



HealthTrust Notice of Privacy Practices

Protecting Your Health Information is Important to Us.

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.

The federal Health Insurance Portability and Accountability Act (HIPAA) requires that HealthTrust inform you of our privacy practices regarding your protected health information (PHI). We are fulfilling that requirement with this Notice, which applies to our medical and dental plans, as well as services provided for healthcare flexible spending accounts. This Notice does not apply to our short-term disability, long-term disability, and life coverages, however protecting all personal information is important to us.

Uses and Disclosures

This section describes how we typically use your protected health information (PHI).

For Payment Activities: We may use or disclose your PHI for billing and payment. For example, providing an invoice or information to your participating employer group to collect premiums or confirm coverage for those billed on the invoice.

For Treatment: While HealthTrust does not provide treatment, we may use or disclose your PHI for the coordination of your healthcare coverage. For example, by confirming your coverage with a treating physician.

For Healthcare Operations: We may use or disclose your PHI for the administration of your health plan coverage or quality improvement initiatives. For example, by sharing enrollment information or summary information related to the creation, renewal, or replacement of your health benefits with your participating employer group. Enrollment information may include information you would be asked to provide to your participating employer group upon enrollment and any updates to that information. Further, in administering HealthTrust medical and dental plans, HealthTrust will not disclose information to an employer about individual claims or diagnosis unless permitted by a written authorization or otherwise required or permitted by law.

To Business Associates: We may disclose your PHI to our Business Associates, who assist with our operations and have provided written assurance that they will safeguard your information. For example, by sharing eligibility information with the claims administrator.

To Other HIPAA Covered Entities: We may disclose your PHI to other HIPAA covered entities that have a relationship with you. For example, to a doctor who is treating you.

For Plan Administration: We may disclose certain information to the Plan Sponsor provided they have agreed to safeguard PHI. For example, if your employer group contracts with us to assist in administering its healthcare flexible spending account plan, we may share your information with them for administration of that plan.

As Required by Law or Authorized for Oversight Activities: We may use or disclose your PHI when required by law or authorized by law for public health and public benefit oversight. For example, to comply with a court order, to avert an imminent threat to health and safety, for regulatory oversight by federal or state authorities, for research purposes, or as authorized by workers' compensation laws.

Upon Your Authorization: We will not use or disclose your PHI other than described here, or as permitted under applicable laws, unless you provide written notice authorizing the use or disclosure. You may revoke the authorization at any time.

In certain situations, you can also tell us if you agree or object to a disclosure of certain information. For example, sharing information with family or friends involved in payment for your care or sharing information in a disaster relief situation or medical emergency. However, if you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest.

Your Rights

This section describes your rights regarding the protected health information we maintain.

Inspect and Copy: You can ask to inspect or copy your PHI that we maintain. We may charge a reasonable, cost-based fee for copies.

Amend: If you think your records are incorrect, you can ask us to amend them. We are not required to honor this request, but must respond within 60 days.

Confidential Communication: You can request we contact you in a specific way or send mail to a different address. We will consider all reasonable requests.

Restrictions: You can request we not share certain PHI for treatment, payment, or healthcare operations. We can say no if it would affect your care.

Accounting of Disclosures: You can request a list of disclosures of your PHI made for reasons other than treatment, payment, healthcare operations, or made to you or with your authorization.

Copy of this Notice: You can ask for a paper copy of this Notice at any time.

Personal Representative: If you have given someone power of attorney or if someone is your legal guardian, that person can exercise your rights on your behalf.

File a Complaint: If you believe that we have violated your privacy rights, you may file a complaint in writing with the HealthTrust Privacy Officer. You may also submit a complaint with the Office for Civil Rights of the US Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Our Responsibilities

This section describes our responsibilities related to your protected health information.

Safeguard Your Information: We are required by law to protect your health information.

Notification: We will alert you promptly if a breach occurs that may have compromised the privacy or security of your PHI.

Minimum Necessary: When using or disclosing your PHI we will make reasonable efforts to use or disclose the minimum amount of information needed to accomplish the intended purpose. Some disclosures such as those made to you, the US Department of Health and Human Services, or as required by law are not held to the minimum necessary standard.

Marketing, Sales, and Fundraising: We do not use, disclose or sell your PHI for any marketing, sales, or fundraising activity, nor would we do so without your written authorization or as permitted by applicable law.

Genetic Information. We do not use or disclose genetic information for underwriting purposes.

Psychotherapy Notes: We do not maintain any psychotherapy notes. If our business associates have these notes, they will not disclose them without your written authorization.

If you have any questions, need further information regarding this Notice, or if you wish to receive another copy, please contact:

Privacy Officer

HealthTrust, Inc.

PO Box 617

Concord, NH 03302-0617

800.527.5001 (Toll Free)

603.226.2861 (Local)

privacyofficer@healthtrustnh.org

HealthTrust can change the terms of this Notice, and the changes will apply to all protected health information we have about you. The current version of the Notice is available on our website at www.healthtrustnh.org. This Notice is effective as of January 12, 2015 and replaces HealthTrust's previous Notice dated September 23, 2013.