



Notice of Privacy Practices – CIGNA Medical Group

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU, AS A PATIENT OF THE CIGNA MEDICAL GROUP, MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

This Notice is effective on April 14, 2003

The CIGNA Medical Group (CMG) is committed to maintaining and protecting the confidentiality of our patients' personal and sensitive information. We are required by federal and state law to protect the privacy of your individually identifiable health information and other personal information and to provide you this Notice about our policies, safeguards and practices. When we use or disclose your confidential information, we are bound by the terms of this Notice or our revised notice, if we revise it. The CMG posts a copy of our current Notice in all our healthcare centers in a visible location at all times.

How We Protect Your Privacy

The CMG will not disclose confidential information without your authorization unless it is necessary to provide health care services to support our programs, or as otherwise required or permitted by law. When we need to disclose individually identifiable information, we will follow the policies described in this Notice to protect your confidentiality.

The CMG locations that maintain confidential information have procedures for accessing, labeling and

storing confidential records. Access to non-public areas in our facilities is limited to authorized personnel. We restrict internal access to your confidential information to CIGNA HealthCare employees who need to know that information to conduct our business. CIGNA HealthCare trains its employees on policies and procedures designed to protect your privacy. Our Privacy Office monitors how we follow those policies and procedures and educates our organization on this important topic.

How We Use and Disclose Your Confidential Information

In conducting our business, the CMG will create records about you and the treatment and services we provide to you. The terms of this Notice apply to all records containing your personal health information that are created or retained by the CMG. This confidential information is contained in your medical record and includes physician notes, lab results, X-rays, optometry and pharmacy information (medication history). We will not use your confidential information or disclose it to others without your authorization, except for the following purposes:

■ **Treatment.** Health care professionals, such as nurses, doctors, pharmacists, optometrists, and health educators, may see and use your confidential information in order to determine your plan of care.

We may share health information about you in order to help you get services you may need and to treat you, such as ordering lab tests and using the results. We may also disclose your confidential information to another health care provider for its provision, coordination or management of your health care and related services.

- **Payment.** We may use and disclose your confidential information to determine and fulfill our responsibility to provide your health benefits — for example, to make coverage determinations, submit claims and coordinate benefits with other coverage you may have.
- **Health Care Operations.** We may use and disclose your confidential information for our health care operations — for example, to provide customer

service and conduct quality assessment and improvement activities. Other health care operations may include providing appointment reminders or sending you information about treatment alternatives or other health-related benefits and services.

■ **Disclosures to CIGNA HealthCare Vendors and Accreditation Organizations.** We may disclose your confidential information to companies with whom we contract if they need it to perform the services we've requested — for example, vendors who help us provide important information and guidance to members with chronic conditions like diabetes and asthma. The CMG also discloses confidential information to accreditation organizations such as the National Committee for Quality Assurance (NCQA) when the NCQA auditors collect Health Plan Employer Data and Information Set (HEDIS®) data for quality measurement purposes. When we enter into these types of arrangements, we obtain a written agreement to protect your confidential information.

■ **Disclosure to Relatives, Close Friends and Other Caregivers.** We may disclose confidential information to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure. If you object to such disclosures, please notify your provider.

If you are not present, you are incapacitated, or in an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose your confidential information to a family member, other relative or a close personal friend, we would disclose only information that is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose confidential information in order to notify (or assist in notifying) such persons of your location, general condition or death.

■ **Communications.** When we meet with you in person, we may use your confidential information to encourage you to purchase or use a product or service that is not part of the health benefits we provide. We also may use or disclose your confidential information to provide you with a promotional gift of nominal value.

■ **Public Health Activities.** We may disclose your confidential information for the following public health activities and purposes: (1) to report health information to public health authorities that are

authorized by law to receive such information for the purpose of preventing or controlling disease, injury or disability, or monitoring immunizations (2) to report child abuse or neglect, and adult abuse, including domestic violence, to a government authority that is authorized by law to receive such reports; (3) to 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; and (4) to 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 confidential information 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 AHCCCS, or other regulatory programs that need health information to determine compliance.

■ **For Research.** We may disclose your confidential information for research purposes, subject to strict legal restrictions.

■ **To Comply with the Law.** We may use and disclose your confidential information to comply with the law.

■ **Judicial and Administrative Proceedings.** We may disclose your confidential information in a judicial or administrative proceeding or in response to a legal order.

■ **Law Enforcement Officials.** We may disclose your confidential information 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.

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

■ **Government Functions.** We may disclose your confidential information to various departments of the government such as the U.S. military or the U.S. Department of State.

■ **Workers' Compensation.** We may disclose your confidential information when necessary to comply with workers' compensation laws.

** "HEDIS" is a registered trademark of the National Committee for Quality Assurance (NCQA).

Uses and Disclosures with Your Written Authorization

We will not use or disclose your confidential information for any purpose other than the purposes described in this Notice, without your written authorization. For example, we will not supply confidential information to a research organization or to a prospective employer without your signed authorization. You may revoke an authorization that you have previously given by sending a written request to the CMG unless we have taken action based on it.

Uses and Disclosures of Your Highly Confidential Information. In addition, federal and state law

Your Individual Rights

You have the following rights regarding the personal health information that the CIGNA Medical Group creates or maintains about you:

- **Right to Request Additional Restrictions.** You may request restrictions on our use and disclosure of your confidential information for the treatment, payment and health care operations purposes explained in this Notice. While we will consider all requests for restrictions carefully, we are not required to agree to a requested restriction.
- **Right to Receive Confidential Communications.** You may ask to receive communications of your confidential information from us by alternative means of communication or at alternative locations. We will accommodate reasonable requests whenever feasible.
- **Right to Inspect and Copy your Confidential Information.** You may ask to inspect or to obtain a copy of your confidential information that is included in certain records we maintain. Under limited circumstances, we may deny you access to a portion of your records.
- **Right to Amend your Records.** You have the right to ask us to amend your confidential information that is contained in our records. If we determine that the record is inaccurate, and the law permits us to amend it, we will correct it. If another health care provider created the information that you want to change, you should ask that provider to amend the information.
- **Right to Receive an Accounting of Disclosures.** Upon request, you may obtain an accounting of disclosures we have made of your confidential information on or after April 14, 2003. The accounting that we provide will not include disclosures for treatment, payment or health care operations, disclosures that you have authorized, disclosures made earlier than six years before the date of your request, and

requires special privacy protections for certain highly confidential information about you (“Highly Confidential Information”), including a portion of your confidential information that: (1) is maintained in psychotherapy notes; (2) is about alcohol and drug abuse prevention, treatment and referral; (3) is about HIV/AIDS testing, diagnosis or treatment; (4) is about venereal disease(s); or (5) is about genetic testing. In order for us to disclose your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written authorization.

certain other disclosures that are expected 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 statement after the first one.

- **Right to Receive Paper Copy of this Notice.** Upon request, you may obtain an additional copy of this Notice at any of our healthcare centers.

If you wish to make any of the requests listed under “Individual Rights,” please make the request at any of our healthcare centers. We may ask you to submit your request in writing. Once we have received your written request, we will respond to it.

- **For More Information or Complaints.** If you want more information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your confidential information, you may contact us. You may also file written complaints with the Secretary of the U.S. Department of Health and Human Services. Upon request, we will provide you with the correct address for the Secretary. We will not take any action against you if you file a complaint with the Secretary or us.

You may contact us at:
Privacy Officer
CIGNA Medical Group
CIGNA HealthCare of Arizona
11001 N. Black Canyon Highway
Phoenix, AZ 85029
Telephone Number: (602) 906-2800

We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all of your confidential information that we maintain, including any information we created or received before we issued the new notice. If we change this Notice, we will give you the new notice when you present for services at one of our healthcare centers. In addition, we will post any new notice at each of our healthcare centers in a visible location.



CIGNA HealthCare