



Date of Notice: April 14, 2003
Effective Date: April 14, 2003

APWU Health Plan Notice of Privacy Practices

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.

By law, the APWU Health Plan is required to protect the privacy of your personal health information. The APWU Health Plan is also required to give you this Notice to tell you how the APWU Health Plan may use and/or share your personal health information held by the APWU Health Plan.

If you have any questions about this Notice, please contact the APWU Health Plan Privacy Specialist at 1-800-222-2798.

The APWU Health Plan understands that health information about you and your dependents is confidential. We want you to conduct business with us knowing that we respect your privacy and will make reasonable efforts to protect your personal health information. When the Plan must use and/or share your personal health information, we will make reasonable efforts to only share or use what is needed. This Notice tells you:

- How the APWU Health Plan may use and share your health information.
- Your rights concerning your health information and how to exercise them.
- The APWU Health Plan's responsibilities in protecting your health information.

The APWU Health Plan is required by law to abide by the terms of this Notice.

How The APWU Health Plan May Use And Share Your Health Information

In order for the APWU Health Plan to conduct business, your personal health information must be used within the APWU Health Plan and shared with some of our Business Associates. Business Associates include the companies and consultants who perform a wide variety of functions on behalf of the APWU Health Plan. For example, we work with companies to provide Prescription Benefits Management, Preferred Provider Organizations, 24-hour nurse line, precertification for hospital stays, authorization for treatments, case management, legal services, actuarial services, auditing services, transplant services, fraud and abuse investigations, and other contracted functions. The APWU Health Plan makes reasonable efforts to safeguard the information our Business Associates receive, and works with them to assure compliance with the federal privacy laws.

Below, we explain the ways we may use and share personal health information about you or a member of your family without your authorization.





Payment (Enrollment, Benefits, Premium Billing, and Claims Processing)

Access to your health information is necessary for the APWU Health Plan and our Business Associates to enroll you as a member of the Plan, pay claims to you or your provider, and bill premiums for your coverage. For example, a doctor, hospital or other provider must submit a claim with your personal health information for services rendered. The provider may submit your claim through a claims clearinghouse (a Business Associate who collects claims from many providers and submits them to the Health Plan all at one time). The claim may be sent to one of our Preferred Provider Organizations (a Business Associate) for pricing. The APWU Health Plan and our Business Associates' staff must obtain this information in order to process claims in accordance with your Plan benefits.

The APWU Health Plan and some of our Business Associates coordinate benefit coverage with other health insurance plans, for example Medicare A and B, or other insurance coverage you may have. In order to process claims correctly, we may share enrollment, benefit and claim information about you. The APWU Health Plan may also share personal health information if you are involved in a Workers' Compensation case. If you are involved in an auto accident, the APWU Health Plan will coordinate payment and liability with the responsible party's insurance.

If there is an overpayment, the APWU Health Plan may provide limited information about your claim to external collectors to assist in recovering the overpayment.

The APWU Health Plan may share enrollment information about you with the American Postal Workers Union, AFL-CIO for associate membership fee billing.

Healthcare Operations

The APWU Health Plan shares your personal health information with our Business Associates to enable them to provide services to you such as precertification of hospital stays, 24-hour nurse line, patient safety initiatives, etc.

In order to operate our business effectively, our Customer Service Representatives are trained to answer calls that require the review of your personal health information. For example, you may call Customer Service for questions regarding precertifications, treatment authorizations, claim questions, effective dates, benefits, etc. Provider offices (doctors, hospitals, etc.) may call Customer Service to inquire about claim status and eligibility on your behalf.

The APWU Health Plan and our Business Associates may use and share personal health information about all of our members to ensure the best quality care at the lowest possible cost (to keep premiums as low as possible), for internal operations and to identify opportunities for improvements of service. For example, we may use personal health information to review treatment and services, and to evaluate the performance of Preferred Provider Organizations. The APWU Health Plan and our Business Associates may combine personal health information about many Health Plan members to determine the types of services that can be offered, whether new treatments are effective, and the types of services that are unnecessary.

OPM and Employing Agency

The APWU Health Plan receives enrollment information from the U.S. Office of Personnel Management (OPM), U.S. Postal Service and federal payroll offices, and shares enrollment information with them to reconcile enrollment discrepancies. Additional information is shared between OPM and the APWU Health Plan as part of fraud and abuse investigations, Health Plan financial performance activities, provider debarment and suspension, etc.





Disputed Claims

The APWU Health Plan or our Business Associates will disclose personal health information to OPM about you as required by the disputed claims process. The disputed claim process is described in the Federal Brochure RI 71-004.

Newsletters, Health Promotion and Disease Prevention

The APWU Health Plan uses your name and address information to send you our newsletter, *The HealthConnection*. We may use your personal health information for periodic mailings related to your health, benefits and coverage. The APWU Health Plan or our Business Associates may use your personal health information to contact you regarding Health Promotion, Disease Management Programs and other population specific health programs.

Patient Not The Enrollee or Personal Representative

The APWU Health Plan and our Business Associates may give information about you to the enrollee or other individuals involved in your care, unless you inform us otherwise. In most cases, the information shared will be limited to whether a claim or claims have been paid on your behalf. Inquiries beyond specific claim payment information may require an authorization from the patient, and sometimes from a patient who is a minor.

If you have a personal representative, you may authorize this individual to act on your behalf for all aspects of your business with us. We will require proper documentation that the individual is authorized to act on your behalf or we must receive a signed authorization from you.

Judicial and Administrative Proceeding

The APWU Health Plan or our Business Associates may disclose personal health information about you in response to a court or administrative order. The APWU Health Plan or our Business Associates may disclose personal health information about you in response to a subpoena, discovery request, or other lawful processes for a judicial or administrative proceeding.

Law Enforcement

The APWU Health Plan and our Business Associates may release personal health information about you to law enforcement officials. The APWU Health Plan will disclose personal health information about you when required or permitted to do so by law.

Enforcement by the Secretary of Health and Human Services

The APWU Health Plan may release personal health information about you to the Secretary of Health and Human Services as required by law and/or to demonstrate our compliance with the law.

Other Disclosures Allowed by Law

As permitted in the Health Insurance Portability and Accountability Act, the APWU Health Plan and our Business Associates may release personal health information about you as allowed by law. Examples of this are disaster relief efforts; to public health authorities; health oversight activities; to avert a serious threat to health or safety; internal grievance proceedings; for military and veterans activities; national security and intelligence activities; protective services for the President and others; for medical suitability determinations; to correctional and other law enforcement custodial situations; or for Worker's Compensation.

Your Rights Regarding Personal Health Information About You

You and your dependents have the following rights regarding personal health information the APWU Health Plan maintains. To exercise these rights, please submit your written request to:





APWU Health Plan
Privacy Specialist
799 Cromwell Park Drive, Suites K-Z
Glen Burnie, MD 21061

Or, you may call our Customer Service Unit at 1-800-222-2798 for more information.

Right to Access. You have the right to inspect and obtain a copy of your health information maintained by the APWU Health Plan. We do not maintain a central file of all your health information. If you would like access to your health information we will act upon your written request within 30 days of receipt for information maintained on-site, and within 60 days of receipt for information maintained off-site. We may require a 30-day extension, and you will be notified if necessary. Please be advised there may be a fee to cover the costs associated with your request.

The APWU Health Plan has the right to deny you access to all or part of the information we maintain (e.g., psychotherapy notes or information compiled in reasonable anticipation of, or for use in a civil, criminal, or administrative action proceeding). If necessary, we will provide you with a written statement that describes the reason for the denial and how you may appeal the denial if you are not satisfied with our response.

Right to Amend. If you believe the health information the APWU Health Plan has about you is incorrect or incomplete, you may ask to have that information amended.

To request an amendment, you must submit your request in writing and include the reasons why you believe an amendment is necessary. The APWU Health Plan will act on your request within 60 days of receipt and provide further information regarding the amendment process requirements.

If your request is approved, we may contact you to determine if others need to be notified of the amendment and to obtain your authorization to do so. Your request for an amendment may be denied if it is not in writing or does not include a reason to support the request. We may deny your request if you ask us to amend information that:

- Was not created by the APWU Health Plan (e.g., if your physician created the information, we will advise you to contact your physician);
- Is not part of the personal health information kept by or for the APWU Health Plan (e.g., the information is in a laboratory report that we do not maintain);
- Is not part of the information you are permitted to inspect and copy; or
- The APWU Health Plan believes the information to be accurate and complete.

The APWU Health Plan will provide you with a written statement that describes the basis for the denial and a description of how you can exercise your rights.

Right to an Accounting of Disclosures. You have the right to request an "Accounting of Disclosures." This is a list of external persons or organizations with whom the APWU Health Plan shared personal health information about you that is not included as part of our payment and healthcare operations. It is possible there will be no disclosures to report on the list or that in accordance with law, the APWU Health Plan may be required to temporarily suspend your right to receive an Accounting of Disclosures.

The APWU Health Plan will provide the accounting within 60 days of receipt of the request or notify you in writing if we are unable to meet that deadline. You are allowed one (1) free accounting in a 12-month period. Please be advised there may be a fee for additional accountings in the 12-month period.





To request the accounting, you must submit your request in writing. It must state the beginning and end dates, not to exceed six years, and may not include dates before April 14, 2003.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of personal health information for payment or health care operations. The APWU Health Plan is not required to agree to your request.

To request restrictions, you must submit your request in writing. Your request must include: (1) what information you want to limit; (2) how you would like the information restricted; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that the APWU Health Plan communicate with you about personal health information in a certain way or at a certain location, for example, at an alternative address. This may include payment directly to you for your care as well as any explanation of benefits. We will accommodate, to the best of our abilities, all requests for such confidential communication.

To request confidential communication changes, submit your request in writing to the APWU Health Plan. We may refuse to accommodate your request if you have not provided specific information about the location at which you wish to be contacted.

Other Disclosures Of Your Health Information

Other disclosures of your health information not covered by applicable laws or this Notice will be made only with your written authorization. If you provide the APWU Health Plan authorization to disclose personal health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, the APWU Health Plan will no longer disclose personal health information about you for the reasons stated in your written authorization. Please understand the APWU Health Plan is unable to rescind any disclosures that have already been made with your permission.

Complaints About Your Privacy

If you believe your privacy rights have been violated by the APWU Health Plan or its Business Associates, you may file a complaint with the APWU Health Plan or the Secretary of the Department of Health and Human Services. To file a complaint with the APWU Health Plan, submit your complaint in writing to:

Privacy Specialist
APWU Health Plan
799 Cromwell Park Drive, Suites K-Z
Glen Burnie, MD 21061

Complaints should outline why you believe your privacy rights have been violated. All complaints will be addressed and you cannot be penalized for filing a complaint.

Changes To This Notice

The APWU Health Plan reserves the right to change the terms of its Notice. We reserve the right to make the revised Notice effective for personal health information, including information we already maintain, as well as any information we receive in the future. The APWU Health Plan will notify you by mail of any changes to this Notice and will post a revised Notice on our website at www.apwuhp.com. You will be able to download the most current Notice from the website. You may also contact Customer Service during normal business hours, Monday through Friday 8:30am to 8:00pm eastern time, by calling 1-800-222-2798 to request a copy.

