

Notice of Privacy Practices

Group Health Plans



Baptist Health
South Florida

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.

(Effective date: October 1, 2016)

When this notice applies:

This notice summarizes the privacy practices of the Baptist Health South Florida Healthcare Flexible Spending Account Plan, the Baptist Health South Florida Wellness Plan, the Baptist Health South Florida Employee Assistance Plan, the Baptist-AvMed Health Plan, the Baptist Health Quality Network Medical Plan and the Baptist-United Health Plan (hereinafter “the Health Plan” or “the Plan”). This notice informs you how the Health Plan may use and disclose health information about you for purposes described in this notice, including disclosures to the Plan sponsor that may be necessary for Health Plan administration purposes. HIPAA privacy rules require the Plan to establish policies and procedures for safeguarding a category of medical information called “protected health information,” received or created in the course of administering the Plan.

This is health information that can be used to identify you and that relates to your physical or mental health condition, the provision of healthcare to you or payment for your healthcare.

This notice applies only to health-related information received by or on behalf of the Plan. If the Plan sponsor obtains your health information in another way — for example, if you are hurt in a work accident or if you provide medical records with your request for leave under the Family and Medical Leave Act — then this notice does not apply, but the Plan sponsor will safeguard that information in accordance with other applicable laws and policies. Similarly, health information obtained in connection with a non-Plan benefit, such as long-term disability or life insurance, is not protected under this notice. This notice also does not apply to information that does not identify you and with respect to which there is no reasonable basis to believe that the information can be used to identify you.

The Health Plan’s obligations:

We have a long-standing commitment to protect the privacy rights of our Health Plan enrollees. In keeping with this commitment, and as required by law, we will:

- Maintain the confidentiality of your health information;
- Notify you of certain breaches of your health information;
- Give you this notice of the Health Plan’s duties and privacy practices regarding your health information; and
- Follow the terms of the Health Plan’s notice of privacy practices that are currently in effect.

How the Health Plan may use and disclose Enrollee Health Information:

The following categories of activities describe the ways that the Health Plan may use and disclose health information that identifies you (“Enrollee Health Information”). Some of the categories include examples, but not every type of use or disclosure included in a category is listed. Except for the purposes described below, the Health Plan will use and disclose Enrollee Health Information only with written permission from you. The Health Plan generally will not use or disclose Enrollee Health Information for marketing purposes in exchange for remuneration, or information that includes psychotherapy notes, unless the Health Plan has received your written permission. The Health Plan will not use or disclose your genetic information for underwriting purposes. If you give the Health Plan permission to use or disclose Enrollee Health Information for a purpose not listed in this notice, you may revoke that permission at any time by sending a written request to the Health Plan’s Chief Privacy Officer at the address listed at the end of this notice.

a) For treatment. The Health Plan may use or disclose Enrollee Health Information to aid in your treatment or to provide or coordinate your healthcare services. The Health Plan may disclose Enrollee Health Information to doctors, nurses, technicians or other personnel. For example, the Health Plan may tell your primary physician about care provided to you by a specialist to provide you with additional services as appropriate for treatment purposes.

b) For payment. The Health Plan may use and disclose Enrollee Health Information so that the Health Plan may make coverage and payment determinations. Such

determinations include, but are not limited to, billing, claims management, subrogation, reimbursements, medical necessity determinations and utilization review determinations. For example, the Health Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Health Plan.

c) For healthcare operations. The Health Plan may use and disclose Enrollee Health Information for healthcare operations, which are administrative activities involved in providing and managing your health benefits. These uses and disclosures are necessary to maintain high-quality care under the Health Plan and for the proper administration of the Plan. For example, the Health Plan may use Enrollee Health Information to review the adequacy and quality of care participants receive, to evaluate the efficiency of the Health Plan's activities or to provide disease management, care coordination and wellness programs to Plan participants.

d) To individuals involved in your care or payment for your care. The Health Plan may disclose Enrollee Health Information to a person, such as a family member or friend, who is involved in your medical care or who helps pay for your care, to the extent you have agreed to such disclosure or failed to object to such disclosure when given an opportunity. The Health Plan also may notify such individuals about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

e) To Health Plan administrators for Health Plan administration functions. The Health Plan may disclose Enrollee Health Information to certain designated entities to which the Health Plan has delegated certain Health Plan administrative functions in connection with these functions. For example, the Health Plan has delegated the administration of the Baptist Healthcare Flexible Spending Account to UnitedHealthcare Insurance Company, and it must disclose to UnitedHealthcare Insurance Company the information that it needs in order to perform these administrative functions.

f) For Research. Under certain circumstances, the Health Plan may use and disclose Enrollee Health Information for research purposes. For example, a research project may involve comparing the health and recovery of all enrollees who received one medication or treatment to those who

received another, for the same condition. Before the Health Plan may use or disclose Enrollee Health Information for research, the project will go through a special approval process. This process evaluates a proposed research project and its use of Enrollee Health Information to balance the benefits of research with the need for privacy of Enrollee Health Information. Even without special approval, the Health Plan may permit researchers to look at records to help them identify enrollees who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Enrollee Health Information with them.

g) Disclosure to Baptist Health South Florida as a Plan sponsor. The Health Plan may disclose Enrollee Health Information to the Health Plan sponsor to the extent necessary to fulfill its administrative functions to the Health Plan. The Plan sponsor cannot use your protected health information obtained from the Plan for any employment-related actions without your written authorization. In addition, the Plan sponsor may use or disclose "summary health information" for purposes of obtaining premium bids or modifying, amending or terminating the Plan. Summary health information is information that summarizes claims history, claims expenses or types of claims experienced by individuals for whom the Plan sponsor provides benefits under the Plan and from which the individual identifying information, except for five-digit ZIP codes, has been deleted. The Plan sponsor also may use or disclose Plan eligibility and enrollment information — for example, for payroll processing.

h) Sharing information with Baptist Health Quality Network, which is a collaboration between Baptist Health and doctors throughout the region. The information shared will be to improve the quality of healthcare and streamline medical services. For more information about Baptist Health Quality Network, please visit BaptistHealthQualityNetwork.net or email BHQN@BaptistHealth.net.

Special Circumstances:

In addition to the above, the Health Plan may use and disclose Enrollee Health Information in the following special circumstances:

a) As required by law. The Health Plan will disclose Enrollee Health Information when required to do so by

international, federal, state or local law.

b) To avert a serious threat to health or safety. The Health Plan may use and disclose Enrollee Health Information when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, will be to someone who may be able to help prevent the threat.

c) Business associates. The Health Plan may disclose Enrollee Health Information to the business associates the Health Plan engages to provide services on its behalf if the information is necessary for such functions or services. For example, the Health Plan may use another company to perform billing services on its behalf. All of the Health Plan's business associates are obligated, under contract with the Health Plan, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in the contract.

d) Organ and tissue donation. If you are an organ donor, the Health Plan may release Enrollee Health Information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

e) HIV test results. If you received an HIV test and did not give us permission to use and disclose the results, the Health Plan will use and disclose the results of HIV tests that identify you only: (1) to provide you with healthcare services (for example, we may tell a specialist about your HIV status so the specialist can treat you); (2) when compiling or reviewing your records as part of routine billing; (3) if necessary to enable us to protect the quality of our services (for example, we may disclose HIV test results to our committees to monitor and evaluate our programs); (4) to child-placing or child-caring agencies, family foster homes, residential facilities or community-based care programs that are directly involved in placement, care, control or custody and have a need to know such information; (5) to a sex or needle-sharing partner in accordance with the law; (6) in accordance with a court order that specifically requires the Health Plan to release HIV test results; and (7) in connection with organ donation.

f) Military and veterans. If you are a member of the armed forces, the Health Plan may release Enrollee Health Information as required by military command authorities. The Health Plan also may release Enrollee Health

Information to the appropriate foreign military authority if you are a member of a foreign military.

g) Workers' compensation. The Health Plan may disclose Enrollee Health Information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

h) Public health risks. The Health Plan may disclose Enrollee Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; track certain products and monitor their use and effectiveness; notify a person who may have been exposed to a disease or who may be at risk for contracting or spreading a disease or condition; and conduct medical surveillance of our facilities in certain limited circumstances concerning workplace illness or injury. The Health Plan also may release Enrollee Health Information to an appropriate government authority if the Health Plan believes an enrollee has been the victim of abuse, neglect or domestic violence; however, the Health Plan will release this information only if the enrollee agrees or when the Health Plan is required or authorized by law.

i) Health oversight activities. The Health Plan may disclose Enrollee Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure of the Health Plan's facilities and providers. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

j) Lawsuits and disputes. If you are involved in a lawsuit or a dispute, the Health Plan may disclose Enrollee Health Information in response to a court or administrative order. The Health Plan also may disclose Enrollee Health Information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

k) Law enforcement. The Health Plan may release Enrollee Health Information if asked by a law enforcement

official for the following reasons: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness or missing person; (3) about the victim of a crime if, under certain limited circumstances, the Health Plan is unable to obtain the person's agreement; (4) about a death the Health Plan believes may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

l) Medical examiners and funeral directors. The Health Plan may release Enrollee Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Health Plan also may release Enrollee Health Information to funeral directors as necessary for their duties.

m) National security and intelligence activities. The Health Plan may release Enrollee Health Information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

n) Protective services for the president and others. The Health Plan may disclose Enrollee Health Information to authorized federal officials so they may provide protection to the president, other authorized persons or foreign heads of state, or to conduct special investigations.

o) Inmates or individuals in custody. In the case of inmates of a correctional institution or individuals who are under the custody of a law enforcement official, the Health Plan may release Enrollee Health Information to the appropriate correctional institution or law enforcement official. This release would be made only if necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your rights:

You have the following rights, subject to certain limitations, regarding Enrollee Health Information that the Health Plan maintains about you:

a) Right to inspect and copy. You have the right to inspect and copy Enrollee Health Information that may be

used to make decisions about your care or payment for your care.

b) Right to amend. If you feel the Enrollee Health Information the Health Plan has is incorrect or incomplete, you may ask the Health Plan to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Health Plan. You must tell us the reason for your request.

c) Right to an accounting of disclosures. You have the right to request an accounting of certain disclosures of Enrollee Health Information that the Health Plan has made.

d) Right to request restrictions. You have the right to request a restriction or limitation on the Enrollee Health Information the Health Plan uses or discloses for treatment, payment or healthcare operations. You have the right to request a limit on the Enrollee Health Information the Health Plan discloses about you to someone who is not involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Health Plan not share information about your surgery with your spouse. The Health Plan is not required to agree to your request. If the Health Plan agrees to your request, the Health Plan will comply with your request unless the Health Plan needs to use the information in certain emergency treatment situations.

e) Right to request confidential communications. You have the right to request that the Health Plan communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that the Health Plan contact you only by mail or at work. Your request must specify how or where you wish to be contacted. The Health Plan will accommodate reasonable requests in which a disclosure of all or part of the Enrollee Health Information could endanger you.

f) Right to a paper copy of this notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at the Baptist Health Internet website, BaptistHealth.net, or on the Baptist Health Intranet.

g) Personal representatives. You may exercise your rights through a personal representative, who will be required by the Plan to produce evidence of his or her authority, under applicable state law, to act on your behalf.

Proof of authority may be made by a notarized power of attorney, a court order of appointment of the person as your legal guardian or conservator, or, if you are the parent, of a minor child. The Plan reserves the right to deny access to your personal representative.

Notice regarding Wellness Program

The Baptist Health Wellness Program is voluntary and available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for glucose and cholesterol. You are not required to complete the HRA or to participate in the biometric screening or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of \$200 for completing the Health Quotient, Nutrition 101 course on BHU, and Health Metrics, which include height and weight, blood pressure, blood glucose and cholesterol. Although you are not required to complete the HRA, Nutrition 101 course or participate in the biometric screening, only employees who do so will receive the \$200.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as: My Unlimited Potential, Weight Watchers, free employee fitness centers, Power Train, Instant Recess, annual employee health fairs, run/swim/bike clubs, online resources such as MyWellnessAdvantage.net, Health information classes, print and electronic newsletters, mini presentations on a variety

of health topics, ask a dietitian to answer your nutrition questions, Pastoral Care, LifeWorks, Back up Care options, support and self-management groups and Families Step Up program. You also are encouraged to share your results or concerns with your own doctor.

Protections from disclosure of medical information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Baptist Health may use aggregate information it collects to design a program based on identified health risks in the workplace, Baptist Health Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. In order to provide you with services under the wellness program, only members of the Wellness Advantage staff (ARNP, RN, EP, RD, physician, health educators and staff) will receive your personally identifiable health information.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records; information stored electronically will be encrypted; and no information you provide as part of the wellness program will be used in making any employment decision. All information collected by Wellness Advantage

is completely confidential and protected under the Health Insurance Portability and Accountability Act (HIPAA). All information is maintained within Wellness Advantage and is not shared with any other department at Baptist Health. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding the wellness program, or about protections against discrimination and retaliation, please contact Maribeth Rouseff, Wellness Advantage assistant vice president, by calling 786-596-4588.

Participation in an organized health care arrangement:

The Wellness Plan, together with Baptist Health subsidiaries, and select healthcare practitioners who are not employed by Baptist Health or its affiliates, but who perform healthcare services at Baptist Health or its affiliate's facilities, are part of an organized health care arrangement. The members of the organized health care arrangement are permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and health care operations. In addition, the members of the organized health care arrangement may share information with the Baptist Health Quality Network, which is a collaboration between Baptist Health and the finest doctors throughout the region — those who meet the highest standards of medical excellence. The Baptist Health Quality Network will use the shared information to provide the members of the organized health care arrangement with certain joint quality improvement activities designed to improve the quality of healthcare and streamline medical services. For more information about the Baptist Health Quality Network, please visit BaptistHealthQualityNetwork.net or email BHQN@BaptistHealth.net. This Notice of Privacy Practices does not cover the information practices of the select healthcare practitioners in their offices or at other care settings. Membership in the organized health care arrangement does not alter the independent status of the members, nor does it create joint responsibility for the clinical services provided by any such members.

How to exercise your rights:

To exercise your rights as described in this notice (other than to obtain a copy of this notice), you must send a request, in writing, to the Health Plan's Chief Privacy Officer at the following address:

Baptist Health South Florida
6855 Red Road, Suite 200
Coral Gables, FL 33143

or email your request to Privacy@BaptistHealth.net.

No other person, including a Human Resources employee, is authorized to accept a request to exercise your rights.

Changes to this notice:

The Health Plan reserves the right to change this notice. The Health Plan reserves the right to make the revised or changed notice effective for Enrollee Health Information the Health Plan already has, as well as any information the Health Plan receives in the future. The Health Plan will post a copy of the current notice on the Baptist Health Internet website, BaptistHealth.net, the Baptist Health Intranet and on various Human Resources bulletin boards where other employee notices are posted. The notice will contain the effective date on the first page, in the top right-hand corner.


Complaints and questions:

If you believe your privacy rights have been violated, you may file a complaint with the Health Plan or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Health Plan, contact the Health Plan's Chief Privacy Officer at the address listed above, or via email at Privacy@BaptistHealth.net. All complaints must be made in writing. You will not be penalized for filing a complaint.

If you have any questions about this notice, please contact the Health Plan's Chief Privacy Officer at 786-596-8850 or toll-free at 866-33-HIPAA (334-4722).

BaptistHealth.net

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