This Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information, please review it carefully.

This Notice of Privacy Practices (the “Notice”) describes the legal obligations of the Council of Independent Colleges in Virginia Benefits Consortium, Inc. Health Plan (the “Plan”) and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as “protected health information,” Generally, protected health information is information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

1. Your past, present, or future physical or mental health or functioning;
2. The provision of health care to you; or
3. The past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or our privacy practices, please contact Tim Klopfenstein, Executive Director/Privacy Officer, Council of Independent Colleges in Virginia Benefits Consortium, Inc., P. O. Box 1005, Bedford, Virginia 24523, (540) 586-1803.

Effective Date
This Notice is effective September 23, 2013 and replaces all prior Notices of Privacy and is intended to comply with HIPAA, HITECH and the 2013 HIPAA Final Rule published January 25, 2013.

Our Responsibilities
We are required by law to:

- Maintain the privacy of your protected health information;
- Provide you with certain rights with respect to your protected health information;
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- Follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new terms effective for any protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices by mail to your last-known address on file or by electronic transmission, if you have agreed to an electronic notice.

How We May Use and Disclose Your Protected Health Information
Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories of uses and disclosures will be made only when we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Note that the use or disclosure of your protected health information in a category will list, however, all of the ways we are permitted to use or disclose this information will fall within one of the categories.

For Treatment.
We may use or disclose your protected health information to facilitate medical treatment or services by providers.

We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

For Payment.
We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment and treatment for the services and treatments you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage.

For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share the information you provide with your plan administrator to coordinate Plan coverage.

For Health Care Operations.
We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities, including peer review, underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for review, legal services, internal services, or services to plan and travel and transportation assistance; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

Treatment Alternatives or Health-Related Benefits and Services.
We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform certain functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information.

For example, we may disclose your protected health information to a Business Associate to process your claims for Plan Benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

As Required by Law.
We will disclose your protected health information information to the extent required by law.

For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors.
For the purpose of administering the plan, we may disclose to certain members of the Consortium protected health information in order to facilitate Plan administration or to perform Plan operations. For example, we may disclose your protected health information to another entity to assist with the coordination or payment of your Plan benefits.

Special Situations
In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information, without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples of possible ways that we might disclose your protected health information. However, all of the ways we are permitted to use or disclose this information will fall within one of the categories.

Organ and Tissue Donation.
If you are an organ donor, we may release your protected health information after your death to organizations that handle organ procurement or organ, eye or tissue transplantation activities. We may also release your protected health information to the appropriate foreign military authority.

Military.
If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers’ Compensation.
We may release your protected health information for workers’ compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers compensation and similar programs that provide benefits for work-related injuries or illness.

Public Health Risks.
We may disclose your protected health information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or products with problems;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease and who is at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe that the health information may be useful in a criminal, civil, administrative, military, or other government investigation.

Lawsuits and Disputes.
If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court order or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or similar process.

- To respond to an administrative order protecting the information requested.

Law Enforcement.
We may disclose your protected health information if asked to do so by a law-enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime, if under certain limited circumstances, we are unable to obtain the victim’s agreement;
- About a death that we believe may be the result of criminal conduct; and
- About criminal conduct.

Coroners, Medical Examiners and Funeral Directors.
We may also release your protected health information to coroners, medical examiners, funeral directors, or other official in post-mortem investigation.

We may release your protected health information, in certain cases, to facilitate medical education.

Care of Deceased Patients.
We may also disclose protected health information, for the following purposes:

- To the next of kin of a deceased patient;
- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person.
- About the victim of a crime, if under certain limited circumstances, we are unable to obtain the victim’s agreement;
- About a death that we believe may be the result of criminal conduct; and
- About criminal conduct.

Care of Deceased Patients.
National Security and Intelligence Activities. We may release your protected health information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or in the custody of a law enforcement agency, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (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.

Research. We may disclose your protected health information to researchers when:

(1) the individual identifiers have been removed; or
(2) a written authorization has been obtained from a institutional review board or a privacy board that has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits. We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when you request, to send you a list or copy of the names and addresses of any other individuals or entities to whom we have made disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Other Disclosures

Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., as long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not provide any information to a personal representative if we have a reasonable belief that:

(1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person; or
(2) treating the individual as your personal representative could endanger you; and
(3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee’s spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee’s spouse and other family members and information on the denial of any Plan benefits to the employee’s spouse and other family members. You have the right to request restrictions or Confidential Communications (see below under “Your Rights”), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychotherapy notes; we will not disclose your protected health information related to marketing; and we will not sell your protected health information, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights

You have the following rights with respect to your protected health information:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used or disclosed to make decisions about your Plan benefits. If the information you request is not readily producible in an electronic form and format, we will provide you a paper copy of the information. For example, if you request a copy of the information, we may charge a reasonable fee for supplies, such as copies of copying, mailing or other supplies associated with your request.

To inspect and copy your protected health information, you must submit your request in writing to Tim Klopfenstein, Executive Director/PRIVACY OFFICIAL, Council of Independent Colleges in Virginia Benefits Consortium, Inc., P. O. Box 1005, Bedford, Virginia 24523.

Your request must state the time period you want the accounting to cover, which may not be longer than six years the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. We will honor all reasonable requests. However, we may not agree to a restriction that (1) would interfere with our ability to carry out treatment, payment, or health care operations; (2) would interfere with payment by your employer or other group health plan for the payment of your health care; or (3) if we reasonably believe that such a restriction would not be in your best interest.

Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and provide a reason that supports your request. We will consider your request and inform you of our decision in writing. If we deny your request, you have the right to have a statement added to your record as a附注 to the information that you want amended.

We may deny your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

• is not part of the medical information kept by or for the Plan;
• is not part of the medical information that could be the subject of restrictions or confidential communications;
• is not part of the information that would be permitted to inspect and copy; or
• is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to Tim Klopfenstein, Executive Director/PRIVACY OFFICIAL, Council of Independent Colleges in Virginia Benefits Consortium, Inc., P. O. Box 1005, Bedford, Virginia 24523. Your request must state the time period you want the accounting to cover, which may not be longer than six years the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Be Notified of a Breach. You have the right to be notified in writing if a Business Associate discovers a breach of unsecured protected health information.

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.

To obtain a paper copy of this notice, contact Tim Klopfenstein, Executive Director/PRIVACY OFFICIAL, Council of Independent Colleges in Virginia Benefits Consortium, Inc., P. O. Box 1005, Bedford, Virginia 24523.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint in writing with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact Tim Klopfenstein, Executive Director/PRIVACY OFFICIAL, Council of Independent Colleges in Virginia Benefits Consortium, Inc., P. O. Box 1005, Bedford, Virginia 24523. (540) 586-1803. All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.