



BlueCross BlueShield
of Texas

HIPAA Notice of Privacy Practices

Blue Cross and Blue Shield of Texas (BCBSTX) needs to give you a HIPAA Notice of Privacy Practices as well as a State Notice of Privacy Practices. The HIPAA Notice of Privacy Practices talks about how BCBSTX can use or give out your protected health information and your rights to that information under federal law. The State Notice of Privacy Practices talks about how BCBSTX can use or give out your nonpublic private financial information and your rights to that data under state law. Please take a few minutes and review these notices. You can go to the Blue Access for MembersSM (BAM) website at www.bcbstx.com to sign up to get these notices by email. Our contact information is found at the end of the notices.

YOUR RIGHTS. When it comes to your health information, you have certain rights.

This section talks about your rights and some of the things we can do to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this by using the contact information at the end of this notice.
- We will give you a copy or outline of your health and claims records within 30 days of the request unless we ask for more time. We may charge a small fee.

Ask us to fix health and claims records

- You can ask us to fix your health and claims records if you think they are not right. Ask us how to do this by using the contact information at the end of this notice.
- We may say “no” to your request to fix your records. We will tell you why in writing within 60 days.

Ask for private communications

- You can ask us to reach you in a certain way or to send mail to another address. Ask us how to do this by using the contact information at the end of this notice.
- We will provide a response to all requests. We will say “yes” if you tell us you would be in danger if we do not.

Ask us what not to use or share

- You can ask us not to share or use certain health information. Ask how to do this by using the contact information at the end of this notice.
- We do not have to agree with your request, and we may say “no” if it would affect your care.

Get a list of those with whom we have shared data

- You can ask us for a list of when we shared your information, who we shared it with and why during the last six years. Ask us how to do this by using the contact information at the end of this notice.
- We will provide this information to you; however, we will not provide you information about your care payment. We will provide you this information one time a year for free – we may charge a small, cost-based fee if you ask again within 12 months.

Get a copy of this notice

- You can ask for a paper copy of this notice at any time, even if you are OK with getting the notice by mail. To get a copy of this notice, use the contact information at the end of this notice and we will send you one.

HIPAA Notice of Privacy Practices, continued

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can also request information and make decisions for you.
- We will make sure that these individuals are allowed to get information about you before we make it available.

File a complaint if you feel your rights are violated

- If you feel we have not done the right thing with your information, you can complain to us. Use the contact information found at the end of the Notice.
- You can also complain to the U.S. Department of Health and Human Services Office for Civil Rights by calling **1-877-696-6775**; or by visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/** or by sending a letter to them at: 200 Independence Ave., SW, Washington, D.C. 20201.
- You have a right to complain and if you complain, we will not hold it against you.

YOUR CHOICES. For certain health information, you can tell us your choices about what we share.

If you know how you want us to share your information in the times described below, tell us and we will follow your orders. Use the contact information at the end of this notice.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a bad situation and help you fix the problem
- Reach you for fundraising efforts

If there is a reason you cannot tell us who we can share information with, we may share it if we believe it is best for you. We may also share information for health or safety reasons.

We never sell or use your information for promotional purposes unless you give us your written OK.

INFORMATION USE AND SHARING. How do we use or share your health information?

We use or share your health information in the following ways.

Help you with the health care treatment you get

- We can use your health information and share it with doctors or health staff who treat you.
Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange more services.

Run our operations

- We can use and give out your information to support and improve our operations.
Example: We use health information to create better services for you.

We cannot use your genetic information to decide whether we will give you care except for long-term care plans.

Pay for your health services

- We can use and give out your health information to your health plan sponsor for plan administration purposes.
Example: We share information about you with your dental plan to make a payment for your dental work.

Administer your plan

- We may give out your health information to your health plan sponsor for plan administration purposes.
Example: We may provide certain information to the sponsor of your health plan to explain how we charge for our services.

How else can we use or share your health information?

We also can share your information in order to help the public good; for example, public health and research. We have to meet many laws before we can share your information for these reasons. For more information go to: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

- We can share your health data in order to:
 - Stop diseases
 - Help with product recalls
 - Show bad reactions to drug
 - Show suspected harm, neglect or home violence
 - Stop or lessen a threat to someone's health or safety

Do research

- We can use or share your information for health research.

Follow the law

- We share information about you when a state or federal law says we have to; for example, we may share information with the Department of Health and Human Services so that they can check to see that we follow privacy laws.

Answer organ/tissue donation requests and work with certain experts

- We can share your health information with an organization that helps with organ or tissue donation.
- We can share your information with a medical examiner, coroner or funeral director.

Address workers' compensation, police, and other government requests

- We can use or share your health information:
 - For workers' compensation claims
 - For police purposes or with a law enforcement official
 - With health oversight firms for activities approved by law
 - For special government functions such as military, national security, and presidential protective services or with prisons regarding inmates.

Answer to lawsuits and legal actions

- We can share your information in response to a court order, or in response to a request to show up in court.

Certain health information

- State laws may ask us to be extra careful with information about certain health conditions or diseases. For example, the law may stop us from sharing or using data about HIV/AIDS, mental health, alcohol or drug abuse and genetic data without your OK. In these situations, we follow what state law says.

OUR DUTIES. When it comes to your information, we have certain duties.

- We must keep your health information safe and secure.
- We must let you know if your information has been shared or used by someone that could have a bad effect on you.
- We must follow the privacy practices that are described in this notice and make sure that you can get a copy of the notice.
- We will not use or share your information except as described here unless you tell us we can in writing.

You may change your mind at any time. Let us know in writing if you change your mind.

For more information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

HIPAA Notice of Privacy Practices, continued

STATE NOTICE OF PRIVACY PRACTICES – Effective 9/23/13

Blue Cross and Blue Shield of Texas (BCBSTX) collects nonpublic private information about you from your health plan, your health care claims, your payment information and other types of reporting firms. BCBSTX agrees to:

- Not give out your information even if you stop being a customer to any non-affiliated third parties except with your OK or according to the law.
- Limit the workers that can see your information to those that perform jobs needed to run our business and give care to our customers.
- Have security and privacy practices that protects your information from unauthorized use.
- Use your information only to process your claims, to bill you and to provide you with customer service.
- Use your information according to the law.

BCBSTX is able to share your information with certain third parties who either perform jobs or services for us. Here are some examples of third parties that we can share your data with:

- Our affiliates
- Clinical and other business partners that offer services on our behalf
- Insurance brokers or agents, financial services firms, stop-loss carriers
- Regulatory and other governmental groups including the police
- Your group health plan

You have a right to ask us what nonpublic financial information we have about you and ask for a copy of this information.

CHANGES TO THESE NOTICES

We have the right to change the terms of these notices, and the changes we make will apply to all the information we have about you. If we make changes, the law requires that we mail you a copy of this notice.

CONTACT INFORMATION

You can get a copy of the notice at any time by:

1. Going to the website at http://www.bcbstx.com/important_info/index.html or
2. Calling us at the toll-free number found on the back of your ID card.

If you have any questions about your rights or these notices, contact us in one of these ways:

1. Call us at **1-877-361-7594** or
2. Write us at Privacy Office
Divisional Vice President
Blue Cross and Blue Shield of Texas
P.O. Box 804836
Chicago, IL 60680-4110

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association