



HIPAA 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.

Your Information. Your Rights. Our Responsibilities.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 3** for more information on these rights and how to exercise them.

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

➤ **See page 4** for more information on these rights and how to exercise them.

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatments you receive
- Run our organization
- Coordinate payment for your health services
- Administer your plan
- Help with public health and safety issues
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuit and legal actions

➤ **See pages 4 and 5** for more information on these rights and how to exercise them.

About this Notice

The Health Insurance Portability and Accountability Act of 1996 (“**HIPAA**”) imposes numerous requirements on employer health plans regarding how certain individually identifiable health information—known as protected health information or **PHI**—may be used and disclosed. “Protected health information” is information that is maintained or transmitted by a group health plan, which may identify you and that relates to your past, present, or future physical or mental health condition and related health care services.

About NBS

National Benefit Services, LLC (“**NBS**”) serves as a third party administrator for welfare benefit plans (collectively, the “**Plans**”) sponsored by various plan sponsors (collectively “**Plan Sponsors**”). This Notice describes how NBS, and any third party that assists NBS in the administration of the Plans, may use and disclose your protected health information for treatment, payment, or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your protected health information.

Our Pledge

We understand that medical information about you and your health is personal. NBS is committed to protecting medical information about you and will use it to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request of it. We do create a record of the health care claims reimbursed under a flexible spending account “**FSA**” for the Plans’ administration purposes.

This Notice applies to all the PHI that NBS maintains or transmits. For group medical plans, the appropriate insurance carrier’s Notice of Privacy Practices will apply, except for the limited PHI the group medical plans may receive and maintain from you or NBS when you ask NBS to assist your in a claims processing or benefit determination dispute, information related to your enrollment or disenrollment in a Plan, and certain summary health information.

This Notice will tell you about the ways in which NBS may use and disclose medical information about you. Additionally, this Notice will describe our obligations and your rights regarding the use and disclosure of your medical information.

Other Privacy Practice Notices

The plan sponsor of the welfare benefit plans offered through your employer may have different policies or notices regarding the plan sponsor’s use and disclosure of your medical information.

Your personal doctor or health care provider may have different policies or notices regarding their use and disclosure of your medical information.

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Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or summary of your health and claims records, usually within 30 days of your written request. We may charge a reasonable, cost-based fee for the costs of copying, mailing, or other supplies associated with your request. We may say “no” to your request in certain limited circumstances, but we’ll tell you why we denied your request in writing within 60 days.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why we denied your request in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and we must say “yes” if you tell us that you would be in danger if we do not comply with your request.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, whom we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will promptly provide you with a paper copy.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has such authority and can act for you before we take any action.

File a complaint if your feel your rights are violated

- You can complain if you feel we have violated your rights by contacting NBS using the information on page 5.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, let NBS know. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell NBS to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell NBS your preference, for example if you are unconscious, NBS may go ahead and share your information if we believe it is in your best interest. NBS may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, NBS never shares your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

Example: Your doctor requests information about your plan so that he or she can provide you with treatment.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.

Example: We use health information about you to develop better services for you.

Coordinate payment for your health services

- We can use and disclose your health information as we coordinate payment for your services between you and your Plans.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your Plan Sponsor for Plan administration.

Example: Your company contracts with NBS to provide ministerial services, such as claim reimbursement, to your Plans for administration purposes.

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How else can NBS use or share your health information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health. NBS may have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- NBS can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Comply with the law

- NBS will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that NBS is complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests

- NBS can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as the military, national security, and presidential protective services

Respond to lawsuits and legal actions

- NBS can share health information about you in response to a court or administrative order, or in response to a subpoena.
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Our Responsibilities

- We are required by law to maintain the privacy and security of your protected information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell NBS we can in writing. If you tell NBS we can, you may change your mind at any time. Let NBS know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

NBS can change the terms of this Notice, and the changes will apply to all information we have about you. The new notice will be available upon request, or on our web site at

<http://www.nbsbenefits.com/pdfs/HIPAAPrivacyNotice2020.pdf>, and we mail a copy to you.

Effective Date of this Notice: February 1, 2020.

Written Requests and Complaints

Send all written requests and complaints to:

National Benefit Services, LLC
Attn: Matt Gerard, privacy officer
P.O. Box 6980
West Jordan, UT 84048
or mattg@nbsbenefits.com