

## **NOTICE OF PRIVACY PRACTICES CONNECTION VISION AND CONNECTION DENTAL PLUS PLANS**

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.**

### **Purpose of this notice**

G.E.H.A understands that medical information about you and your health is personal. We are committed to protecting your health information. This notice applies to the HIPAA-covered benefits offered under G.E.H.A's Voluntary Welfare Benefit Plan, which include G.E.H.A's Connection Dental *Plus* Plan and G.E.H.A's Connection Vision Plan Powered by EyeMed (the "Vision Plan"). The notice explains your rights under HIPAA and how you can get access to your protected health information ("PHI"). It also describes how we may use and disclose your PHI, and our legal obligations concerning that information. PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services, or payment for health care services.

### **State law**

Where state law that G.E.H.A follows is stricter and provides greater privacy protections than HIPAA, G.E.H.A will follow the stricter applicable state law.

### **G.E.H.A's duties**

We are required by law to:

- Ensure PHI that identifies you is kept private
- Give you this notice of our legal duties and privacy practices regarding your PHI
- Follow the terms of the notice that is currently in effect, and
- Notify you following a breach of your unsecured PHI as provided under federal law.

### **How we may use or disclose your PHI**

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

***To help manage the treatment you receive:*** We can use your health information and share it with professionals who are treating you. For example, a dentist and G.E.H.A can share your health information so we can coordinate and manage your care.

***For payment:*** We may use and disclose your PHI as we pay for your health services and manage your account. For example, we may use health information in the form of your dental history from your provider to determine whether a particular treatment is medically necessary, or to determine whether a treatment is covered. We may disclose information to assist with the subrogation of claims or to coordinate benefit payments. We may share explanation of benefits (EOBs) with the subscriber of your plan for payment purposes.

***For health care operations:*** We may use or disclose your PHI for other G.E.H.A operations as needed. These uses and disclosures are necessary to G.E.H.A's business operations, and can include quality assessment, customer service, legal and auditing functions, fraud and abuse detection programs, business planning and development, and general administrative activities. For example, we may use or share your PHI to develop better services for you.

**To business associates:** We may share your PHI with our business associates that assist us in providing certain types of services and perform various activities on our behalf. For example, we may share your health information with a business associate to help detect potential fraud or abuse. Whenever an arrangement between G.E.H.A and a business associate involves the use or sharing of your PHI, we will have a written contract that contains terms to ensure the business associate protects the privacy of your health information to the same extent as is set forth in this Notice of Privacy Practices.

**To the plan sponsor:** We may disclose your PHI to the plan sponsor, G.E.H.A, to permit it to perform plan administration functions. Please refer to your brochure for a full explanation of the limited uses and disclosures that the plan sponsor may make of your PHI in performing plan administration functions. Additionally, summary health information may be shared for the purpose of making decisions regarding modifying, amending, or terminating the group health plan. Information may also be disclosed to the plan sponsor on whether you are participating in the group health plan.

**Organized Health Care Arrangement:** Connection Dental *Plus* and the Vision Plan are both maintained by G.E.H.A as the health plan sponsor. If you are covered by G.E.H.A through Connection Dental *Plus* and the Vision Plan, the plans may share PHI with each other as necessary to carry out treatment, payment, or health care operations relating to the organized health care arrangement. For example, enrollment information regarding address changes and payment information in order to coordinate benefits are some of the ways in which information may be shared.

**As required by law and for public health activities:** We may use or disclose your PHI to the extent that federal, state, or local law requires the use or disclosure. We may also disclose your PHI for public health activities and purposes as permitted or required by law. For example, we may disclose information for the purpose of controlling disease, injury, or disability.

**To report abuse or neglect:** We may disclose your PHI to a government authority or agency that is authorized by law to receive reports of abuse or neglect if we believe that you have been a victim of abuse, neglect or domestic violence.

**For health oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**In legal proceedings and for law enforcement purposes:** We may disclose PHI during any judicial or administrative proceeding, in response to an order of a court, or administrative tribunal, if such disclosure is expressly authorized by order. We may disclose PHI in response to a subpoena, discovery request or other lawful process, if the party seeking the information satisfactorily assures us that reasonable efforts have been made to either notify you of the request or obtain a protective order. We may, in certain situations, disclose PHI for law enforcement purposes.

**To individuals involved in your care:** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care or payment related to your health care. You have the right to request that we do not share your PHI with these individuals. If you are not present, we may disclose your PHI based on our professional judgment of whether the disclosure would be in your best interest. In the same way, we may also disclose your PHI in the event of your incapacity or in an emergency.

**For other uses and disclosures:** G.E.H.A may also share your PHI for other types of activities including:

- With coroners, funeral directors, or medical examiners regarding decedents
- To prevent or lessen a serious and imminent threat to the health or safety of a person or the public if we believe that the use or disclosure is necessary under applicable federal and state laws
- For special government functions where certain conditions apply, for Workers' Compensation, and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the law.

## **Disclosures to you or your personal representative**

When applicable, we will access to your PHI, and will disclose it to you upon your request.

We will also disclose your PHI to your personal representative who has been designated as such by you and only if they have authority by law to act on your behalf in making decisions related to health care. We may require your personal representative to produce evidence of his/her authority to act on your behalf, such as a power of attorney. We may not recognize him/her if we have a reasonable belief that treating such person as your personal representative could endanger you and we decide that it is not in your best interest to treat them as your personal representative. In addition, in the event of your death, an executor, administrator, or other person authorized under the law to act on behalf of you or your estate will be treated as your personal representative.

## **Authorization for other uses and disclosures**

Uses and disclosures other than those described in this notice will be made only with your written approval. These include:

- Uses and disclosures for marketing purposes or research
- Uses and disclosures for the purposes of underwriting or fundraising, and
- Uses and disclosures that constitute the sale of PHI.

You may revoke an authorization at any time in writing, and we will stop using your PHI for that purpose once we receive your revocation. The revocation will not be effective for information we have already used or disclosed before you told us to stop.

## **Your rights**

Under federal law, you have certain rights with respect to your PHI. This section explains your rights and some of our responsibilities to help you.

***Right to get a copy (“Access”) of health and claims records:*** You can ask to see or get access to a copy of your health and claims records and other records we have that are used to make decisions about your healthcare benefits. You can also request that we send copies of your information to a third party that you choose. We will provide a copy, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

***Right to amend:*** You can ask us to correct your health and claims records if you think they are incorrect or incomplete as long as we maintain this information. We may say no to your request, but we’ll tell you why in writing within 60 days.

***Right to receive confidential communications:*** You may request we 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 must say “yes” if you tell us you would be in danger if we do not. You may revoke a confidential communication request at any time in writing.

***Right to ask us to limit what we use or share (“Restriction”):*** You may ask us not to use or share certain health information for the purposes of treatment, payment, or healthcare operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay in full for any medical services out of your own pocket, you have the right to ask for a restriction of using or disclosing the PHI for treatment, payment, or health care operations reasons, unless a law otherwise requires the disclosure. If you or your provider submits the claim to us for payment, we do not have to agree to a restriction.

***Right to get a list of those with whom we’ve shared information (“Accounting of Disclosures”):*** 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, who we shared it with, and why. We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

**Right to obtain a copy of this notice:** You may request a paper copy of this notice, even if you have agreed to receive the notice electronically.

**Right to file a complaint:** You can complain if you believe that we have violated your privacy rights by contacting G.E.H.A's Privacy Officer. You may also file a complaint with the Secretary of the Department of Health and Human Services by visiting [hhs.gov/ocr/privacy/hipaa/complaints/](https://hhs.gov/ocr/privacy/hipaa/complaints/). No action will be taken against you for filing a complaint.

**More information about your rights:** Please submit your requests or file any complaint or concern with our Privacy Officer at the contact information below. Forms are available at our website [geha.com/legal/privacy-and-security](https://geha.com/legal/privacy-and-security).

### **Revisions to the Notice**

We reserve the right to change the terms of our notice at any time, and the changes will apply to all information we have about you. We may tell you about any changes to our notice through posts on our website. We may also mail the new notice.

### **Contact**

You may contact G.E.H.A's Privacy Officer for further information about how to file a complaint, your rights under federal law, or this document by mail at G.E.H.A, Attention: Privacy Officer, 310 NE Mulberry Street, Lee's Summit, MO 64086, by e-mail at [privacy@geha.com](mailto:privacy@geha.com), or by phone, as follows. For Connection Dental *Plus* call [1-800-793-9335](tel:1-800-793-9335), and for the Vision Plan, call [1-800-821-6136](tel:1-800-821-6136).

