



CHRISTIAN
BROTHERS
SERVICES

Christian Brothers Prescription Drug Plan HIPAA Privacy Policy

Christian Brothers Services is the program sponsor of the Christian Brothers Prescription Drug Program (the “Program”). The Program is required by law to provide you with a copy of the attached Notice (“Notice”).

THE NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY.

How the Program Will Use Your Information

The Program may use, share or disclose the personal health information it creates, receives or maintains about you (“protected health information” or “PHI”) to pay medical benefits, operate the program or for treatment by a health care provider. In addition, the Program may use or disclose your information in other special circumstances described in the Notice. For any other purpose, the Program will require your written authorization for the use or disclosure of your protected health information.

Your Individual Rights

You have the right to inspect and copy certain of your protected health information, request an amendment of the information, request restrictions on the use and disclosure of the information, request that communications be made to you through alternate means or at an alternative location, and obtain an accounting of the information that the Program has disclosed for reasons other than treatment, payment, health care operations, required or authorized disclosures. There are certain limitations on these rights as explained in the Notice.

Questions and Complaints

You may contact the following person for more information about the Program’s privacy practices, to exercise your rights or to complain about how the Program is handling your protected health information:

Chief Privacy Officer
Christian Brothers Services
1205 Windham Parkway
Romeoville, IL 60446-1679
cpo@cbservices.org
800-807-0100

The attached Notice describes the Program’s privacy practices in more detail.

**NOTICE OF PRIVACY PRACTICES FOR
CHRISTIAN BROTHERS PRESCRIPTION DRUG PROGRAM**

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

1. Why Am I Receiving This Notice?

Christian Brothers Services is the program sponsor of the Christian Brothers Prescription Drug Program (the "Program"), which is subject to the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"). The privacy of your personal health information that is created, used, or disclosed by the Program is protected by HIPAA. The Program is required by law to:

- maintain the privacy of your protected health information ("PHI");
- provide you with this Notice of the Program's legal duties and privacy practices with respect to your PHI; and
- abide by the terms of this Notice.

2. What is PHI?

PHI, or protected health information, is the identifiable health information about you created, received or maintained by the Program, regardless of the form or medium of the information. It does not include employment records held by Christian Brothers Services in its role as employer.

3. How will the Program Use my PHI?

Under HIPAA, the Program must disclose your PHI:

- to you or your legal representative when you ask for information;
- to the U.S. Department of Health and Human Services, if necessary, to make sure your privacy is protected; and
- where otherwise required by law.

The Program, and the individuals who administer the Program, may use, receive or disclose your PHI for treatment, payment or health care operations without obtaining a written authorization from you. These activities cover a broad range of activities, including:

Treatment. The Program may disclose protected health information to your providers for treatment, including the provision of care (diagnosis, cure, etc.) or the coordination or management of that care.

Payment. The Program may use and disclose your protected health information to pay benefits. Payment activities may include receiving claims or bills from your health care providers, processing

payments, sending explanations of benefits (EOBs) to the program member, reviewing the medical necessity of the services rendered, conducting claims appeals and coordinating the payment of benefits between multiple medical plans.

Health Care Operations. The Program may use and disclose your protected health information for program operational purposes. For example, the Program may use or disclose your protected health information for program administration activities such as enrollment, verification to your doctors or hospitals that you are eligible for benefits under the program, disease management programs and other program-related activities, including audits of claims.

The Program may also use and disclose your protected health information to provide information to you about disease management programs, treatment alternatives or other health-related benefits and services that may be of interest to you.

The Program may contract with other businesses for certain program administrative services. The Program may release your health information to one or more of these “business associates” for program administration if the business associate agrees in writing to protect the privacy of your information.

Christian Brothers Services, as the sponsor and administrator of the Program, will also have access to your protected health information for Program administration purposes. Access to your protected health information within Christian Brothers Services will be limited to persons responsible for Program administration.

Unless you authorize the Program otherwise in writing (or the individually identifying data is deleted from the information), your protected health information will be available only to the individuals who need the information to conduct these program administration activities and the release of your PHI will be limited to the minimum disclosure required, unless otherwise permitted or required by law.

4. Under what Circumstances Would My PHI be Released for Other than Program Administration?

The Program is also permitted to use or disclose your protected health information, without obtaining a written authorization from you, in the following circumstances:

- For certain required public health activities (such as reporting disease outbreaks);
- To prevent serious harm to you or other potential victims, where abuse, neglect or domestic violence is involved;
- For health oversight agency for oversight activities authorized by law;
- In the course of any judicial or administrative proceeding in response to a court or administrative tribunal’s order, subpoena, discovery request or other lawful process;
- For a law enforcement purpose to a law enforcement official if certain legal conditions are met (such as providing limited information to locate a missing person);
- For research studies that meet all privacy law requirements (such as research related to the prevention of disease or disability);

- To avert a serious threat to the health or safety of you or any other person; and
- To the extent necessary to comply with laws and regulations related to workers' compensation or similar programs.
- Any other use or disclosure of your protected health information not identified within this Notice will be made only with your written authorization.

5. Does My State Privacy Law Also Apply to PHI?

If your state laws provide more stringent privacy protections than HIPAA, the more stringent state law will still apply to protect your rights. If you have a question about your rights under any particular federal or state law, please contact the Privacy Contact identified in Section 9 below.

6. How Do I Authorize a Release of My PHI?

You will need to complete a written authorization form. An authorization form is available from our website, www.cbsservices.org, or by calling us at 800-807-0100. You have the right to limit the type of information that you authorize the Program to disclose and the persons to whom it should be disclosed. You may revoke your written authorization at any time, and the revocation will be followed to the extent action on the authorization has not yet been taken.

7. What are my Individual Rights With Respect to My PHI?

You have the right to:

Request the Program to restrict its uses and disclosures of your PHI. The Program is not required to agree to a requested restriction. To request a restriction, please write to the Privacy Contact identified in Section 9 below and provide specific information as to the disclosures that you wish to restrict and the reasons for your request. The Program will respond in writing.

Request that the Program's confidential communications of your PHI be sent to another location or by alternative communicative means. For example, you may ask that we send all explanation of benefits statements (EOBs) to your office rather than your home address. The Program is not required to accommodate your request unless your request is reasonable and you state that the Program's ordinary communication process could endanger you.

To inspect and obtain a copy of the PHI held by the Program. However, access to psychotherapy notes, information compiled in reasonable anticipation of, or for use in legal proceedings and under certain other, relatively unusual, circumstances may be denied. Your request should be made in writing. A reasonable fee may be imposed for copying and mailing the requested information.

Request that the Program amend your protected health information or record if you believe the information is incorrect or incomplete.

Receive a list of those individuals or entities who have accessed your PHI for reasons other than for treatment, payment or Program operations or that you have authorized in writing.

Get a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

8. How Do I Make A Complaint If I Think My Rights Have Been Violated?

You may file a complaint with the Program's Privacy Contact and with the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by the Program. Their addresses are set forth in Sections 9 and 10 below. All complaints must be filed in writing. **You will not be retaliated against for filing a complaint.**

9. Who Is the Program's Privacy Contact?

If you have any questions about this Notice, please contact the Program's Privacy Contact:

Chief Privacy Officer

Christian Brothers Services
1205 Windham Parkway
Romeoville, IL 60446-1679
cpo@cbservices.org
800-807-0100

10. How do I contact the federal government if I want to make a complaint or inquiry?

To contact the Secretary of Health and Human Services, write to:

U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll free: 1-877-696-6775
<http://www.hhs.gov/contacts>

11. What is the effective date of this Notice?

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

12. Can this Notice be changed?

The Program reserves the right to change the terms of this Notice and its information practices and to make the new provisions effective for all protected health information it maintains. Any amended Notice will be provided to you.