



**PHYSICIANS UNITED PLAN INC.
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL/PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Physicians United Plan is a covered entity under HIPAA law. This notice applies to the privacy practices that govern Physicians United Plan in disclosing and sharing your Protected Health Information (PHI) as needed for treatment, payment and health care operations.

OUR COMMITMENT REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

We understand the importance of your Protected Health Information (hereafter referred to as "PHI") and follow strict policies (in accordance with state and federal privacy laws) to keep your PHI private. PHI is information about you, including demographic data, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health, the provision of health care to you, or the payment for that care.

In this notice, we explain how we protect the privacy of your PHI, and how we will allow it to be used and given out ("disclosed"). We are required to provide you with a summary of our Notice of Privacy Practices, and a copy of the Notice of Privacy Practices upon request. We must follow the privacy practices described in this notice while it is in effect. This notice takes effect March 23, 2005 and will remain in effect until we replace or modify it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. These revised

practices will apply to your PHI regardless of when it was created or received. Before we make a material change to our privacy practices, we will provide you with a revised Notice of Privacy Practices.

Where multiple state or federal laws protect the privacy of your PHI, we will follow the requirements that provide the greatest privacy protection. For example, when you authorize disclosure to a third party, state law requires us to condition the disclosure on the recipient's promise to obtain your written permission to disclose to someone else.

OUR USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We do not sell your PHI to anyone or disclose your PHI to other companies who may want to sell their products to you.

We must have your written authorization to use and disclose your PHI, except for the following uses and disclosures:

To You:

We may disclose your PHI to you, for example:

- Supplying you with information about your diagnosis or treatment
- Communicating with you about treatment alternatives or other health-related benefits and services

For Treatment:

We may use and disclose your PHI to health care providers and our business associates who request PHI in connection with your diagnosis, treatment, management of your care, coordination of benefits, and insurance eligibility, for example:

- Physicians and physician's assistants
- Nurses
- Dentists
- Audiologists
- Speech-language pathologists
- Physical or occupational therapists
- Psychologists
- Pharmacies
- Hospitals
- Nursing homes
- Hearing instrument manufacturers
- Augmentative communication device manufacturers

For example, we may disclose your PHI to health care providers in connection with:

- Disease and case management programs
- Prescribing medications
- Ordering lab work or diagnostic imaging at an outside facility
- Referring you to an outside provider and informing him/her of your medication allergies
- Providing emergency medical treatment
- Orders and service for hearing instruments and augmentative communication devices
- Services related to speech, language, swallowing, or hearing disorders
- Other health care services

For Payment:

We may use and disclose your PHI for our payment-related activities and those of health care providers, including, for example:

- Obtaining premiums and determining eligibility for benefits
- Paying claims for health care services that are covered by Physicians United Plan
- Responding to inquiries, appeals and grievances
- Coordinating benefits with other insurance you may have
- Submitting a claim form on your behalf

For Health Care Operations:

We may use and disclose your PHI for the following health care operations, for example:

- Conducting quality assessment and improvement activities, including peer review, credentialing of providers, and accreditation
- Auditing billing processes
- Performing outcome assessments and health claims analyses
- Preventing, detecting and investigating fraud and abuse
- Underwriting, rating and reinsurance activities
- Coordinating case and disease management activities
- Performing business management and other general administrative activities, including systems management and member service
- Scheduling appointments and keeping records

We may also disclose your PHI to other providers and health plans who have a relationship with you for their health care operations. For example, we may disclose your PHI for their quality assessment and improvement activities or for health care fraud and abuse detection.

To Others Involved in Your Care:

We may disclose your PHI to someone who has the legal right to act on your behalf. We may under certain circumstances disclose to a designated contact person (e.g., a member of your family, a relative, a close friend or any other person you identify), the PHI directly relevant to that person's involvement in or payment for your health care. For example, we may discuss a claim determination with you in the presence of a friend or relative, unless you object.

When Required by Law:

We will use and disclose your PHI if we are required to do so by law. For example, we will use and disclose your PHI:

- To report infectious diseases
- To respond to court and administrative orders and subpoenas
- To comply with workers' compensation laws
- To report congenital hearing losses in infants and children
- To report occupational noise induced hearing loss
- To report suspected abuse and neglect to the proper authorities
- To report PHI as required by the Centers for Medicare and Medicaid Services (CMS) and state regulatory authorities

For Matters in the Public Interest:

We may use or disclose your PHI without your written permission for matters in the public interest, including for example:

- Public health and safety activities, including Food and Drug Administration oversight, reporting disease and vital statistics.
- Averting a serious threat to the health or safety of others, (e.g., as required under the Patriot Act)

For Research:

We may use your PHI to perform select research activities, provided that certain established measures to protect your privacy are in place, as required by Institutional Review Board regulations created and monitored by the National Institutes of Health.

To Our Business Associates:

From time to time we engage third parties to provide various services for us. Whenever an arrangement with such a third party involves the use or disclosure of your PHI, we will have a written contract with that third party designed to protect the privacy of your PHI. For example, we may share your information with business associates who process claims or conduct disease management programs on our behalf.

DISCLOSURES YOU MAY REQUEST

You may instruct us and give your written authorization to disclose your PHI to a designated individual or agency for any purpose. We require that your authorization be on our standard form. To obtain the form, you can contact us in writing or by calling the Physicians United Plan Member Services Department. The address and telephone number is:

9102 Southpark Center Loop
Suite 200
Orlando, FL 32819
866-571-0693
Speech and Hearing Impaired 866-671-0693

INDIVIDUAL RIGHTS

You have the following rights. To exercise these rights, you must make a written request on our standard form. To obtain the form, contact us either in writing or by telephone as indicated above. We must act upon your written request within 60 days.

Access:

With certain exceptions, you have the right to look at or receive a copy of your PHI contained in the group of records that are used by or for us to make decisions about you, including our enrollment, payment, claims adjudication, and case or medical management notes. We reserve the right to charge a reasonable cost-based fee for copying and postage. If you request an alternative format, such as a summary, we may charge a cost-based fee for preparing the summary. If we deny your request for access, we will tell you the basis for our decision and whether you have a right to further review. You may request access to PHI in an alternative communication format and/or location.

Disclosure Accounting:

You have the right to an accounting of certain disclosures of your PHI, such as disclosures required by law. If you request this accounting more than once in a 12-month period, we may charge you a fee covering the cost of responding to these additional requests.

Restriction Requests:

You have the right to request that we place restrictions on the way we use or disclose your PHI for treatment, payment or health care operations. We are not required to agree to these additional restrictions; but if we do, we will abide by them (except as needed for emergency treatment or as required by law) unless we notify you that we are terminating our agreement.

Revoke Prior Authorization:

You may revoke your authorization, except to the extent that we have taken action upon it.

Amendment:

You have the right to inspect PHI and request that we amend it in the set of records we described above under Access. If we deny your request, we will provide you a written explanation. If you disagree, you may have a statement or your disagreement placed in our records. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including individuals you name.

Confidential Communication:

We communicate decisions related to payment and benefits, which may contain PHI, to the member or the member's authorized representative. Individual members who believe that this practice may endanger them may request that we communicate with them using a reasonable alternative means or location. For example, an individual member may request that we send an Explanation of Benefits to a post office box instead of the home address. To request confidential communications, contact us in writing or by telephone as indicated above.

QUESTIONS AND COMPLAINTS

If you need more information about our privacy practices, or a written copy of this notice, please contact us at:

*9102 Southpark Center Loop
Suite 200
Orlando, FL 32819
866-571-0693
Speech and Hearing Impaired 711*

If you are concerned that we may have violated your privacy rights, or you believe that we have inappropriately used or disclosed your PHI, please contact:

*9102 Southpark Center Loop
Suite 200
Orlando, FL 32819
866-571-0693
Speech and Hearing Impaired 711*

You may also submit a written complaint.

We support your right to protect the privacy of your PHI. We will not take action against you if you file a complaint with us or with the U.S. Department of Health and Human Services, the Centers for Medicare and Medicaid Services (CMS) or other state or federal agency or organization.