance Program needs information from your MedPlans before providing assistance. The Board's Assistance staff cannot access that information before receiving a completed HPA-001 form that you have signed.



The Board also has a second authorization form (Form HPA-002), which you must complete when you need to give the Board authorization to receive your medical information from a provider for purposes other than Medical Plan uses. An example of when you would use HPA-002 follows:

- You are applying for disability benefits through the Board of Pensions. The Board needs medical information from one of your healthcare providers to document your disability. You must complete and sign Form HPA-002 allowing your provider to disclose that information to the Board.

Both authorization forms are available from the Board of Pensions web site at [pensions.org](http://pensions.org) or by calling 800-773-7752 (800-PRESPLAN). You have the right to limit the type of information that you authorize the MedPlans to disclose and the persons to whom it should be disclosed. You may revoke your written authorization at any time, and the revocation will be followed to the extent action on the authorization has not yet been taken.

## **7. What are my individual rights with respect to my PHI?**

You have the right to:

- Request the MedPlan to restrict its uses and disclosures of your PHI. The MedPlan is not required to agree to a requested restriction. To request a restriction, please write to the Privacy Officer (at the address shown on page 5) and provide specific information as to the disclosures that you wish to restrict and the reasons for your request. The MedPlan will respond in writing. However, the MedPlan must follow your request to restrict disclosures made for purposes of payment of healthcare or healthcare operations when you have paid for a healthcare item or service entirely out of your own pocket.
- Request that the MedPlan's confidential communications of your PHI be sent to another location or by alternative communicative means. For example, you may ask that we send all explanations of benefits statements (EOBs) to your office rather than your home address. The MedPlan is not required to accommodate your request unless your request is reasonable and you state that the MedPlan's ordinary communication process could endanger you. You will need to renew this request upon a change in your plan options or administrators.
- Inspect and obtain a copy of the PHI held by the MedPlan. However, access to psychotherapy notes, information compiled in reasonable anticipation of, or for use in legal proceedings and under certain other, relatively unusual, circumstances may be denied. Your request should be made in writing. A reasonable fee may be imposed for copying and mailing the requested information.
- Request that the MedPlan amend your PHI or record if you believe the information is incorrect or incomplete.
- Receive a list of those individuals or entities who have accessed your PHI for reasons other than for treatment, payment, or MedPlan operations, that you have authorized in writing or that occurred more than six (6) years before your request.
- Get a paper copy of this notice at any time, even if you have agreed to receive it electronically.

## **8. How do I make a complaint if I think my rights have been violated?**

You may file a complaint with a MedPlan's privacy official, the Board's Privacy Officer, and with the Secretary of the U.S. Department of Health and Human Services (see address on the following page) if you believe your privacy rights have been violated by any MedPlan. All complaints must be filed in writing. You will not be retaliated against for filing a complaint.



## 9. Who are the MedPlans' privacy officials?

The Board of Pensions can provide you with the name of each MedPlan's privacy official or answer any questions you may have about this notice. Please contact:

Privacy Officer  
The Board of Pensions of the Presbyterian Church (U.S.A.)  
2000 Market Street  
Philadelphia, PA 19103-3298  
[memberservices@pensions.org](mailto:memberservices@pensions.org)  
800-773-7752 (800-PRESPLAN)  
(TTY: 711)

## 10. How do I contact the federal government if I want to make a complaint or inquiry?

To contact the Secretary of the U.S. Department of Health and Human Services, write to:

U.S. Department of Health and Human Services Office of Civil Rights  
200 Independence Avenue, SW  
Washington, D.C. 20201  
877-696-6775  
[hhs.gov/contacts](https://www.hhs.gov/contacts)

## 11. What is the effective date of this notice?

The effective date of this notice is September 23, 2013. It was reviewed and updated as of November 2022.

## 12. Can The Board of Pensions of the Presbyterian Church (U.S.A.) or a MedPlan make changes to this notice?

Yes. Each MedPlan reserves the right to change the terms of its Privacy Notice and its information practices and to make the new provisions effective for all PHI it maintains. Any amended notice will be made available upon request and is posted on our website, [pensions.org](https://pensions.org), and Benefits Connect.

