PROTECTING YOUR HEALTH INFORMATION

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information (PHI), with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your PHI. You have the right to approve or refuse the release of specific information outside of the State Group Insurance Program except when the release is required or authorized by law or regulation. The State Group Insurance Program must follow the privacy practices contained in this notice from its effective date of April 14, 2003, until this notice is changed or replaced.

PHI is individually identifiable health information. This includes demographics such as age, address, email address, and relates to your past, present, or future physical or mental health or condition or related health care services. We are required by law to make sure your protected health information is kept private; give you this privacy notice, and follow the terms of the current privacy notice.

The State Group Insurance Program reserves the right to change the privacy practices and the terms of this notice at any time, as permitted by law. Any changes made in these privacy practices will be effective for all PHI that is maintained including information created or received before the changes were made. You will be notified of any changes by distribution of a new Notice of Privacy Practices.

ORGANIZATIONS COVERED BY THIS NOTICE

This notice applies to the privacy practices of The State Group Insurance Program and the plan groups as listed below. Your PHI may be used or disclosed by and within each plan as well as the State Group Insurance Program third-party “business associates” (contractors) as needed for your treatment, payment of benefits or other health care plan operations.

The State Insurance Plan
The Local Education Plan
The Local Government Plan
The Medicare Supplement Plan

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your PHI may be used and disclosed for treatment, payment and health care operations. For example:

TREATMENT: Your PHI may be used or disclosed in order to provide, coordinate or manage your health care. It may be disclosed to a doctor, hospital or other health care provider.

PAYMENT: Your PHI may be used or disclosed to pay claims for services which are covered under your health insurance.

HEALTH CARE OPERATIONS: Your PHI may be used or disclosed in the course of the operation of the State Group Insurance Program to determine eligibility, establish enrollment, collect or refund premiums, conduct quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines.

Your PHI may be disclosed in order to coordinate and manage your care, contact health care providers with information about your treatment alternatives, as well as services that do not include treatment, but may improve your health or reduce your health care costs. Disclosure may be necessary in order to conduct or arrange for medical review, auditing functions, fraud and abuse detection, program compliance, appeals, right of recovery and reimbursement/subrogation efforts, review of health plan costs, business manage-
COURT OR ADMINISTRATIVE ORDER: Your PHI may be disclosed in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances (i.e. court order, warrant or grand jury subpoena), PHI may be disclosed to law enforcement officials. In addition, your PHI may be disclosed to law enforcement officials concerning a suspect, fugitive, material witness, crime victim or missing person. Your PHI may be disclosed to law enforcement officials or correctional institutions regarding an inmate or other person in lawful custody, in certain circumstances.

VICTIM OF ABUSE: Your PHI may be released to appropriate authorities under reasonable assumption that you are a possible victim of abuse, neglect or domestic violence or to alternative location requested. You must make your request in writing and you must state that the information could endanger you if it is not communicated by the alternative means or to the alternative location requested. We must accommodate the request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premium and pay claims under your health plan option.

AMENDMENT: You have the right to make a written request that we amend your PHI. Your request must explain why the information should be amended. We may deny your request if the information you seek to amend was not created by us or for certain other reasons. If your request is denied, we will provide a written explanation of the denial. If you disagree, you may submit a written statement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including the people you name, of the amendment and to include the changes in any future disclosures of that information.

NOTICE: You may request a copy of this notice at any time by contacting the privacy office. This notice is also available on our website in its entirety at www.state.tn.us/finance/ins/

QUESTIONS AND COMPLAINTS
If you want more information concerning The State Group Insurance Programs’ privacy practices or have questions or concerns, please contact the privacy office.

If you are concerned that The State Group Insurance Program has violated your privacy rights, or you disagree with a decision made about access to your medical information, or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information below. You may also submit a written complaint to the U.S. Department of Health and Human Services. The address will be provided upon request.

The State Group Insurance Program supports your right to protect the privacy of your PHI. There will be no retaliation in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.