

NOTICE OF PRIVACY PRACTICES

ARKANSAS BLUE CROSS AND BLUE SHIELD/BLEADVANTAGE ADMINISTRATORS OF ARKANSAS/SKAI BLUE CROSS AND BLUE SHIELD, HEALTH ADVANTAGE, ARKANSAS BLUE MEDICARE and OCTAVE BLUE CROSS AND BLUE SHIELD. THIS NOTICE DESCRIBES HOW CLAIMS OR MEDICAL INFORMATION ABOUT YOU MAY BE USED AND RELEASED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

“Arkansas Blue Cross and Blue Shield” is a business name for USABLE Mutual Insurance Company, which also does business as BlueAdvantage Administrators of Arkansas (“BlueAdvantage”) and Skai Blue Cross and Blue Shield (“Skai Blue”), both of which are third-party administrative services divisions of the company. By law, Arkansas Blue Cross and Blue Shield and its affiliated companies, HMO Partners, Inc., d/b/a Health Advantage; USABLE HMO Inc., d/b/a Arkansas Blue Medicare and d/b/a Octave Blue Cross and Blue Shield (“Octave”); and USABLE PPO Insurance Company, d/b/a Arkansas Blue Medicare Plus (Arkansas Blue Medicare and Arkansas Blue Medicare Plus sometimes referred to herein collectively as “Arkansas Blue Medicare”) are required to protect the privacy of your protected health information (PHI). We also must tell you how your PHI held by us may be used and released (“disclosed”).

Throughout this notice, we will use the name “Arkansas Blue Cross” as a shorthand reference for the divisions and affiliated companies above. Please note that although we are combining this privacy notice for convenient, shorthand reference, and to make it more efficient to inform you about your privacy rights, Arkansas Blue Cross/BlueAdvantage/Skai Blue is a separate company from Health Advantage, Octave and Arkansas Blue Medicare and each company has their own operations, management and compliance responsibilities.

Disclosure of Protected Health Information (PHI)

“Protected health information” (PHI) is health information that is created, collected, maintained, or transmitted by us that relates to an individual’s past, present, or future physical or mental condition, treatment for the condition, or payment for the treatment, and that is protected by law from impermissible disclosures. Legal protections also apply to individually identifiable non-health information stored in the same designated record set as PHI that could identify you.

Arkansas Blue Cross must disclose your PHI to provide information:

- To you or someone who has the legal right to act for you (your personal representative);
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected; and
- Where required by law.

Arkansas Blue Cross has the right to disclose your PHI to evaluate and process your health plan or health insurance claims, enroll and disenroll you and your dependents, and perform related business operations. For example:

- We can use and disclose your PHI to pay or deny your claims, to collect your premiums, or to share your benefit payment or status with another insurer.
- We can use and disclose your PHI for regular healthcare operations, including assessing our business efficiency and outcomes in an effort to continually improve the quality and effectiveness of benefits and services we provide.
- If your employer arranges for your insurance or funds the health plan coverage and serves as plan administrator



and meets the requirements outlined by law to ensure adequate separation between the employer and the health plan itself, we can disclose PHI to the health plan to assist in obtaining coverage, processing a claim, modifying benefits, working to control overall plan costs, and improving service levels.

- We may disclose PHI to business associates who provide contracted services on our behalf. Examples include pharmacy management programs, dental benefits, and a copy service we use when making copies of your health record. Our contracts require these business associates to appropriately protect your information in compliance with applicable privacy and security laws.
- We may disclose PHI to a family member, other relative, close personal friend or any other person you identify that includes health information relevant to that person's involvement in your care or payment related to your care; for example, when your spouse calls to verify a claim was paid, or an adult child inquires about claims for an elderly parent who is unable to address their own health insurance or health plan business.

Arkansas Blue Cross may use or give out your PHI for the following purposes, under limited circumstances:

- To state and federal agencies that have the legal right to receive Arkansas Blue Cross data
- For public health activities (such as reporting disease outbreaks)
- For government healthcare oversight activities (such as fraud and abuse investigations)
- For judicial and administrative proceedings (such as in response to a subpoena, law enforcement agency administrative request or other court order, except that substance use disorder (SUD) records cannot be provided for use in civil, criminal, administrative, and legislative proceedings against you without your specific consent)
- For law enforcement purposes (such as providing limited information to locate a missing person or in response to any federal or state agency administrative request that is authorized by law, except that SUD records cannot be provided for use in civil, criminal, administrative, and legislative proceedings against you without your specific consent)
- For research studies that meet all privacy law requirements (such as research related to the prevention of disease or disability)
- To avoid a serious and imminent threat to health or safety
- To contact you, either directly or through a business associate, using your postal or email addresses, telephone numbers or other personal information, regarding new or changed health plan benefits of Arkansas Blue Cross
- To contact you, either directly or through a business associate, using your postal or email addresses, telephone numbers or other personal information, regarding health care providers participating in our networks, disease management, health education and health promotion, preventive care options, wellness programs, treatment or care coordination or case management activities of Arkansas Blue Cross.

By law, Arkansas Blue Cross must have your written permission (an "authorization") to use or release your PHI for any purpose other than treatment, payment or health care operations or other limited exceptions outlined here or in the Privacy regulation or other applicable law. Once you have given your permission for us to release your PHI you may take it back ("revoke") at any time by giving written notice to us, except if we have already acted based on your original permission. To the extent (if any) that we maintain or receive psychotherapy notes or substance use disorder (SUD) counseling notes about you, most disclosures of these notes require your specific authorization or written consent. In addition, most (but not all) uses and disclosures of medical information for marketing purposes and disclosures that constitute a sale of PHI require your authorization. Once we disclose information to a third-party other than a health care provider, health plan, or other person subject to federal privacy laws, the information may no longer be protected by federal privacy laws, and the recipient may use or redisclose that information for other purposes.

Personal Health Record (PHR)

If you have a health benefit plan issued by Arkansas Blue Cross, Health Advantage, Octave or Arkansas Blue Medicare on or after October 1, 2007, you have a Personal Health Record (PHR). Your PHR contains a summary of claims submitted for services you received while covered by your health benefit plan, as well as non-claims data you choose to enter yourself. Your PHR will continue to exist, even if you discontinue coverage under your health benefit plan. You have access to your PHR through the Arkansas Blue Cross, Health Advantage, Octave or Arkansas Blue Medicare websites. In addition, unless you limit access, your physician and other healthcare providers have access to your PHR. However, certain information that may exist in the claims records is not available to your physician and other healthcare providers automatically.

To protect your privacy, information about treatment for certain sensitive medical conditions, such as HIV/AIDS, sexually transmitted diseases, mental health, drug or alcohol abuse or family planning, will be viewable by you alone unless you choose to make this information available to the medical personnel who treat you. Similarly, non-claims data, such as your medical, family and social history, will only appear in your PHR if you choose to enter it yourself. It is important to note that you have the option to prohibit access to your PHR completely, either by electronically selecting to prohibit access or by sending a written request to prohibit access to the Privacy Office at the address below.

Genetic Information

We are prohibited by law from collecting or using genetic information for purposes of underwriting, setting premiums, determining eligibility for benefits or applying any pre-existing condition exclusion under an insurance policy or health plan. Genetic information means not only genetic tests that you have received, but also any genetic tests of your family members, or any manifestations of a disease or disorder among your family members. Except for pre-existing condition exclusions, we may obtain and use genetic information in making a payment or denial decision or otherwise processing a claim for benefits under your health plan or insurance policy, to the extent that genetic information is relevant to the payment or denial decision or proper processing of your claim.

Special Note on Substance Use Disorder Treatment Records

We cannot use or disclose information about your treatment for substance use disorders (or provide testimony based on such information) for any civil, criminal, administrative, or legislative proceedings against you. Any such disclosure is permitted only with your consent or a special type of court order, for which you must have notice and an opportunity to object, as well as a subpoena, court order, or similar legal mandate.

Your Rights Regarding Information About You

You have the right to:

- See and obtain a copy of your PHI that is contained in a designated record set that was used to make decisions about you.
- Have your PHI amended if you believe that it is wrong, or if information is missing, and Arkansas Blue Cross agrees. If Arkansas Blue Cross disagrees, you may have a statement of your disagreement added to your PHI.
- Receive a listing of those who received your PHI from Arkansas Blue Cross. The listing will not cover your PHI that was released to you or your personal representative, or that was released for payment or healthcare operations, or that was released for law enforcement purposes.
- Ask Arkansas Blue Cross to communicate with you in a different manner or at a different place (for example, by sending your correspondence to a P.O. Box instead of your home address) if you are in danger of personal harm if the information is not kept confidential.
- Ask Arkansas Blue Cross to limit how your PHI is used and released to pay your claims and perform healthcare operations, or to restrict the disclosure of SUD records as otherwise permitted. Please note that Arkansas Blue Cross may not be able to agree to your request.
- Get a separate paper copy of this notice.
- For purposes of obtaining Arkansas Blue Cross' assistance with your application for coverage or associated subsidies through ARHOME (the federal Affordable Care Act Exchange), you have the right in so doing to

request that we limit further collection, creation, disclosure, access, maintenance, storage and use of your personally identifiable information.

Breach Notification

In the event of unauthorized access to or disclosure of your PHI, we will provide you with notification of a breach as required by law or where we otherwise deem such notification appropriate.

To Exercise Your Rights

If you would like to contact Arkansas Blue Cross or any of its divisions or affiliates for further information regarding this notice, or to exercise any of the rights described in this notice, you may do so by contacting Customer Service at the following toll-free telephone numbers:

Arkansas Blue Cross	800-238-8379	Arkansas Blue Medicare	844-463-1088
BlueAdvantage.....	888-872-2531	Octave.....	800-800-4298
Health Advantage	800-843-1329	Skai Blue.....	844-465-5227

You also may access instructions and request forms from our companies' websites:

arkansasbluecross.com

arkbluemedicare.com

skaibluexross.com

blueadvantagearkansas.com

arkansasoctave.com

skaibcbs.com

healthadvantage-hmo.com

Changes to this Notice

We are required by law to abide by the terms of this notice. We reserve the right to change this notice and make the revised or changed notice effective for claims or medical information we already have about you as well as any future information we receive. When we make changes, we will notify you by sending a revised notice to the last known address we have for you or by alternative means allowed by law or regulation. We will post a copy of the current notice on Arkansas Blue Cross, Health Advantage, Octave and Arkansas Blue Medicare websites.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Arkansas Blue Cross by writing to the following address:

Privacy Office

ATTN: Privacy Officer

P.O. Box 3216

Little Rock, AR 72201 Telephone: 866-254-4001

Email: privacyofficeinquiries@arkbluecross.com

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must:

1. be in writing;
2. contain the name of the entity against which the complaint is lodged;
3. describe the relevant problems; and
4. be filed within 180 days of the time you became or should have become aware of the problem.

We will not penalize or in any other way retaliate against you for filing a complaint with the Secretary or with us.

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