

BUTLER HEALTH PLAN NOTICE OF PRIVACY PRACTICES

***THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.***

This notice applies to the Butler Health Plan (hereafter "BHP" or the "Plan"). Federal law regulates the ways in which an employee health plan such as BHP can use and disclose health information about you.

This Notice is intended to inform you about the uses and disclosures of your health information that may be made by BHP and about your rights and the Plan's legal duties with respect to your health information.

As used in this Notice, the term "health information" means information about you that the Plan creates, receives or maintains; and that relates to your physical or mental condition or payment for health care provided to you; and that can reasonably be used to identify you. BHP respects the privacy of personal information and handles it securely.

SECTION 1: USES AND DISCLOSURES OF HEALTH INFORMATION.

1.1 Permitted Uses and Disclosures for Treatment, Payment and Health Care Operations

BHP will use or disclose your health information as needed and in accordance with the law for purposes of treatment, payment and health care operations. The Plan may use and disclose your health information for these purposes without your consent or permission.

Treatment: The term "treatment" means the provision, coordination or management of health care by one or more health care providers, including consultations, referrals and coordination with a third party. The Plan is not a health care provider and does not render health care; however, the Plan may disclose your health information to a health care provider, for example, to assist that provider with respect to your treatment.

Payment: The term "payment" includes the activities undertaken by a health care provider to obtain payment and the activities undertaken by a plan to determine eligibility and benefits; to conduct utilization review, precertification, concurrent care and retrospective review activities; to bill and collect premiums; to coordinate benefits and enforce its reimbursement and subrogation rights; and to obtain payment from stop-loss insurance. For example, the Plan may disclose your health information to its claims administrator so that it can determine the amount of benefits that may be payable by the Plan.

Health Care Operations: The term "health care operations" includes underwriting, premium rating, and other activities relating to the creation or maintenance of a health plan; the acquisition and maintenance of stop-loss insurance; conducting or arranging for medical review, legal services and auditing; business planning and development relating to the management and operation of a health plan; and conducting the general business activities of a plan. For example, the Plan may disclose your health information in order to obtain or renew stop loss insurance coverage.

Business Associates: The activities and functions listed above may be performed by third parties, called business associates. The Plan may disclose your health information to a business associate to the extent necessary for it to perform those activities and functions. The Plan's claims administrator is a business associate. The Plan may have other business associates as well. When disclosing information to a business associate, the Plan will appropriately protect your health information by contract.

1.2 Other Disclosures For Which Consent or Authorization Is Not Required.

The Plan may use or disclose your health information without your consent or authorization to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of the law. Examples of instances in which we are required to disclose your health information include: (a) to a person who is authorized by applicable law to make decisions on your behalf regarding your health care and to your executor, administrator or other personal representative following your death; (b) to a member of your family or a close friend who is involved in your health care or payment for your health care to the extent of his or her involvement; however, the Plan will not do so if you tell it not to; (c) to an authorized public health authority for certain public health activities such as preventing and controlling disease, injury or disability; (d) in response to a court order or other lawful process; (e) to a law enforcement official for law enforcement purposes to the extent permitted under law; (f) to a governmental health oversight agency; (g) to a coroners, medical examiners and funeral directors as needed for them to perform their duties; (h) for cadaveric donation of organs, eyes or tissue; (i) to avert a serious threat to the health or safety of any person or to the public; (j) certain military activities; (k) national security and intelligence activities; (l) to a correctional institution where you are an inmate; (m) to permit a Sponsor to comply with laws regarding workers compensation and work-related medical conditions; and (n) to a governmental health oversight agency.

1.3 Disclosures to Plan Sponsors.

The Plan will disclose your health information to designated representatives of its Plan Sponsor for purposes related to treatment, payment and health care operations. For example, the Plan may disclose information to the Plan Sponsor regarding your present or former enrollment information. The Plan Sponsor has amended its plan documents to protect your health information.

1.4 Uses and Disclosures Pursuant to Your Authorization.

The Plan will not make any other use or disclosure of your health information (other than disclosures incidental to a permitted use or disclosure) unless you give it your written authorization to do so. You may revoke any authorization that you may have given. The revocation must be writing and must be given or sent to the same person or entity to whom you gave or sent your original authorization. However, the revocation will not apply to the extent that the Plan has acted in reliance on it.

SECTION 2: YOUR RIGHTS.

You have certain rights with respect to your health information. These rights are listed below in this section. In order to exercise these rights, you must make a request in writing and send it to the contact person listed near the end of this Notice.

Restrictions on Disclosures: You have the right to make a written request that the Plan place restrictions on uses and disclosures of your health information to carry out treatment, payment or health care operations or to restrict disclosures to persons involved in your medical care (such as a spouse, relative or close friend). However, the Plan is not required to agree to any requested restrictions.

Restrictions on Communications from the Plan: You have the right to make a written request that the Plan communicate with you by alternate means or at alternate locations if you clearly state that the disclosure of your health information through the Plan's ordinary means of communications could endanger you. The Plan will accommodate reasonable requests.

Inspection and Copying of Health Information: You have the right to make a written request that you be allowed to inspect and copy your health information. However, this does not apply to psychotherapy notes or information compiled in anticipation of litigation. The Plan may grant or deny your request based on criteria set forth in its Privacy Policy.

Amendment of Health Information: You have the right to make a written request to amend your health information. As part of your request, you must explain the reasons why you think the information should be amended. The Plan may grant or deny your request based on criteria set forth in its Privacy Policy.

Accounting of Disclosures: You have the right to make a written request for and to receive an accounting of disclosures of your health information that the Plan has made during the 6 years prior to the date the accounting is requested. However, this does not apply to disclosures made for purposes of treatment, payment or health care operations, disclosures made to you, disclosures made to persons involved in your care, disclosures made for national security or intelligence purposes as authorized by the National Security Act, disclosures to correctional institutions officials for your health care or other purposes pertinent to the operation of the institutions or disclosures that occurred before April 14, 2003.

Paper Copy of Notice: You also have a right to make a written request for and to request and receive a paper copy, even if you have received an electronic version of this Notice.

SECTION 3: THE PLAN'S DUTIES.

The Plan is required by law to maintain the privacy of your health information and to give you notice of its legal duties and privacy practices with respect to your health information.

The Plan is also required to abide by the terms of the Notice of Privacy Practices currently in effect. The Plan can change the terms of this Notice and make the terms of the new Notice effective for all the health information that it maintains. If the Plan makes a material change to the terms of the Notice, it will notify all employees (including retirees and former employees, if any) who are covered under the Plan by first class mail at their home address as maintained by the Plan.

SECTION 4: YOUR RIGHT TO FILE A COMPLAINT.

You may complain to the Plan and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated.

If you want to file a complaint with the Plan, you must send a written statement describing your complaint to the contact person listed below. No one will retaliate against you for filing a complaint.

SECTION 5: WHOM TO CONTACT AT THE PLAN FOR MORE INFORMATION.

If you wish to file a complaint or obtain further information about the Plan's privacy policy, please contact:

Privacy Officer
Butler Health Plan
1910 Fairgrove Avenue, Suite C
Hamilton, OH 45011
Ph: 513-942-6262

Effective Date

The effective date of this Notice of Privacy Practices is April 14, 2003.