

# Notice of Privacy Practices

You are receiving this Privacy Notice because you are enrolled in one of the Valassis sponsored health plans identified below (The Plans). Effective April 14, 2003, the law requires the Plans to put in place reasonable measures that protect the privacy of the individually identifiable health information that your Plans transmit or maintain. This health information is considered protected health information. Throughout this notice, "protected health information" is abbreviated as "PHI." The law also requires your Plans to give you this notice of its legal duties and privacy practices related to your protected health information. This notice is for informational purposes – you are not required to take any action as a result of this notice.

## **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.**

This Notice applies to the following health plans, all of which are sponsored by Valassis

- Blue Cross Blue Shield of Michigan (Preferred Provider Organization, PPO, Prescription Drug Coverage)
- WageWorks, Flexible Spending Accounts, FSA
- Employee Assistance Program provided through Ceridian LifeWorks

If you have any questions about this notice, or, to exercise any of the rights described in this notice, please contact the Privacy Officer listed at the end of this notice.

The Plans reserve the right to change their privacy practices and to apply the new practices to all PHI that The Plans maintain. If The Plans make a material change to their privacy practices, The Plans will provide you a revised notice within sixty (60) days of that material change.

### **A. RIGHTS OF THE PLANS TO USE AND/OR DISCLOSE PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION.**

The Plans are permitted by law to use and/or disclose your PHI in certain ways. These are described below with examples of permitted uses. This notice does not list every permitted use or disclosure the Plans may make. However, all the ways The Plans are permitted to use or disclose PHI will fall within one of the categories listed below:

1. **Treatment** – to provide you with treatment and to coordinate or manage your health care, although it is more likely health care provider would receive your PHI from another health care provider than from the Plans. *For Example*, if your Primary Care Physician (PCP) or your treating medical provider refers you to a specialist for treatment, the Plans can disclose your PHI so the specialist to whom you have been referred can become familiar with your medical condition, prior diagnosis and treatment, and prognosis.
2. **Payment** – for any reason related to payment for your medical treatment and/or services including, but not limited to, making determinations of eligibility or coverage, and to certain other persons or companies that perform services related to payment. *For Example*, the Plans may inform your doctor of your eligibility for medical coverage.
3. **Health Care Operations** – to support the Plans' operations and to certain other persons or companies that perform services related to the Plans' health care operations. *For Example*, it may use your PHI to conduct quality assessment and improvement activities, to obtain reinsurance for health care claims, or to refer you to a disease management program.
4. **Treatment Alternatives** – to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. *For Example*, the Plans may use your PHI to contact you regarding participation in an asthma management program.
5. **Business Associates of the Health Plans** – The Plans may disclose PHI to a Business Associate (BA) of the Plans, if a valid Business Associate Agreement is in place between the Business Associate and The Plans. A Business Associate is an entity that performs a function on behalf of The Plans and that uses PHI in doing so, or provides services to The Plans such as legal, actuarial, accounting, consulting or administrative services. Examples of Business Associates include The Plans' Third-Party Administrator (TPA) and broker.
6. **Where Required by Law or Requested as Part of a Regulatory or Legal Proceeding** – The Plans may disclose PHI as required by law or when requested as part of a regulatory or legal proceeding. For example, The Plans may disclose medical information to a subpoena, or as necessary to comply with Worker's Compensation laws.
7. **For Public Health Activities or to avert a Serious Threat to Health or Safety** – The Plans may disclose PHI to public health authorities for purposes such as, preventing or controlling diseases, injury or disability; reporting

abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration on products and reactions to medications; and reporting disease or infection exposure.

8. **For Law Enforcement or Specific Government Functions** – The Plans may disclose PHI to law enforcement personnel for purposes such as identifying or locating a suspect, fugitive, material witness or missing person; complying with a court order or subpoena; and other law enforcement purposes.

Other uses and disclosures will be made only with your written authorization or that of your legal representative, and you may revoke such authorization as provided by section 164.508(b)(5) of the Privacy Rule. Any disclosures that were made when your Authorization was in effect will not be taken back.

## **B. OBLIGATIONS OF THE HEALTH PLANS TO USE AND/OR DISCLOSE PROTECTED HEALTH INFORMATION**

The Plans are required to use and/or disclose your PHI:

1. To you when you exercise your right of access and/or right to an accounting (see Section “C” below), and
2. To the Secretary of the U.S. Department of Health and Human Services for an investigation and/or a determination of The Plans’ compliance with federal privacy law.

## **C. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

1. **Right of Access** – You have the right to inspect and copy your PHI that The Plans maintain, as provided by section 164.524 of the Privacy Regulations. To exercise this right, you must submit your request in writing to the contact listed at the end of this notice. The Plans may charge a reasonable fee for producing and mailing copies and in certain cases, may deny the request.
2. **Right to Amend** – You have the right to request that The Plans amend your PHI that you feel is incorrect, as provided by section 164.526 of the Privacy Regulations. Your request must be in writing and must include the reason for the request. The Plans may deny your request for an amendment but must respond to you in either case.
3. **Right to an Accounting of Disclosures** – You have the right to receive an accounting of disclosures of your PHI made by The Plans, as provided by section 164.528 of the Privacy regulations. However, this list of disclosures will not include disclosures made (i) to carry out treatment, payment and/or health care operations, or (ii) for national security, law enforcement, or to corrections personnel or (iii) with your authorization, or (iv) to you, or (v) prior to April 14, 2003. You must submit your request for a list in writing to the contact listed at the end of this notice. Please note the time period for which you want an accounting, and the format in which you wish to receive it (e.g., paper or electronically). Note that The Plans will not account for disclosures made more than six years prior to your request, or for disclosures made before HIPAA became effective for The Plans (April 14, 2003). The Plans will provide one accounting of disclosures free of charge once every twelve months.
4. **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of PHI, as provided by section 164.522(a) of the Privacy regulations (although the Plans are not required to agree to a requested restriction). To do so, you must submit a written request to the contact listed at the end of this notice.
5. **Right to Request Confidential Communications** – You have the right to request that you receive communications of your PHI from The Plans by alternative means or at alternative locations, as provided by section 164.522(b) of the Privacy regulations. You must submit your request in writing to the contact listed at the end of this notice.
6. **Right to a Paper Copy of This Notice** – You have the right to receive a paper copy of this notice upon request to the Plans, even if you have previously agreed to receive this notice electronically. You may also obtain a copy of this notice at [www.valassisbenefits.com](http://www.valassisbenefits.com).

## **D. GRIEVANCE PROCEDURES**

If you believe your PHI has been impermissibly used or disclosed, or that your privacy rights have been violated, you may file a complaint with The Plans or with the Secretary of the U.S. Department of Health and Human Services (“DHHS”). To file a complaint with The Plan, contact: Director, Benefits, 1 Targeting Way, Windsor, CT 06095, (800) 559-2386. To file a complaint with DHHS, mail your complaint to: Secretary of the U.S. Department Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201. You must submit all complaints in writing. The Health Plan will not retaliate against you for filing a complaint.

March, 2006