

**HIPAA
PRIVACY NOTICE**
**South Carolina Medical Association Voluntary Employees' Beneficiary Association
Welfare Benefit Plan and Trust**

Effective January 1, 2020

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.

In accordance with the Health Insurance Portability and Accountability Act ("HIPAA"), this Notice is issued by the South Carolina Medical Association Voluntary Employees' Beneficiary Association Welfare Benefit Plan and Trust (referred to herein as "the Plan"). HIPAA requires that health plans covered by HIPAA maintain the privacy of protected health information, provide individuals with notice of the plan's legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information. Such plans are required to abide by the terms of the Notice that is currently in effect.

This Notice describes how the Plan and those who help with the Plan's administrative functions may use and disclose protected health information when that information is maintained by the Plan. This Notice also describes your rights regarding your protected health information maintained by the Plan. Generally, protected health information, referred to as PHI is individually identifiable health information maintained by the Plan that relates to (1) your past, present, or future physical or mental health or condition, (2) the provision of health care to you, or (3) the past, present, or future payment for the provision of health care to you.

The Plan may receive and maintain your PHI in the course of providing benefits to you. The Plan uses outside parties called business associates to help administer the Plan, such as providing insurance and processing claims. Business associates keep and use most of the information maintained by the Plan. Business associates may, with the consent of the Plan, subcontract with an individual or entity to perform the duties of the business associate with regard to the Plan. Any business associate of the Plan and any subcontractor of such business associate, is required by HIPAA to agree in writing to implement appropriate safeguards regarding your PHI. This Notice does not address any rights or obligations of anyone with respect to your PHI unless that information is maintained by the Plan.

How the Plan May Use or Disclose Your PHI

The following categories describe different ways that the Plan and its business associates (and their subcontractors) may use and disclose, or are required to use and disclose, PHI. For each category, an example is given. Not every kind of use or disclosure within in a category is listed, and an example is not given for everything. However, all of the ways the Plan is permitted or required to use and disclose information will fall within one of the categories. For purposes of this Notice, the term "you" may include you or your estate's personal representative, as allowed by HIPAA.

Treatment. The Plan may disclose your PHI to facilitate medical treatment or services by your providers such as doctors, nurses, technicians, hospital personnel, or pharmacists. It also includes but is not limited to consultations and referrals between one or more of your providers. For example, the Plan might disclose PHI to your doctor for treatment.

Payment. The Plan may use and disclose PHI about you to determine or fulfill its responsibility for coverage and benefits and to obtain or provide reimbursement for health care provided to you. This might include determining coordination of benefits, adjudicating claims, managing claims, calculating co-pays or co-insurance amounts, or deciding claims appeals and inquiries. For example, the Plan may use or disclose your PHI to investigate and resolve inquiries about its payment of benefits. As another example, the Plan may disclose your PHI to another entity that is covered by HIPAA, or to a health care provider, for the payment activities of the entity or provider that receives the information.

Health Care Operations. Your PHI that is maintained by the Plan may be used and disclosed in order to run the Plan's operations. For example, PHI may be used or disclosed for conducting quality assessment and improvement activities, evaluating performance, setting premiums, business planning and development, business management, insurance activities relating to creating or renewing insurance contracts, and general administrative activities such as participant service and grievances. However, the Plan is prohibited from using or disclosing your PHI that is genetic information for underwriting purposes. PHI may be disclosed to another covered entity for certain of the health care operations of that other entity, when that other entity also has or had a relationship with you. PHI may be disclosed to other health plans that the South Carolina Medical Association (SCMA), as a bona fide association of employers, maintains or to other entities that participate in an organized health care arrangement with the Plan for any of the health care operations of the covered entities that are within the organized health care arrangement. For example, the Plan may use information about your claims to project future benefit costs, or audit the accuracy of its claims processing functions.

Business Associates. The Plan may contract with individuals or entities known as business associates to perform various functions on its behalf or to provide certain types of services. Business associates may, with the consent of the Plan, subcontract with an individual or entity to perform the duties of the business associate with regard to the Plan. In order to perform these functions or to provide these services, business associates and their subcontractors, may receive, create, maintain, use, and/or disclose your PHI, but only after they agree in writing with the Plan to implement appropriate safeguards regarding your PHI. For example, the Plan may disclose your PHI to a business associate to administer claims or to provide support services.

As Required By Law. The Plan will disclose PHI about you when required to do so by federal, state, local, or any other law, as HIPAA allows or requires. For example, HIPAA requires disclosure to the Secretary of Health and Human Services in certain circumstances, and federal law sometimes requires disclosure of PHI for national security or public health purposes.

Disclosure to Plan Sponsor. Certain employees or workers on behalf of SCMA may assist with the Plan's administrative functions. The Plan's PHI about you may be disclosed to these individuals for the performance of Plan administrative functions or as otherwise required or permitted by HIPAA. In order to make disclosures of PHI to these individuals, SCMA's Benefit Plan Committee must have agreed and has agreed in writing to ensure the continuing privacy of your PHI in a manner that is consistent with HIPAA and the Plan's documentation. As required by HIPAA, the Plan will not disclose information to SCMA's Benefit Plan Committee or any employer-member of SCMA for the purpose of employment actions or decisions, unless you authorize the Plan to make this disclosure.

To Avert a Serious Threat to Health or Safety. The Plan may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person; or for law enforcement authorities to identify or apprehend an individual.

Organ, Eye, or Tissue Donation. The Plan may disclose PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ, eye, or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, the Plan may release PHI about you as required by military command authorities. It may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. The Plan may release PHI about you for workers' compensation or similar programs that provide benefits for work-related illness or injury.

Public Health/Abuse. The Plan may disclose PHI about you for public health activities such as reporting births and deaths, disease, injury, investigations and the like, when the purpose is to prevent or control disease, injury, or disability; 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 provide a school with proof of immunization if required by state or other law prior to admittance where the Plan obtains and documents parental (or other permissible) consent, or to notify the appropriate authority if the Plan believes an individual has been the victim of abuse, neglect or domestic violence.

Health Oversight Activities. The Plan may disclose PHI to a health oversight agency for activities authorized by law; for example, audits, investigations, inspections, and licensure. These and other activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If there is a lawsuit or a dispute, the Plan may disclose PHI about you in response to a court or administrative order. The Plan may disclose PHI in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement and Correctional Institutions. The Plan may disclose PHI for a law enforcement purpose 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 a person who is or is suspected to be a victim of a crime if, under certain limited circumstances, the Plan is unable to obtain the person's agreement; about a death the Plan believes may be the result of criminal conduct; or about criminal conduct. The Plan may disclose information about inmates or someone who is under the custody of a law enforcement official, when necessary to provide you with health care, to protect your health and safety or the health and safety of others, when necessary for law enforcement on the premises of a correctional institution, or for the safety and security of a correctional institution.

Coroners, Medical Examiners and Funeral Directors. The Plan may disclose PHI to a coroner, medical examiner, or funeral director. This may be necessary, for example, to identify a deceased person or determine the cause of death, or to allow a funeral director to carry out their duties.

National Security and Intelligence Activities. The Plan may disclose PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. Disclosure may occur to protect certain government officials.

Family Members, Friends, Others. The Plan may disclose PHI about you to a family member, friend, or other person, for the purpose of helping you with your health care or with payment for your health care, if you have agreed to the disclosure, if you are in a situation such as a medical emergency and you cannot give your agreement to the Plan to make this disclosure or if it is otherwise reasonable to infer that you do not object to the disclosure. The Plan may disclose to a personal representative that you have appointed or designated according to applicable law.

Research. The Plan may disclose PHI about you for research purposes when certain requirements are met as provided by HIPAA.

Incidental. HIPAA permits a disclosure that occurs incidentally or as a by-product of another permissible or required use or disclosure, as long as the Plan has applied reasonable safeguards and implemented a minimum necessary standard, when applicable.

Marketing. The Plan will not use or disclose your PHI without your authorization for marketing purposes unless the marketing communication is made directly to you in person or in the form of a promotional gift of nominal value. If the marketing involves financial remuneration, the authorization you are asked to sign will so indicate. Keep in mind that communications about treatment alternatives or other health-related benefits and services that may be of interest to you, or to provide you with appointment reminders and that do not involve financial remuneration, are generally not considered “marketing” under HIPAA rules.

Sale of PHI. The Plan must obtain your authorization for any use or disclose of your PHI that is considered a “sale” of PHI under HIPAA rules. Any such authorization you are asked to sign will state that the disclosure will result in financial remuneration to us.

Fundraising. The Plan may use or disclose certain PHI, including your demographic information (such as your name, address, other contact information, age, gender and date of birth), dates of health care, department of service information, treating physician, outcome information and health insurance status to contact you for fundraising purposes. Any fundraising communication to you will provide you with the opportunity to opt-out of receiving any further fundraising communications.

Psychotherapy Notes. The Plan must obtain your authorization for most uses or disclosures of your PHI that consist of psychotherapy notes, other than uses or disclosures to carry out certain treatment, payment or health care operations or as otherwise required or permitted under HIPAA.

Genetic Information. The Plan may disclose genetic information only in very limited circumstances that comply with HIPAA and the Genetic Information Nondiscrimination Act (GINA). We will not use or disclose genetic information or results from genetic services for underwriting purposes, such as: (1) rules for eligibility or benefits under the Plan; (2) the determination of premium or contribution amounts under the Plan; (3) the application of any pre-existing condition exclusion under the Plan; and (4) other activities related to the creation, renewal or replacement of a contract of health insurance or health benefits.

Your Rights Regarding PHI the Plan Maintains

You have the following rights regarding PHI the Plan maintains about you:

Right to Inspect and Obtain a Copy. You have the right to inspect and obtain a copy of certain PHI the Plan maintains about you, except for psychotherapy notes and other limited exceptions, such as information compiled in anticipation of or for use in a legal or administrative action. Your rights are with respect to PHI the Plan maintains in a “designated record set.” A designated record set means a group of records maintained by or for the Plan that is enrollment, payment, claims adjudication, and case or medical management record systems; or that is used by or for the Plan to make decisions about you. You must submit your request in writing to the Plan's HIPAA Privacy Officer at the address designated at the end of this Notice. If you request us to provide your PHI to someone other than yourself, you must clearly identify that person and state where to send the copy of PHI. If you request a copy of the information, a fee may be charged for the costs of copying, mailing or other supplies associated with your request. In limited cases, the Plan does not have to agree to your request. If you are denied access to PHI, you may in most instances request that the denial be reviewed.

Right to Amend. You have the right to ask for the amendment of your PHI that is maintained by the Plan in a “designated record set” (see above definition). Your request must be made in writing and

submitted to the Plan's HIPAA Privacy Officer at the address designated at the end of this Notice. In addition, you must provide a reason that supports your request. The Plan may deny your request if not in writing or if it does not contain supporting reasons. In addition, the Plan may deny your request (1) if the subject of the request is not part of the designated record set or if you ask to amend information that was not created by the Plan (unless the person or entity that created the information is no longer available to act on the requested amendment); (2) if the PHI would not otherwise be available to you for inspection; or (3) if the PHI is accurate and complete. If your request is denied, you will be told why, and you can submit a statement that you disagree with the denial.

Right to an Accounting of Disclosures. Except for limited circumstances as defined by HIPAA, you have the right to request an “accounting of disclosures” made by the Plan. Some, but not all, of the exceptions include where the disclosure was made by the Plan for treatment, payment, or health care operations, where the disclosure was made to you or your personal representative or to family, friends, and relatives, or where the disclosure was made pursuant to your authorization or was incidental to a disclosure otherwise permitted or required. In certain circumstances involving disclosures to a health oversight agency or law enforcement official, the Plan is required to suspend your right to receive an accounting. To request an accounting of disclosures, you must submit a written request to the Plan's HIPAA Privacy Officer at the address designated at the end of this Notice. Your request must state a time period which may not be longer than 6 years and may not include dates before the Plan was subject to HIPAA. The first accounting that you request within a 12-month period will be free. For subsequent requests within the 12-month period, you may be charged for the costs of providing the accounting. If a cost will be charged, you will be notified in advance and given an opportunity to withdraw or modify your request for a subsequent accounting in order to avoid or reduce the fee.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI that the Plan may use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI that the Plan can disclose about you to someone who is involved in your care or the payment for your care, like a family member, relative, or friend. The Plan is not required to agree to your request. If it does agree, the Plan can still disclose the information if you are in need of emergency treatment. You must request restrictions in writing and send them to the Plan's HIPAA Privacy Officer at the address designated at the end of this Notice. In your request, you must advise the Plan of (1) what information you want to limit; (2) whether you want to limit use, disclosure, or both; and (3) to whom you want the limits to apply. A restriction that the Plan has agreed to can be terminated as allowed by HIPAA. Keep in mind that while the Plan is not required to agree to your request as described above, a provider must agree to restrict disclosure of your PHI to the Plan if the disclosure is for the purpose of carrying out payment or health care operations, is not otherwise required by law and the PHI pertains solely to a health care item or service for which you (or someone on your behalf, other than the Plan) has paid in full.

Right to Request Confidential Communications. You have the right to request that you receive communication from the Plan by alternative means or at alternative locations. The Plan does not have to agree to your request unless the Plan believes it is reasonable, you clearly state that the confidential communication is necessary to avoid endangering you, your request continues to allow the Plan to collect premiums and pay claims, and you specify an alternative address or other method of contact. To request confidential communications, you must make your request in writing to the Plan's HIPAA Privacy Officer at the address designated at the end of this Notice.

Revoke your authorization to use or disclose health information. You have the right to request the revocation of an authorization, except to the extent that we have already taken action in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.

Receive notification if affected by a breach of unsecured PHI. If there is a breach of your PHI, you will receive notification no later than 60 days after the date the breach was first discovered.

Right to a Copy of This Notice. You have the right to request a paper copy of this notice. To obtain a paper copy, contact the Plan's HIPAA Privacy Officer at the address designated at the end of this Notice.

Changes to This Notice

The Plan is required to abide by the terms of this Notice, but it reserves the right to change the Notice. The Plan reserves the right to make the revised or changed notice effective for PHI it already has about you as well as any information it creates, receives, or maintains after the Plan revises or changes the Notice. The Plan will promptly distribute a copy of a revised Notice whenever there is a material change to the uses or disclosures, your rights, the Plan's legal duties, or other of the Plan's privacy practices stated in the Notice. A changed Notice will be promptly distributed by mail, electronically as allowed by HIPAA, or in any other manner reasonably expected to reach you, as the law may allow.

Complaints

If you believe the Plan has violated your privacy rights, you may file a complaint with the Plan's HIPAA Privacy Officer at SCMA Members' Insurance Trust, Attn: HIPAA Privacy Officer, P. O. Box 11188, Columbia, SC 29211 or by fax to: (803) 731-4021, or email: MITinfo@scmedical.org. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington D.C. 20201. The Plan encourages you to first file a complaint with the Plan so that it will have an opportunity to address your concerns. HIPAA prohibits covered entities from intimidating, threatening, coercing, discriminating against, or taking any retaliatory action against individuals for exercising any right the individual has under HIPAA, including the right to file a complaint. You are encouraged to submit your complaint in writing. You will not be penalized for filing a complaint.

Other Uses of PHI

Other uses and disclosures of PHI by the Plan that are not covered by this Notice or the laws that apply will be made only to you or with your written authorization. If you provide an authorization to the Plan, you may revoke it in writing at any time. If you revoke an authorization, the Plan will no longer use or disclose PHI about you for the reasons covered by your written authorization. However, the revocation will not be effective for action that was taken in reliance on your authorization.

PHI use and disclosure by the Plan is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. This Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.

The South Carolina Medical Association Human Resources Department

To take advantage of any of the rights you have regarding PHI that the Plan maintains, or to request additional copies of this Notice, or to receive more information about matters covered by this Notice, contact the Plan's HIPAA Privacy Officer at:

HIPAA Privacy Officer
SCMA Members' Insurance Trust
P. O. Box 11188
Columbia, SC 29211
Telephone: (803) 798-6207
Email: MITinfo@scmedical.org