

## **CBIA Service Corporation Privacy and Security 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.**

### **I. Background Information and Effective Date**

The Department of Health and Human Services published a final regulation addressing the privacy of Protected Health Information (as defined in Section III below) in August of 2002 (the "Privacy Rule"). This Notice, which complies with the Privacy Rule, is effective on the Effective Date.

### **II. Entity on Behalf of Which this Notice is Being Provided**

This Notice is being provided on behalf of CBIA Service Corporation, since your employer participates in the CBIA Health Connections program for its employee benefits. Please note that the insurance company or administrator that insures or administers your health plan may provide you with a separate notice that describes their use and disclosure of your Protected Health Information.

### **III. Health Information to which this Notice Applies**

This Notice applies to "Protected Health Information," which is defined as any written, oral or electronic health information that meets the following three requirements:

- The information is created or received by the CBIA Service Corporation.
- The information includes specific identifiers that identify you or could be used to identify you.
- The information relates to one of the following:
  - Providing health care to you or any individual covered under your plan
  - Past, present or future physical or mental condition, or
  - Past, present or future payment for your health care.

This includes any of the following documentation, if the documentation reveals your identity and your health status or payment issues: any health statements and insurance payment information (such as payment and eligibility documentation). You will not be asked for any information related to genetic services or genetic diseases for which you or a family member may be at risk.

### **IV. Uses and Disclosures of Protected Health Information by CBIA Service Corporation**

CBIA Service Corporation may use or disclose your Protected Health Information to make payment for, or to obtain or facilitate payment of, your health care and claims. Payment for health care includes such activities as: making eligibility or coverage determinations, claims management or adjudication, claims appeals determinations, coordination of benefits with another health plan, disclosure to consumer reporting agencies, obtaining payment under a contract of reinsurance, collection activities and for certain other specified purposes. CBIA Service Corporation has established a policy to guard against unnecessary uses and disclosures of your Protected Health Information. The purposes for which your Protected Health Information may be used and disclosed by CBIA Service Corporation may be summarized as follows:

#### **A. To Make or Obtain Payment for Health Care**

CBIA Service Corporation may use or disclose your Protected Health Information to make payment for, or to obtain or facilitate payment of, your health care and claims. Payment for health care includes such activities as: making eligibility or coverage determinations, claims management or adjudication, claims appeals determinations, coordination of benefits with another health plan, disclosure to consumer

reporting agencies, obtaining payment under a contract of reinsurance, collection activities and for certain other specified purposes. CBIA Service Corporation has established a policy to guard against unnecessary uses and disclosures of your Protected Health Information.

#### **B. To Conduct Health Care Operations**

CBIA Service Corporation may use or disclose your Protected Health Information to facilitate the administration and operation of CBIA Service Corporation. Health care operations include such activities as: auditing, legal services, underwriting and rating, fraud and abuse detection, and activities relating to the creation, renewal, or replacement of a health care contract.

#### **C. For Distribution of Health-Related Benefits and Services**

CBIA Service Corporation may use or disclose your Protected Health Information to provide you with information about other health-related benefits or services that may be of interest to you.

#### **D. To Assist CBIA Service Corporation in administration and Your Employer as Plan Sponsor**

Your Protected Health Information may be disclosed by your employer, or another third party (such as your health insurance carrier, medical provider or Business Associate) to CBIA Service Corporation to assist CBIA Service Corporation in the performance of administrative functions. CBIA Service Corporation may provide summary health information to your employer, as plan sponsor, so that your employer may obtain quotes, modify, amend, or terminate its plan. Summary health information does not directly identify you, but summarizes your claims history, claims expenses, or types of claims experienced. Finally, CBIA Service Corporation may disclose your enrollment and disenrollment information to your employer as plan sponsor.

#### **E. When Legally Required**

CBIA Service Corporation may disclose your Protected Health Information when required to do so by any federal, state or local law. Disclosure of your Protected Health Information may also be required by the Secretary of the Department of Health and Human Services to investigate or determine CBIA's compliance with the privacy regulations.

#### **F. In Connection With Judicial and Administrative Proceedings**

CBIA Service Corporation may disclose your Protected Health Information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by the order. CBIA Service Corporation also may disclose your Protected Health Information in the course of any judicial or administrative proceeding in response to a subpoena, discovery request, or other lawful process, but only when CBIA Service Corporation receives satisfactory assurance from the party seeking the Protected Health Information that the party made reasonable efforts to either notify you about the request or to obtain an order protecting your Protected Health Information.

#### **G. For Law Enforcement Purposes**

CBIA Service Corporation may disclose your Protected Health Information to a law enforcement official for certain law enforcement purposes. For example, CBIA Service Corporation may disclose your Protected Health Information pursuant to a law requiring the reporting of certain types of wounds or other physical injuries.

#### **H. For Health Oversight Activities**

CBIA Service Corporation may disclose your Protected Health Information to a health oversight agency for health oversight activities authorized by law, including audits, civil, administrative or criminal investigations, inspections, licensure or disciplinary actions, civil, administrative or criminal proceedings or actions or other activities necessary for appropriate oversight of the health care system, certain

government benefit programs, certain entities subject to government regulatory programs, or certain entities subject to civil rights laws. CBIA Service Corporation may not disclose your Protected Health Information if you are the subject of an investigation and the investigation does not arise out of and is not directly related to your receipt of health care or public benefits.

**I. In the Event of a Serious Threat to Health or Safety**

Under certain circumstances, CBIA Service Corporation may, consistent with applicable law and standards of ethical conduct, use or disclose your Protected Health Information if CBIA Service Corporation, in good faith, believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or to the health or safety of the public.

**J. For Specified Government Functions**

Under certain circumstances, CBIA Service Corporation may use or disclose your Protected Health Information to facilitate specified government functions related to: the military and veterans, national security and intelligence activities, protective services for the President and others, or correctional institutions and inmates.

**K. For Public Health Activities**

CBIA Service Corporation may disclose your Protected Health Information for public health activities, such as to assist public health authorities or other legal authorities to prevent or control disease, injury, or disability or for other public health activities as specified in the Privacy Rule.

**L. For Disaster Relief Purposes**

Under certain circumstances, CBIA Service Corporation may use or disclose your Protected Health Information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

**M. In Connection with Decedents**

CBIA Service Corporation may disclose your Protected Health Information to funeral directors or coroners to enable them to carry out their lawful duties. Your Protected Health Information may also be disclosed to an administrator, executor or other individual authorized by law.

**N. For Workers' Compensation Purposes**

CBIA Service Corporation may disclose your Protected Health Information to the extent necessary to comply with laws related to workers' compensation or similar programs established by law that provide benefits for work-related injuries or illnesses without regard to fault.

**O. To Assist Victims of Abuse, Neglect or Domestic Violence**

CBIA Service Corporation may, under certain circumstances, disclose Protected Health Information about individuals who are reasonably believed to be a victim of abuse, neglect or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive such reports.

**P. For Cadaveric Organ, Eye or Tissue Donation**

CBIA Service Corporation may use or disclose Protected Health Information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes or tissue for the purpose of facilitating organ, eye, or tissue donation and transplantation.

**Q. For Certain Government-Approved Research Activities**

CBIA Service Corporation may use or disclose Protected Health Information about you for research as provided under the Privacy Rule.

#### **R. To Parents or Legal Guardians**

If you are a minor and have a parent or legal guardian your Personal Health Information may be disclosed as permitted or required by law.

#### **S. To Covered Entities**

CBIA Service Corporation may disclose Protected Health Information to health care designated health insurers and healthcare plans to assist them in connection with your health care coverage. In addition, CBIA Service Corporation may disclose Protected Health Information to other entities subject to the Privacy Rule to assist them with their payment activities or certain of their health care operations. For example, CBIA Service Corporation might disclose your Protected Health Information to a health care insurer or health care plan to enroll, disenroll or renew enrollment in a health plan.

#### **T. With An Authorization**

Other than as stated above, CBIA Service Corporation will not use or disclose your Protected Health Information without your written authorization. If you authorize CBIA Service Corporation to use or disclose your Protected Health Information, you may revoke that authorization in writing at any time. If you revoke the authorization, CBIA Service Corporation will no longer use or disclose your Protected Health Information for the reasons covered by your written authorization. CBIA Service Corporation cannot take back any uses or disclosures it has already made with your authorization prior to the date CBIA Service Corporation receives notice of the revocation.

#### **U. To Healthcare Data Aggregators**

CBIA Service Corporation may disclose Protected Health Information to various entities that process and analyze such data in an effort to determine healthcare cost constituents and to create strategies to reduce their cost impacts. Such Protected Health Information will be de-identified and aggregated to protect you and your family members.

### **V. Your Rights Regarding Your Protected Health Information**

You have the following rights regarding the Protected Health Information retained by CBIA Service Corporation:

#### **A. Right to Request Restrictions**

You have the right to request that CBIA Service Corporation restrict:

- Uses and disclosures of your Protected Health Information to carry out Payment or Health Care Operations
- Certain uses and disclosures for disaster relief and other notification purposes and for involvement in your care
- Information given to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care

If you make a request to CBIA Service Corporation for a restriction as described above, CBIA Service Corporation is not required to agree to such a restriction.

If you wish to make a request for a restriction, please make a request in writing to the person designated in paragraph IX below. Your request should include the following: (1) what uses and/or disclosures you want to limit; and (2) to whom you want the restriction to apply (for example, disclosures to your spouse).

CBIA Service Corporation also has the right to terminate the restriction if: (1) you agree or request the termination or (2) if we terminate the agreement unilaterally and provide you advance notice.

#### **B. Right to Receive Confidential Communications**

You have the right to request that CBIA Service Corporation communicate with you in a certain way if you feel that the disclosure of your Protected Health Information could endanger you. For example, you may ask that CBIA Service Corporation only communicate with you at a certain telephone number or by e-mail. If you wish to receive confidential communications, please make your request in writing to the person designated in paragraph IX below. Your request should include the following: (1) an alternative address or other means of contacting you; and (2) a statement that the disclosure of all or part of the Protected Health Information to which the request pertains could endanger you. CBIA Service Corporation will attempt to accommodate any reasonable requests for confidential communications.

CBIA Service Corporation has the right to terminate the restriction if: (1) you agree or request the termination or (2) if we terminate the agreement unilaterally and provide you advance notice.

#### **C. Right to Inspect and Copy**

In general, you have the right to inspect and obtain a copy of your Protected Health Information. A request to inspect or obtain a copy of your Protected Health Information must be made in writing to the person designated in paragraph IX below and must include: (1) the desired form or format of access; (2) a description of the Protected Health Information to which the request applies; and (3) appropriate contact information. If you request a copy of your Protected Health Information, you may be charged a reasonable fee for the costs of copying, postage, and other supplies associated with your request.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. CBIA Service Corporation is allowed a single 30 day extension of time if unable to comply with the deadline.

Under very limited circumstances, your request to inspect or obtain a copy of your Protected Health Information may be denied. In most cases, if your request is denied, you may request a review of the denial in accordance with the privacy complaint procedure, a copy of which can be obtained from the person at the address in paragraph IX below.

#### **D. Right to Amend**

If you believe that the Protected Health Information CBIA Service Corporation has about you is inaccurate or incomplete you may ask CBIA Service Corporation to amend that Protected Health Information. You have the right to request an amendment for as long as the Protected Health Information is kept by CBIA Service Corporation.

A request to amend your Protected Health Information must be made in writing to the person designated in paragraph IX below. The request to amend must include a description of the amendment requested and a reason to support the request.

Your Protected Health Information will be amended within 60 days of receiving your request. CBIA Service Corporation is allowed a single 30 day extension of time if unable to comply with the deadline.

Your request for an amendment may be denied if you request an amendment of Protected Health Information that CBIA Service Corporation determines: (1) was not created by CBIA Service Corporation, unless the originator of the Protected Health Information is no longer available to make the amendment;

(2) is not part of CBIA Service Corporation's records; (3) is not Protected Health Information that you would be permitted to inspect or copy; or (4) is accurate and complete.

If your request is denied, you may request a review of the denial in accordance with the privacy complaint procedure, a copy of which can be obtained from the person at the address in paragraph IX below.

#### **E. Right to an Accounting of Disclosures**

You have a right to request a list of the disclosures made by CBIA Service Corporation of your Protected Health Information. The list will not include the following types of disclosures: (1) disclosures to you of your own Protected Health Information; (2) disclosures for purposes of Payment and Health Care Operations; (3) disclosures you authorize; (4) certain disclosures to persons involved in your care for disaster relief or other notification purposes; (5) disclosures for national security, intelligence, or law enforcement purposes; (6) disclosures that are part of a limited data set, as defined in the Privacy Rule; or (7) disclosures that are incident to a use or disclosure otherwise permitted or required by the Privacy Rule.

A request for an accounting must be made in writing to the person designated in paragraph IX below. The request must specify the time period for which you are requesting the accounting. The time period for which you request an accounting may not start earlier than the April 14, 2003 Effective Date of the Privacy Rule and may not be for a period of time going back more than six (6) years. The first accounting you request within a 12-month period will be free of charge. For additional accountings within that same 12-month period, you may be charged a reasonable fee for the costs of providing the accounting. You will be notified in advance of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

#### **F. Right to Receive a Paper Copy of this Notice**

You have the right to request and receive a paper copy of this Notice at any time, even if you received this Notice previously or agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact the person designated in paragraph IX below.

### **VI. Other Obligations of CBIA Service Corporation**

In addition to the other obligations set forth in this Notice, CBIA Service Corporation shall:

- Maintain the privacy of your Protected Health Information in a manner consistent with the Privacy Rule;
- Provide you with this Notice of its legal duties and privacy practices with respect to your Protected Health Information upon your request; and
- Abide by the terms of this Notice.

### **VII. Security**

CBIA uses appropriate safeguards to prevent use or disclosure of Protected Health Information other than as provided for by this notice. CBIA implements administrative, physical, and technical safeguards (including written policies and procedures) that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic Protected Health Information that CBIA creates, receives, maintains, or transmits as required by the Security Rule.

### **VIII. Changes to this Notice**

CBIA Service Corporation reserves the right to change this Notice and to make the revised or changed Notice effective for Protected Health Information CBIA Service Corporation already has about you, as well as for any such information received in the future. If CBIA Service Corporation changes any of their privacy or security policies and procedures, CBIA Service Corporation will revise this Notice and will provide a copy of the revised Notice to you upon your request.

**IX. Contact Information**

CBIA Service Corporation has designated Lynn Sorrentino as the contact person for all issues regarding privacy and your privacy rights. You may contact her at CBIA Service Corporation, 350 Church St., Hartford, CT 06103 if you have a question about the privacy of your Protected Health Information, your privacy rights, or this Notice.

**X. Complaints**

If you believe that your privacy rights have been violated, you may file a complaint with CBIA Service Corporation, the U.S. Department of Health and Human Services or both. For more information visit the OCR Complaint Portal at [HHS.gov](https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html)

Your complaint can be written in your own words or you can use the form provided on the OCR Complaint Portal at <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>

If you are not using the OCR complaint form be sure to include your name, full address, telephone number including zip code and e-mail address. Also include the name, full address and telephone number of the person, agency, or organization you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule. Include a brief description of what happened. How, why and when you believe your (or someone else's) health information privacy rights were violated or how the Privacy rule was violated. Any other relevant information should be included. Sign and date your complaint. If you are filing a complaint on someone's behalf, provide their name.

To file your complaint with CBIA Service Corporation you can mail, fax or email your written complaint to:

Lynn Sorrentino  
CBIA Service Corporation  
350 Church Street  
Hartford, CT 06103  
860-244-1973  
860-278-0883(f)  
[Lynn.sorrentino@cbia.com](mailto:Lynn.sorrentino@cbia.com)

You may also file a complaint with the U.S. Department of Health and Human Services. Complete the Health Information Privacy Complaint Form Package found on the OCR complaint portal and mail it to:

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Ave. S.W. Room 509 HHH Bldg.  
Washington, D.C. 20201.

You can also email the complaint to: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov).

Please note that any communication sent by unencrypted email presents a risk that personally identifiable information contained in your email may be intercepted by unauthorized third parties.

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE,  
PLEASE CONTACT THE PERSON DESIGNATED IN PARAGRAPH IX ABOVE.**

Effective January 1, 2023