NOTICE OF PRIVACY PRACTICES

For Individuals enrolled in an Open Access Plan (OAP), the Local Care Health Plan (LCHP) and the Local Care Dental Plan (LCDP)

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.

The State of Illinois, Department of Central Management Services, Bureau of Benefits (Bureau) is charged with the administration of the self-funded plans available through the State Employees Group Insurance Act. These plans include Open Access Plans, the Local Care Health Plan, and the Local Care Dental Plan. The term "we" in this Notice means the Bureau and our Business Associates (health plan administrators).

We are required by federal and state law to maintain the privacy of your Protected Health Information (PHI), and to provide you with this Notice of our legal duties and privacy practices concerning your PHI. We are also required by law to notify affected individuals following any breach of unsecured PHI. We are required to obtain your written authorization for most uses or disclosures of psychotherapy notes and disclosures that constitute the sale of PHI. For uses and disclosures not covered by this Notice, we will seek your written authorization. You may revoke an authorization at any time; however, the revocation will only affect future uses or disclosures.

The Bureau contracts with Business Associates to provide services including claim processing, utilization review, behavioral health services and prescription drug benefits. These Business Associates receive health information protected by the privacy requirements of the Health Insurance Portability and Accountability Act and act on the Bureau's behalf in performing their respective functions. When we seek help from individuals or entities in our treatment, payment, or health care operations activities, we require those persons to follow this Notice unless they are already required by law to follow the federal privacy rule. Cigna HealthCare is the Medical Plan Administrator for LCHP. HealthLink and Coventry Health Care are the Medical Plan Administrators for the OAPs. Express Scripts is the Prescription Drug Plan Administrator. Magellan Behavioral Health is the Behavioral Health Administrator. Delta Dental is the Dental Plan Administrator. If you have insured health coverage, such as an HMO, you will receive a notice from the HMO regarding its privacy practices.

How We May Use or Disclose Your PHI:

Treatment: We may use or disclose PHI to health care providers who take care of you. For example, we may use or disclose PHI to assist in coordinating health care or services provided by a third party. We may also use or disclose PHI to contact you and tell you about alternative treatments, or other health-related benefits we offer. If you have a friend or family member involved in your care, with your express or implied permission, we may give them PHI about you.

Payment: We use and disclose PHI to process claims and make payment for covered services you receive under your benefit plan, except for genetic information that is PHI. For example, your provider may submit a claim for payment. The claim includes information that identifies you, your diagnosis, and your treatment.

Health Care Operations: We use or disclose PHI for health care operations, except for genetic information that is PHI. For example, we may use your PHI for customer service activities and to conduct quality assessment and improvement activities.

Appointment Reminders: Through a Business Associate, we may use or disclose PHI to remind you of an upcoming appointment.

Legal Requirements:

We may use and disclose PHI **as required or authorized by law. We are also prohibited from use or disclosure of certain information.** For example:

Public Health: We may use and disclose PHI to prevent or control disease, injury or disability; to report births and deaths; to report reactions to medicines or medical devices; to notify a person who may have been exposed to a disease; or to report suspected cases of child abuse or neglect.

Abuse, Neglect or Domestic Violence: We may use and disclose PHI to report suspected cases of abuse, neglect, or domestic violence to a government authority.

Health Oversight Activities: We may use and disclose PHI to state agencies and federal government authorities when required to do so. We may use and disclose your health information in order to determine your eligibility for public benefit programs and to coordinate delivery of those programs. For example, we must give PHI to the Secretary of Health and Human Services in an investigation into compliance with the federal privacy rule.

Judicial and Administrative Proceedings: We may use and disclose PHI in judicial and administrative proceedings. In some cases, the party seeking the information may contact you to get your authorization to disclose your PHI.

Law Enforcement: We may use and disclose PHI in order to comply with requests pursuant to a court order, warrant, subpoena, summons or similar process. We may use and disclose limited PHI to identify or locate a suspect, fugitive, witness, or missing person; to provide information relating to a crime victim; to report a death; or to report criminal activity at our offices.

Avert a Serious Threat to Health or Safety: We may use or disclose PHI to prevent or lessen a threat to the health or safety of you, another person, or the public.

Work-Related Injuries: We may use or disclose PHI to workers' compensation or similar programs in order for you to obtain benefits for work-related injuries or illness.

Coroners, Medical Examiners, and Funeral Directors: We may use or disclose PHI to a coroner or medical examiner in some situations. For example, PHI may be needed to identify a deceased person or determine a cause of death. We may disclose PHI to funeral directors as necessary to carry out their duties.

Organ Procurement: We may use or disclose PHI to an organ procurement organization or others involved in facilitating organ, eye, or tissue donation and transplantation.

Release of Information to Family Members: In an emergency, or if you are not able to provide permission, we may release limited information about your general condition or location to someone who can make decisions on your behalf.

Armed Forces: We may use or disclose the PHI of Armed Forces personnel to the military for proper execution of a military mission.

National Security and Intelligence: We may use or disclose PHI to authorized federal officials to maintain the safety of the President or other protected officials. We may use or disclose PHI for intelligence or other national security activities.

Correctional Institutions and Custodial Situations: We may use or disclose PHI to correctional institutions or law enforcement custodians for the provision of health care to individuals at the correctional institution, for the health and safety of individuals at the correctional institution and those who are responsible for transporting inmates, and for the administration and maintenance of safety, security, and order at the correctional institution.

Research: You will need to sign an authorization form before we use or disclose PHI for research purposes except in limited situations where special approval has been given by an Institutional Review or Privacy Board. For example, if you want to participate in research or a clinical study, an authorization form must be signed.

Fundraising and Marketing: We do not undertake fundraising activities. We do not release PHI to allow other entities to market products to you.

Underwriting: We are prohibited from using or disclosing PHI that is genetic information about an individual for underwriting purposes.

Plan Sponsors: Your employer is not permitted to use PHI for any purpose other than the administration of your benefit plan. If you are enrolled through a unit of local government, we may disclose summary PHI to your employer, or someone acting on your employer's behalf, so that it can monitor, audit or otherwise administer the employee health benefit plan that the employer sponsors and in which you participate.

Illinois Law: Illinois law also has certain requirements that govern the use or disclosure of your PHI. In order for us to release information about mental health treatment, your AIDS/HIV status, and alcohol or drug abuse treatment, you will be required to sign an authorization form unless Illinois law allows us to make the specific type of use or disclosure without your authorization.

Your Rights:
You have certain rights under federal privacy laws relating to your PHI. To exercise these rights, you must submit your request in writing to the appropriate plan administrator. These plan administrators are as follows:

For the LCHP Medical Plan Administrator and Notification/Medical Case Management: Cigna HealthCare, Privacy Office P.O. Box 5400 Scranton, PA 18503 800-762-9940	**For Behavioral Health Benefits:** Magellan Behavioral Health, Privacy Officer PO Box 1719 Maryland Heights, MO 63043 (800) 513-2611
For HealthLink OAP: HealthLink, Complaints in care of Privacy Office P.O. Box 411424 St. Louis, MO 63103 (800) 624-2356	**For Pharmacy Benefits:** Express Scripts, Privacy Services Unit P.O. Box 800 Franklin Lakes, NJ 07417 (800) 987-5237
For Coventry OAP: Illinois Claims, Customer Service 1720 South Sykes Street Bismarck, ND 58504 (800) 431-1211	**For Dental Plan Benefits:** Delta Dental, Privacy Officer 111 Shuman Boulevard Naperville, IL 60563 (630) 718-4700

Restrictions: You have a right to request restrictions on how your PHI is used for purposes of treatment, payment and health care operations. We are not required to agree to your request unless the request is for a restriction on a disclosure, not otherwise required by law, to another health plan for the purpose of carrying out payment or health care operations and you or another individual on your behalf paid for the item or service in full.

Communications: You have a right to receive confidential communications about your PHI. For example, you may request that we only call you at home or that we send your mail to another address. If your request is put in writing and is reasonable, we will accommodate it. If you feel you may be in danger, just tell us you are "in danger" and we will accommodate your request.

Inspect and Access: You have a right to inspect information used to make decisions about you. This information includes billing and medical record information. You may not inspect your record in some cases. If your request to inspect your record is denied, we will send you a letter letting you know why and explaining your options. You may copy your PHI in most situations. If you request a copy of your PHI, we may charge you a fee for making the copies. If you ask us to mail your records, we may also charge you a fee for mailing the records. You may copy your PHI in most situations. If you request a copy of your PHI, we may charge you a fee for making the copies. If you ask us to mail your records, we may also charge you a fee for mailing the records.

Amendment of your Records: If you believe there is an error in your PHI, you have a right to make a request that we amend your PHI. We are not required to agree with your request to amend. We will send you a letter stating how we handled your request.

Accounting of Disclosures: You have a right to receive an Accounting of Disclosures that we have made of your PHI for purposes other than treatment, payment, and health care operations, or disclosures made pursuant to your authorization. We may charge you a fee if you request more than one Accounting in a 12-month period.

Copy of Notice and Changes to the Notice: You have a right to obtain a paper copy of this Notice, even if you originally obtained the Notice electronically. We are required to abide with terms of the Notice currently in effect; however, we may change this Notice. Changes to the Notice are applicable to the health information we already have. If we materially change this Notice, we will post the revised Notice on our website at **http://www.benefitschoice.il.gov**. You will also receive information about the change and how to obtain a revised notice in our next annual mailing following the change.

Complaints: If you feel that your privacy rights have been violated, you may file a complaint by contacting the Privacy Officer of the respective plan administrator. If the Privacy Officer does not handle your complaint or request adequately, please contact the Central Management Services, Privacy Officer, Department of Central Management Services, 401 South Spring, Room 720, Springfield, Illinois 62706, (217) 782-9669. We will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services in Washington, D.C. if you feel your privacy rights have been violated. **EFFECTIVE DATE: April 1, 2013**