

# Notice of Privacy Practices CIGNA Onsite Health<sup>®</sup>

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

## Our Privacy Commitment

Thank you for giving us the opportunity to serve you. In the normal course of doing business – providing medical care to you – CIGNA Onsite Health<sup>®</sup> (“COH”) creates records about you and the treatment and services we provide to you. The information we collect is called Protected Health Information or (“PHI”). We take our obligation to keep your PHI secure and confidential very seriously.

We are required by federal and state law to protect the privacy of your PHI and to provide you with this Notice about how we safeguard and use it.

When we use or give out (“disclose”) your PHI, we are bound by the terms of this Notice. This Notice applies to all electronic or paper records we create, obtain, and/or maintain that contain your PHI, including clinical notes, lab results, X-rays, optometry and pharmacy information (medication history).

## How We Protect Your Privacy

We understand the importance of protecting your PHI. We restrict access to your PHI to authorized workforce members who need that information for your treatment, for payment purposes and/or for health care operations. We maintain technical, physical and administrative safeguards to ensure the privacy of your PHI.

To protect your privacy, only authorized and trained workforce members are given access to our paper and electronic records and to non-public areas where this information is stored.

Workforce members are trained on topics including:

- Privacy and data protection policies and procedures including how paper and electronic records are labeled, stored, filed and accessed.
- Technical, physical and administrative safeguards in place to maintain the privacy and security of your PHI.

Our corporate Privacy Office monitors how we follow the policies and procedures, and educates our organization on this important topic.

## How We Use and Disclose Your PHI

### Uses of PHI without your authorization

We may disclose your PHI without your written authorization if necessary while providing your health benefits. We may disclose your PHI for the following purposes:

- **Treatment:**
  - To share with nurses, doctors, pharmacists, optometrists, health educators and other health care professionals so they can determine your plan of care.
  - To help you obtain services and treatment you may need – for example, to order lab tests and use the results.
  - To coordinate your health care and related services with a different health care facility or professional
- **Payment:**
  - To make coverage determinations.
  - To submit claims to your health plan or health insurer.
  - To coordinate benefits with other coverage you may have.
- **Health care operations:**
  - To provide customer service.
  - To support and/or improve the programs or services we offer you.
  - To assist you in managing your health – for example, to provide you with an appointment reminder or information about treatment alternatives to which you may be entitled.

We may also disclose your PHI without your written authorization for other purposes, as permitted or required by law. This includes:

- **Disclosures to others involved in your health care.**
  - If you are present or otherwise available to direct us to do so, we may disclose your PHI to others – for example, a family member, a close friend, or your caregiver.



- If you are in an emergency situation, are not present, or are incapacitated, we will use our professional judgment to decide whether disclosing your PHI to others is in your best interests. If we do disclose your PHI in a situation where you are unavailable, we would disclose only information that is directly relevant to the person’s involvement with your treatment or for payment related to your treatment. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, your general medical condition or your death.
- We may disclose your child’s PHI to your child’s other parent.

If you do not want us to disclose your PHI or your child’s PHI to others, please tell your COH health care professional.

■ **Disclosures to vendors and accreditation organizations.**

We may disclose your PHI to:

- Companies that perform certain services we’ve requested. For example, we may engage vendors to help us to provide information and guidance to participants with chronic conditions like diabetes and asthma.
- Accreditation organizations such as the National Committee for Quality Assurance (NCQA) for quality measurement purposes.

Please note that before we share your PHI, we obtain the vendor’s or accreditation organization’s written agreement to protect the privacy of your PHI.

■ **Disclosures to your employer as sponsor of your health plan or health insurance policy.**

We may disclose your PHI to your employer or to a company acting on your employer’s behalf, so that entity can monitor, audit and otherwise administer the employee health plan or health insurance policy in which you participate. Your employer is not permitted to use the PHI we disclose for any purpose other than administration of your benefits. See your employer’s health plan or policy documents for information on whether your employer receives PHI and, if so, the identity of the employees who are authorized to receive your PHI.

■ **Communications.** We may disclose your PHI to:

- Encourage you to purchase or use a product or service that is not part of the health care services and benefits we provide when we meet with you in person, as permitted by law.

- Provide you with a promotional gift of nominal value. Except as permitted by law, we will not use your PHI for marketing purposes without your prior written authorization.

■ **Health or safety.** We may disclose your PHI to prevent or lessen a serious and imminent threat to your health or safety, or the health or safety of the general public.

■ **Public health activities.** We may disclose your PHI to:

- Report health information to public health authorities authorized by law to receive such information for the purpose of preventing or controlling disease, injury or disability, or monitoring immunizations.
- Report child abuse or neglect, or adult abuse, including domestic violence, to a government authority authorized by law to receive such reports.
- Report information about a product or activity that is regulated by the U.S. Food and Drug Administration (FDA) to a person responsible for the quality, safety or effectiveness of the product or activity.
- Alert a person who may have been exposed to a communicable disease, if we are authorized by law to give this Notice.

■ **Health oversight activities.** We may disclose your PHI to:

- A government agency that is legally responsible for oversight of the health care system or for ensuring compliance with the rules of government benefit programs, such as Medicare or Medicaid.
- Other regulatory programs that need health information to determine compliance. This disclosure may include granting an agency surveyor access to your electronic health record.

■ **Research.** We may disclose your PHI for research purposes, but only according to and as allowed by law.

■ **Compliance with the law.** We may use and disclose your PHI to comply with the law.

■ **Judicial and administrative proceedings.** We may disclose your PHI in a judicial or administrative proceeding or in response to a valid legal order.

■ **Law enforcement officials.** We may disclose your PHI to the police or other law enforcement officials, as required by law or in compliance with a court order or other process authorized by law.

■ **Government functions.** We may disclose your PHI to various departments of the government such as the U.S. military or the U.S. Department of State as required by law.

■ **Workers’ compensation.** We may disclose your PHI when necessary to comply with workers’ compensation laws.

## Uses of PHI that require your authorization

Other than for the purposes described above, we must obtain your written authorization to use or disclose your PHI. For example, we will not supply PHI to your employer without your prior written authorization.

**Uses and disclosures of certain PHI deemed “Highly Confidential.”** For certain kinds of PHI, federal and state law may require enhanced privacy protection. These would include PHI that is:

- Maintained in psychotherapy notes.
- About alcohol and drug abuse prevention, treatment and referral.
- Additional diseases and/or treatments specifically defined by state law (e.g. HIV/AIDS, venereal disease, communicable disease, genetic testing, etc.).

We can only disclose this type of specially protected PHI with your prior written authorization except when specifically permitted or required by law.

**Cancellation.** You may cancel (“revoke”) a written authorization you gave us before. The cancellation, submitted to us in writing, will apply to future uses and disclosures of your PHI. It will not impact disclosures made previously, while your authorization was in effect.

## Your Individual Rights

You have the following rights regarding the PHI that COH creates, obtains, and/or maintains about you.

- **Right to request restrictions.** You may ask us to restrict the way we use and disclose your PHI for treatment, payment and health care operations, as explained in this Notice. We are not required to agree to the restrictions, but we will consider them carefully. If we do agree to the restrictions, we will abide by them.

At certain COH locations, you may be allowed to restrict (“to not disclose”) information to your health plan or health insurer about a COH-provided visit, service or prescription for which you pay. If this option is available to you, you may exercise this right by paying in full, out-of-pocket, at the time of service. If you do so, we will not submit any claim or otherwise communicate with your health plan or health insurer about the visit, service or prescription.

- **Right to receive confidential communications.** You may ask to receive COH communications containing PHI by alternative means or at alternative locations. We will accommodate reasonable requests whenever feasible.
- **Right to inspect and copy your PHI.** You may ask in advance to review or receive a copy of your PHI that

is included in certain paper or electronic records we maintain. Under limited circumstances, we may deny you access to a portion of your records.

You may request that we disclose or send a copy of your PHI to a Health Information Exchange (HIE).

- **Right to amend your records.** You have the right to ask us to correct your PHI contained in our electronic or paper records if you believe it is inaccurate. If we determine that the PHI is inaccurate, we will correct it if permitted by law. If a different health care facility or professional created the information that you want to change, you should ask them to amend the information.
- **Right to receive an accounting of disclosures.** Upon your request, we will provide a list of the disclosures we have made of your PHI for a specified time period. However, the list will exclude:
  - Disclosures you have authorized.
  - Disclosures made earlier than six years before the date of your request (in the case of disclosures made from an electronic health record, this period may be limited to three years before the date of your request).
  - Disclosures made for treatment, payment, and health care operations purposes, except when required by law.
  - Certain other disclosures that are excepted by law.

If you request an accounting more than once during any 12-month period, we will charge you a reasonable fee for each accounting report after the first one.

- **Right to name a personal representative.** You may name another person to act as your personal representative. Your representative will be allowed access to your PHI, to communicate with the health care professionals and facilities providing your care, and to exercise all other HIPAA rights on your behalf. Depending on the authority you grant your representative, he or she may also have authority to make health care decisions for you.
- **Right to receive a paper copy of this Notice.** Upon your request, we will provide a paper copy of this Notice, even if you have already received one, as described in the *Notice Availability and Duration* section found later in this Notice.

## Actions You May Take

**Contact COH.** If you have questions about your privacy rights, believe that we may have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact us at the following address or telephone number:

Privacy Officer  
CIGNA Onsite Health  
11001 N. Black Canyon Highway  
Phoenix, AZ 85029  
Telephone Number: 602.906.2800

For certain types of requests, you must complete and mail to us the applicable form, which is available at our health care and event facilities.

**Contact a government agency.** If you believe we may have violated your privacy rights, you may also file a written complaint with the Secretary (the "Secretary") of the U.S. Department of Health and Human Services ("HHS").

Your complaint can be sent by email, fax, or mail to the HHS' Office for Civil Rights ("OCR"). For more information, go to the OCR website, <http://www.hhs.gov/ocr/privacy/hipaa/complaints>. We will provide you with the contact information for the OCR Regional Manager in your area, if you request it from our Privacy Office.

We will not take any action against you if you exercise your right to file a complaint, either with us or with the Secretary.

## Notice Availability and Duration

**Notice availability.** A copy of this Notice is available at all of our health care and event facilities and is posted at the clinics in a prominent location at all times.

**Right to change terms of this Notice.** We may change the terms of this Notice at any time, and we may, at our discretion, make the new terms effective for all of your PHI in our possession, including any PHI we created or received before we issued the new Notice.

If we change this Notice, we will give you the new Notice as required when you receive treatment at one of our COH health care facilities or participate in a COH event. In addition, we will post any new Notice at each of our COH clinics in a prominent location and you can request a copy at a clinic.

**Effective date.** This Notice is effective as of April 14, 2003, and updated as of January 1, 2011.

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