

# Independent Health's Privacy Notice

## OUR PROMISE

At Independent Health, we recognize our responsibility to be diligent stewards of your personal information. We value the relationship we have with our members and are committed to protecting your information with administrative, technical, and physical safeguards to protect against unauthorized access as well as threats and hazards to its security and integrity. We take great care to safeguard your personal

information using industry best practices. We also require these same standards of our business associates and vendors. Independent Health trains employees on a regular basis about the importance of protecting of your personal information. We protect the privacy of your information in accordance with federal and state privacy and security laws such as the Health Information Portability and Accountability Act (HIPAA).

## 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.

This notice covers the privacy practices of Independent Health Association, Inc. and Independent Health Benefits Corporation.

### WHAT IS YOUR PERSONAL INFORMATION?

Personal information is any information about you received or created by Independent Health for the purpose of administering your health benefits. This includes any information that can identify you as an individual, such as your name, address and Social Security Number, as well as your financial, health, and other information.

### HOW INDEPENDENT HEALTH USES AND DISCLOSES YOUR PERSONAL INFORMATION

In order to administer your health insurance, Independent Health uses and discloses your personal information to coordinate treatment with your doctors, pay for your care, and our health care operations. Under the law, we may perform these functions without your specific authorization or approval. When performing these functions, we only use or disclose the minimum amount of information necessary. These functions include:

- **Treatment.** We may disclose your personal information to your health care providers to help them provide medical care to you. Here are a few examples:
  - If you are in the hospital, we may give your doctor at the hospital access to any medical or pharmacy records that we have. We may use your personal information to coordinate care.
  - To inform you of other health-related benefits, such as medical treatments, health-related products and services, or a description of our health plan or providers. For example, we might send you information about smoking cessation programs, weight loss programs, or prescription refill reminders.

- **Payment.** To help pay for your covered services, we may use and disclose your personal information. For example, we may use and disclose your personal information:
  - To pay your medical bills that your health care providers have submitted to us.
  - To conduct "utilization review" (which means deciding if a particular health care item or service is medically appropriate).
  - To coordinate benefits between our coverage and other insurers who may be fully or partially responsible for payments.
- **Health Care Operations.** We may use and disclose your personal information to others who help us conduct our health care operations. For example, we may disclose your personal information for the following purposes:
  - Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating Independent Health.
  - Conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs.
- **Business Associates.** We may disclose your personal information to companies with whom we have contracted with if they need it to perform services we have requested. For example, we may disclose your personal information to become approved or accredited by an independent quality assurance entity called the National Committee for Quality Assurance (NCQA). We only will disclose your personal information to outside entities that agree to protect your personal information

Verbal translation of written materials is available via free interpreter services. For those with special needs, accessibility to benefit information or alternate formats of written materials, are available upon request. Please call (716) 250 4401 or 1 800 665 1502 for additional information, October 1 – February 14: Monday – Sunday, 8 a.m. – 8 p.m.; February 15 – September 30: Monday – Friday, 8 a.m. – 8 p.m. TTY users call 1 800 432 1110.



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just as we would and we only transfer the minimum information necessary to accomplish a task. We obtain a written agreement from every business associate and review their practices to ensure they are protecting your personal information just as we would.

## USES AND DISCLOSURES REQUIRED BY LAW

We may use or disclose your personal information without your authorization when required by law:

- **For public health and disaster relief efforts.**
- **To regulatory bodies**, such as the United States Department of Health and Human Services (HHS), the New York State Department of Financial Services (DFS) and the New York State Department of Health (DOH).
- **To report public health activities.** For example, we may report to entities that track certain diseases such as cancer.
- **To a coroner or medical examiner** to help identify a deceased person, to determine a cause of death, or as authorized by law. We may also disclose your personal information to a funeral director as necessary to carry out their duties.
- **To public health agencies in order to avoid harm.** For example, we may report your personal information to a government authority if we believe there is a serious health or safety threat to you or others, or in cases of child abuse, neglect or domestic violence.
- **For health oversight activities**, such as audits, inspections, licensure and disciplinary actions.
- **To meet legal requirements.** For example, in response to a court ordered subpoena.
- **For law enforcement activities.** For example, we may disclose personal information to identify or locate a suspect, fugitive, material witness or missing person, to report a crime or to provide information about crime victims.
- **For specific government functions**, such as military and veteran activities, national security and intelligence activities, and providing protective services to the President.
- **For workers' compensation purposes.**

## OTHER USES AND DISCLOSURES

We may also use or disclose your personal information without your authorization in the following miscellaneous circumstances:

- **For certain employer-sponsored group health plans.** If you are enrolled in Independent Health because of your work and your employer has adopted certain privacy procedures, we may communicate with your employer to fulfill certain administrative requirements. Most often though, we will only disclose enrollment and disenrollment information and summary health information (i.e.,

aggregate data not including any of your identifiers like name, address, etc.) to your employer or any broker acting on your employer's behalf. Please ask your employer for more details.

- **For purposes of organ donation**, such as for procurement, banking or transplantation of organs, eyes, or tissue.
- **For research.** If we use or disclose your personal information for a research project that contributes to knowledge generally, we take steps to keep your information private and secure. In some instances we may have a research review board approve the procedures we have put in place to secure your personal information. If we do not receive approval from a research review board, we will ask for your authorization before we use or disclose your personal information for research.
- **For fundraising.** We may use or disclose your personal information to raise funds for our business or for our related foundation, the Independent Health Foundation. If we do contact you to raise funds, we will provide you with an opportunity to opt out of future fundraising communications. If you chose to opt out, we will honor your decision and will not use your personal information for fundraising.
- **For underwriting.** Independent Health may receive your personal information for the purpose of underwriting, premium rating, or other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, such as premium computations, contribution amounts, or application of preexisting condition exclusions (collectively "underwriting"). If we received your personal information for an underwriting purpose and you become an Independent Health member, we will only use or disclose your personal information in accordance with this notice and applicable law. If you do not become an Independent Health member, we will only use your personal information we received for underwriting, unless we are required by law to use it for another purpose. We will not use the genetic information for underwriting or prior to or in connection with your enrollment. Genetic information means information about your genetic tests (for example, analysis of human DNA, RNA or chromosomes) or the genetic tests of your family members, the manifestation of disease or disorder in your family members (for example, a family medical history) or any request of or receipt by you or your family members of genetic tests, genetic counseling or genetic education. The term genetic information does not include sex or age information. If you are pregnant, the term genetic information includes genetic information concerning the fetus. If you use reproductive technology, the term genetic information includes genetic information about an embryo.
- **If your personal information has been de-identified.** "De-identifying" information means removing all parts of your information that could identify you. HIPAA gives us rules to follow when "de-identifying" your personal

information and permits us to disclose de-identified information without your authorization.

## SPECIAL CONSIDERATIONS

Either State or Federal law contain important limitations on how we can disclose your personal health information pertaining to HIV/Aids, mental health, alcohol and substance abuse and sexually transmitted diseases. For those conditions, we follow rigorous standards that provide heightened privacy protections to you. These additional standards are designed to give you added security and confidence regarding our handling of such information while still allowing you to obtain needed medical treatment freely and without hesitation.

## USES AND DISCLOSURES WE WILL NOT MAKE

Even though permitted by law, we will not use and disclose your personal information for the following reasons:

- **Sale.** We will not sell your personal information.

## USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

If we disclose your information for a reason that does not fit in one of the general categories listed above, we must obtain your written permission. This written permission is called an "authorization." Here are examples of instances when **we must ask for your permission** before disclosing your personal information:

- If you consult an attorney and your attorney needs your personal information in order to represent you.
- If anyone other than you or a doctor who is treating you asks us to disclose your personal information.
- If we use your personal information to market an outside company's product or service and we receive financial payment from the outside company for making the communication. However, we may send you refill reminders and communications about treatment, health-related products or services that are included in your plan, case management, and governmental programs (such as Medicaid managed care) without asking for your authorization first.

If you give us written permission and then change your mind about that permission, you may take back or revoke your written permission at any time, except if we have already acted based on your permission. If you have questions or would like to obtain a copy of our authorization form, please call our toll-free Member Services number on your ID card, Monday through Friday from 8 a.m. to 8 p.m., or e-mail us at [memberservice@servicing.independenthealth.com](mailto:memberservice@servicing.independenthealth.com).

## WHEN YOU ASK US FOR PERSONAL INFORMATION ABOUT OTHERS

If you request your family members' personal information, **we may need to obtain written permission from that family member.**

Here are some examples:

- If you call and ask for specific information about your spouse's medical claims, such as a list of their pharmacy claims, we will ask for your spouse's written permission before disclosing any information to you.
- If you are a parent and ask for personal information about your son or daughter who is on your health insurance policy, but who is 18 or over, we will need to get your son or daughter's written permission before disclosing their information to you.
- If you ask us for information about a health care item or service that your minor child can obtain without your parental consent, such as outpatient mental health treatment, we will ask for your child's written permission before disclosing that information to you.

If you have questions, please call our toll-free Member Services number on your ID card, Monday through Friday from 8 a.m. to 8 p.m., or e-mail us at [memberservice@servicing.independenthealth.com](mailto:memberservice@servicing.independenthealth.com).

## YOUR RIGHTS REGARDING YOUR PERSONAL INFORMATION

By law, you have several important rights with respect to your personal information. You may exercise any of the rights described below, or ask any questions about these rights by calling our toll-free Member Services number on your ID card, Monday through Friday from 8 a.m. to 8 p.m., or e-mail us at [memberservice@servicing.independenthealth.com](mailto:memberservice@servicing.independenthealth.com).

- **You have the right to ask us to restrict** how we use, or disclose your personal information for treatment, payment, or health care operations. You may also ask that we limit the information we give to others who are involved in your health care or payment for your health care such as a family member or a friend. Your request may be received verbally or in writing. Please note that we will accommodate reasonable restriction requests. If we do agree, we will honor your request unless it is an emergency situation.
- **You have the right to ask us to communicate with you by a different method or in a different manner.** For example, if you believe that you would be harmed if we send your personal information to your current mailing address (situations involving domestic disputes), you may ask us to send your personal information by fax instead of mail or to a P.O. Box instead of your home address. We will agree to reasonable requests.
- **You have the right to request a copy of** your personal information in your designated record set, including an electronic copy in many cases. You also have the right to inspect your personal information in your designated record set. A "designated record set" is a group of records that is used by or for us to make decisions about you. We may ask you to request copies of your personal information in writing and to specify the information you are requesting. We also may charge a reasonable fee for

copying and mailing your personal information. In certain situations, we may deny your request, or part of your request, but we will tell you why we are denying your request. You have the right to ask for a review of that denial.

- **You have the right to ask us to make changes** to your personal information we maintain about you in your “designated record set” if you believe it is wrong or if information is missing. This is called the right “to amend” your personal information. Your request may be verbal or in writing, but you must provide a reason for your request. We will respond to your request no later than 60 days after we receive it. If we are unable to act within the 60 days, we may extend that time by no more than an additional 30 days. If we make the change, we will notify you that it was made. In some cases, we may deny your request to change your personal information. For example, we may deny your request if we did not create the information you want changed. If we deny your request, we will notify you in writing about the reason for the denial. The denial will explain your right to file a written statement of disagreement. These statements will be filed with the record you asked us to change.
- **You have the right to ask for an accounting of disclosures** we have made for reasons other than treatment, payment and health care operations. You have the right to receive a maximum of six (6) years worth of disclosures in your accounting. Your request for an accounting must be in writing and specify the information requested. We will act on your request within 60 days, unless we need an additional 30 days.

- **You have the right to receive an electronic or paper copy of this notice.**
- **You have the right and will receive notice about any breaches** of your personal information in accordance with applicable state and federal laws.
- **You have the right to file a complaint** if you believe your privacy rights have been violated or if you disagree with a decision we made about your access to your personal information. We will not take any action against you for filing a complaint. You may contact us with your complaint by calling, writing, or e-mailing Independent Health’s Information Risk Office:

**Information Risk Office  
Independent Health  
511 Farber Lakes Drive  
Buffalo, New York 14221  
(716) 631-3001 or 1-800-247-1466  
memberservice@servicing.independenthealth.com**

You could also contact the United States Department of Health and Human Services (HHS).

## OUR OBLIGATION

We are required by law to maintain the privacy of your personal health information, give you notice of our legal duties and privacy practices, notify you following a breach of your personal information, and to follow the terms of the notice currently in effect. We may change the terms of this notice at any time. The revised notice will apply to any personal information we maintain. Once revised, we will give you the new notice by United States mail and will post it on our website.

## QUESTIONS

If you have any questions about this notice or about how we use or disclose your personal information, please contact Independent Health’s Information Risk Office at (716) 631-3001 or 1-800-247-1466.

Our Information Risk Office is open Monday – Friday from 9 a.m. to 5 p.m. You can also contact us by e-mail at [memberservice@servicing.independenthealth.com](mailto:memberservice@servicing.independenthealth.com).

## COUNT ON US HOW INDEPENDENT HEALTH PROTECTS YOUR PERSONAL FINANCIAL INFORMATION

Most information we obtain about you relates to your health. However, your personal information could contain information that is financial in nature. We may obtain personal financial information about you from the following sources:

- Information received from you on applications or other forms such as your name, address, social security number, and telephone number;
- Information about your transactions with us, our affiliates or others, such as your premium payment history, enrollment

history, type of health insurance coverage, medical claims history, and coordination of benefits information; and

- Information about you from other sources, such as your employer or a hospital or medical facility you have visited.

**Independent Health does not sell your personal financial information for any reason.** We do not disclose your personal financial information, except as required by law and in order to perform treatment, payment and health care operations.



**Prospective Members**  
Independent Health  
Attn: Sales Dept  
511 Farber Lakes Drive  
Buffalo, New York 14221

(716) 635 4900  
1 800 958 4405  
TTY: 1 888 357 9167

[www.independenthealth.com](http://www.independenthealth.com)

## Nondiscrimination statement and language assistance services

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| <p><b>English</b></p>       | <p>ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-665-1502 (TTY: 1-800-432-1110).</p> <p>Independent Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.</p>   |
| <p><b>Spanish</b></p>       | <p>ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-1502 (TTY: 1-800-432-1110).</p> <p>Independent Health cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.</p>   |
| <p><b>Chinese</b></p>       | <p>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 1-800-665-1502 (TTY: 1-800-432-1110)。</p> <p>Independent Health 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。</p>   |
| <p><b>Russian</b></p>       | <p>ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-665-1502 (телетайп: 1-800-432-1110).</p> <p>Independent Health соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.</p>                  |
| <p><b>French Creole</b></p> | <p>ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-665-1502 (TTY: 1-800-432-1110).</p> <p>Independent Health konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks.</p>   |
| <p><b>Korean</b></p>        | <p>주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-665-1502 (TTY: 1-800-432-1110). 번으로 전화해 주십시오.</p> <p>Independent Health은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.</p>  |
| <p><b>Italian</b></p>       | <p>ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-665-1502 (TTY: 1-800-432-1110).</p> <p>Independent Health è conforme a tutte le leggi federali vigenti in materia di diritti civili e non pone in essere discriminazioni sulla base di razza, colore, origine nazionale, età, disabilità o sesso.</p> |

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| <b>Yiddish</b> | <p>Independent Health קומט נאך פעדעראלע ציווילע רעכטן געזעצן און דיסקרימינירט נישט אויפן באזיס פון ראסע, קאליר, נאציאנאלע אפשטאם, דיסאביליטי, אדער געשלעכט.</p> <p>אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פון אפצאל. רופט (TTY: 1-22/654/3332) 1-22/887/3724.</p>  |
| <b>Bengali</b> | <p>Independent Health প্রযোজ্য ফেডারেল নাগরিক অধিকার আইন মেনে চলে এবং জাতি, রঙ, জাতীয় উৎপত্তি, বয়স, অক্ষমতা, বা লিঙ্গের ভিত্তিতে বৈষম্য করে না।</p> <p>লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন % , \$\$! **)! % \$&amp;fIH-M%, \$\$! (' &amp; %%%\$&amp;L।</p>  |
| <b>Polish</b>  | <p>UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-665-1502 (TTY:1-800-432-1110).</p> <p>Independent Health postępuje zgodnie z obowiązującymi federalnymi prawami obywatelskimi i nie dopuszcza się dyskryminacji ze względu na rasę, kolor skóry, pochodzenie, wiek, niepełnosprawność bądź płeć.</p>                             |
| <b>Arabic</b>  | <p>Independent Health يلتزم بقوانين الحقوق المدنية الفدرالية المعمول بها ولا يميز على أساس العرق أو اللون أو الأصل الوطني أو السن أو الإعاقة أو الجنس.</p> <p>ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-665-1502 (رقم هاتف الصم والبكم: 1-800-432-1100)</p>  |
| <b>French</b>  | <p>ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-665-1502 (TTY:1-800-432-1110).</p> <p>Independent Health respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.</p> |
| <b>Urdu</b>    | <p>Independent Health قابل اطلاق وفاقى شہری حقوق کے قوانین کی تعمیل کرتا ہے اور یہ کہ نسل، رنگ، قومیت، عمر، معذوری یا جنس کی بنیاد پر امتیاز نہیں کرتا۔</p> <p>خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں (TTY:1-800-432-1110) 1-800-665-1502</p>   |
| <b>Tagalog</b> | <p>PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-665-1502 (TTY: 1-800-432-1110).</p> <p>Sumusunod ang Independent Health sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian.</p>                     |

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| <b>Greek</b>    | <p>ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-665-1502 (TTY: 1-800-432-1110).</p> <p>Independent Health συμμορφώνεται με τους ισχύοντες ομοσπονδιακούς νόμους για τα ατομικά δικαιώματα και δεν προβαίνει σε διακρίσεις με βάση τη φυλή, το χρώμα, την εθνική καταγωγή, την ηλικία, την αναπηρία ή το φύλο.</p> |
| <b>Albanian</b> | <p>KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-665-1502 (TTY: 1-800-432-1110).</p> <p>Independent Health vepron në përputhje me ligjet e zbatueshme federale të të drejtave civile dhe nuk ushtron diskriminim mbi baza si raca, ngjyra, prejardhja etnike, mosha, aftësia e kufizuar ose gjinia.</p>                           |

Independent Health is a Medicare Advantage organization with a Medicare contract offering HMO, HMO-SNP, HMO-POS and PPO plans. Enrollment in Independent Health depends on contract renewal.

