

FBMC Notice of HIPAA 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.

We Take Your Privacy Very Seriously

As a provider of products and services that involve compiling personal and confidential health information, protecting the confidentiality and privacy of that information has been, and will continue to be, our utmost concern and priority. This notice will tell you about the ways in which we may use and disclose protected health information about you. It also describes our obligations and your rights regarding the use and disclosure of this information. We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to health information about you; and
- follow the terms of this notice that is currently in effect.

About This Notice

This notice is designed to comply with the Health Insurance Portability and Accountability Act of 1996, as amended. We reserve the right to change this notice. We reserve the right to make the revised or the changed notice effective for information we already have about you as well as any information we receive in the future. We will provide the current notice electronically, on our Web site. The notice will contain on the first page, in the top right-hand corner, the effective date. You may address any inquiries about this notice in writing to: FBMC Privacy Officer, PO Box 1878, Tallahassee, Florida 32302-1878.

Who Will Adhere To This Notice

This notice describes the information privacy practices related to the health plan benefit(s) your employer offers as part of your benefits package, "the Plan," that are administered by Fringe Benefits Management Company (FBMC). It applies equally to our subcontractors or any other entity that may from time to time assist with or support the collection or distribution of information about you, or the administration of the health plan benefit(s) you may elect as part of the Plan. This notice does not apply to any health plan benefit(s) not administered by FBMC.

This notice applies to all of the protected health information about you that we maintain. Your employer, your health care plans, and your individual health care providers and practitioners may have different policies or notices regarding the use and disclosure of your information.

How We May Use and Disclose Information About You

The following categories describe different ways that we use and disclose information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use or disclose health information about you to facilitate medical treatment or services by providers. We may disclose health information about you to providers, including insurance provider personnel, doctors, nurses, technicians, or other persons that facilitate your benefit usage or who are involved in your care. For example, we might disclose information about your eligibility or that of your dependants for plan benefits to facilitate the use of a dental, vision, or other health plan benefit(s) you may elect to receive under the Plan.

For Payment. We may use and disclose information about you when making premium payments on your behalf, to determine benefit eligibility or benefit responsibility under the Plan, or to coordinate Plan coverage. We may also share health information with a utilization review or pre-certification service provider. Likewise, we may share health information with another entity to assist with the adjudication of health claims or to coordinate benefit payments.

For Health Care Operations. We may use and disclose information about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use health information in connection with conducting internal quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage; and for conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs. We may use health information for business planning and development such as cost management; for business management; and for general Plan administrative activities and responsibilities contracted between FBMC and your employer.

As Required by Law. We will disclose information about you when required to do so by federal, state, or local law.

Disclosure to Your Family, Friend, or Personal Representative. You may give us written authorization to use your Protected Health Information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect.

Before we disclose your Protected Health Information to a person involved with your health care or payment for your health care, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your Protected Health Information based on our professional judgment of whether the disclosure would be in your best interest.

Disclosure to Your Employer or Health Plan Sponsor. Information may be disclosed to a health plan maintained by your employer for purposes of facilitating claims payments under that plan. In addition, medical information may be disclosed to your employer **solely** for purposes of administering benefits under the Plan.

For Public Service. We may use or disclose your Protected Health Information as authorized by law for the following purposes deemed in the public interest or benefit:

- as required by law;
- for public health activities, including disease and vital statistic reporting, child abuse reporting; FDA oversight, and to employers regarding work-related illness or injury;
- to report adult abuse, neglect, or domestic violence;
- to health oversight agencies;
- in response to court and administrative orders and other lawful processes;
- to law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- to coroners, medical examiners, and funeral directors;
- to organ procurement organizations;
- to avert a serious threat to health and safety;
- to the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- to correctional institutions regarding inmates; and
- as authorized by state worker's compensation laws.

Disclosures to Business Associates. As contract administrator of your Plan, we utilize outside persons or organizations to perform certain aspects and components of our business. Examples include enrollment services, legal services, audit services, claim payment and medical management services. At times it may be necessary for us to provide your Protected Health Information to one or more of these outside persons or organizations who assist us with our benefit management activities and operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy health information that may be used to make decisions about your Plan benefits. To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to FBMC's Privacy Officer at the address provided below. If you request a copy of the information, we will notify you of any costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed.

Right to Amend. If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to FBMC's Privacy Officer at the address provided below. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

In addition, we may deny your request if you ask us to amend information that;

- is not part of the health information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

Right to an Account of Disclosures. You have the right to request an "accounting of disclosures" where such disclosure was made for any purpose other than treatment, payment, or health care operations as described above.

To request this list or accounting of disclosures, you must submit your request in writing to FBMC's Privacy Officer at the address provided below. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). We will notify you of any costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we collect, use or disclose about you for treatment, payment, or health care operations; however, we are not required to agree to your request.

To request restrictions, you must make your request in writing to FBMC's Privacy Officer at the address provided below. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our collection, use, disclosure or all; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For instance, you can ask that we only contact you by mail rather than by telephone.

To request confidential communications, you must make your request in writing to FBMC's Privacy Officer at the address provided below. We will accommodate all reasonable requests that do not interfere with our plan administration responsibilities.

Right to Access of This Notice. This notice is provided electronically on our Web site and may be part of other written materials provided on behalf of your Plan. You have the right to a paper copy of this notice at any time. To obtain a paper copy of this notice, please contact FBMC Customer Service: 1-800-342-8017.

Complaints

If you believe your privacy rights related to the health plan benefit(s) administered by FBMC have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and

Human Services. To file a complaint with the Plan, send your complaint to FBMC's Privacy Officer at the address provided below. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

Other Uses of Information

Other uses and disclosures of information not covered by this notice or the laws that apply to us will be made only with your permission. If you provide us permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the benefits that we provided to you.

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