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.

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

If you have any questions about this Notice or about 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.

Council of Independent Colleges in Virginia Benefits Consortium, Inc. Health Plan

NOTICE OF PRIVACY PRACTICES

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;
• Use or disclose your protected health information in ways that are permitted or required by law.
• 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 Notice provisions regulating the use and disclosure of your 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 describe other ways that 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. Not all of the possible ways that we may use or disclose your protected health 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 for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan benefits. For example, we may use your health care provider or 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 your protected health information with a third party to help process your claims for Plan benefits.

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; underwriting, premium rating, and other similar business planning and development activities; and business management and general Plan administrative activities.

We will not use or disclose 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 to perform various functions on your 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, transm, 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 assist with the Plan's benefits, 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 as required by federal, state, or local 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 or safety, or the health and safety of the public, or to report births and deaths.

To Prevent or Control Disease. We may disclose your protected health information as required by law to prevent or control disease, injury or disability.

To Plan Sponsors. For the purpose of administering the plan, we may disclose certain members of the Consortium protected health information to Plan sponsors, to help them understand that part of the Plan and to allow other parties to understand that part of the Plan and to allow other parties to understand that part of the Plan.

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. Not all of the possible uses or disclosures 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, for the purpose of determining organ or tissue donation.

Military. If you are a member of the armed forces, we may release your protected health information to 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 problems with products;
• To notify people of recalls of products they may be using;
• To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
• To notify the appropriate government authority if we believe that the information indicates a death due to abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

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 to a person who may have the right to know the information because they are involved in a legal dispute about your payment for health care services, unless you or an authorized representative have authorized us not to disclose for these purposes.

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 release information to a coroner, medical examiner, funeral director, or other person authorized by law to make funeral arrangements or to determine the cause of death. We may also release medical information to a person at your funeral, as necessary to carry out their duties.

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Sponsors 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. To request an accounting, you must provide written request for Restrictions or Confidential Communications (see below under “Your Rights”), 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 or sell your protected health information for 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 on 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 to make decisions about your Plan benefits. If the information you request is contained in an electronic format for which we have not otherwise provided, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

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. If you request a copy of the information, we may charge a reasonable fee for the cost of supplies used, such as for copies of copies, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. For example, if you are denied access to your medical information, we may request that the denial be reviewed by submitting a written request to Tim Klopfenstein, Executive Director/Privacy Official, Council of Independent Colleges in Virginia Benefits Consortium, Inc., P. O. Box 1005, Bedford, Virginia 24523.

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 submitted to 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. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment 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 that:

• is not part of the medical information kept by or for the Plan;
• was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
• is not part of the information that you would be permitted to inspect and copy;
• is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us. If we deny your request, you also have the right to request that we include a statement in your medical record explaining the reason for our denial and to have that statement be provided to you.

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 and intelligence activities; and (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, on a paper copy, electronically, or by fax). We will provide the accounting to you in the format you request, unless we are unable to provide the information in the form and format you request. In that case, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

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. You also have the right to request a restriction on your protected health information that is not otherwise permitted to be disclosed, for example, the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of determining eligibility to receive benefits under the Plan, or for purposes of carrying out treatment; and (2) the protected health information contains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

To request restrictions, you must make 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, (540) 586-1803. In your request, you must tell us (1) what information you want to limit; (2) whether you want the restriction on use, disclosure, or both; and (3) when you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make 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, (540) 586-1803. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of your 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 your privacy rights have been violated, you may file a complaint 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.