



# Privacy Practices Notice

Effective 9/23/13

Blue Cross and Blue Shield of Illinois (BCBSIL) needs to give you a HIPAA Notice of Privacy Practices and a state Privacy Practices Notice. The HIPAA notice talks about how BCBSIL can use or give out your protected health information (PHI) and your rights to that information. The state notice talks about how we can use or give out your nonpublic private financial information and your rights to that data. Please take a few minutes and review these notices. You can go to <https://www.bcbsil.com/bcchp/legal-privacy/hipaa.html> to get a copy. Our contact information is at the end of this notice.

## HIPAA NOTICE OF PRIVACY PRACTICES

### **YOUR RIGHTS. When it comes to your PHI, 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 PHI we have about you. Use the contact information at the end of this notice to ask us how.
- 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.

### **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. Use the contact information at the end of this notice to ask us how.
- 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. Use the contact information at the end of this notice to ask us how.
- 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 PHI. Use the contact information at the end of this notice to ask us how.
- We do not have to agree with your request. 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. Use the contact information at the end of this notice to ask us how.
- We will provide this information to you. However, we will not provide you information about payment for your care. We will provide this information one time a year for free. We may charge a small, cost-based fee if you ask again within 12 months.

# Privacy Practices Notice continued

## 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. We will send one to you.

## 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 at the end of this 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 <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html> or by sending a letter to them at: 200 Independence Ave., SW, Washington, D.C. 20201.
- You have a right to complain. If you complain, we will not hold it against you.

## **YOUR CHOICES. For certain PHI, 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 PHI?**

We use or share your PHI in the following ways.

### **Help you with the health care treatment you get**

- We can use your PHI 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 PHI 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 PHI 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 PHI 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 PHI?

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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

### Help with public health and safety issues

- We can share your health data for times such as:
  - 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 must. 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 PHI 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 PHI:
  - 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 PHI

- 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 PHI 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 do.

For more information: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

# Privacy Practices Notice continued

## STATE PRIVACY PRACTICES NOTICE

BCBSIL collects nonpublic private information about you from your health plan, your health care claims, your payment information and other types of reporting firms. BCBSIL 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.

BCBSIL 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. You have the right to ask for a copy of this information.

## CHANGES TO THESE NOTICES

We have the right to change the terms of these notices. 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 this notice at any time by:

1. Going to the website at [http://www.bcbsil.com/important\\_info/index.html](http://www.bcbsil.com/important_info/index.html) or
2. Calling us at the toll-free number 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 Illinois  
P.O. Box 804836  
Chicago, IL 60680-4110

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

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To ask for supportive aids and services, or materials in other formats and languages for free, please call,  
1-877-860-2837 TTY/TDD:711.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35<sup>th</sup> floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, [Civilrightscoordinator@hsc.net](mailto:Civilrightscoordinator@hsc.net). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-877-860-2837 (TTY/TDD: 711)**.

**Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-860-2837 (TTY/TDD: 711)**.

**繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-860-2837 (TTY/TDD: 711)**。

**Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-860-2837 (TTY/TDD: 711)**.

**Français (French):** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-860-2837 (ATS : 711)**.

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-860-2837 (TTY/TDD: 711)**.

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-860-2837 (TTY/TDD: 711)**.

**한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-860-2837 (TTY/TDD: 711)**번으로 전화해 주십시오.

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-860-2837 (телетайп: 711)**.

**العربية (Arabic):**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-778-068-7382 (رقم هاتف الصم والبكم: 117).

**हिंदी (Hindi):** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-877-860-2837 (TTY/TDD: 711)** पर कॉल करें।

**Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-860-2837 (TTY/TDD: 711)**.

**ગુજરાતી (Gujarati):** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-877-860-2837 (TTY/TDD: 711)**.

**اُردُو (Urdu):** کریں کال - ہیں دستیاب میں مفت خدمات کی مدد کی زبان کو آپ تو، ہیں بولتے اردو آپ اگر: خبردار **1-877-860-2837 (TTY/TDD: 711)**.

**Polski (Polish):** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-860-2837 (TTY/TDD: 711)**.

**ἑλληνικά (Greek):** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-877-860-2837 (TTY/TDD: 711)**.