

## **NOTICE OF PRIVACY PRACTICES**

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.**

### **CONFIDENTIALITY OF YOUR HEALTH CARE INFORMATION**

This notice is required by law to tell you how Benefits Association, Inc. (“BAI”) protects the confidentiality of your health care information in our possession. Protected Health Information (PHI) is defined as any individually identifiable information regarding a patient's medical/dental history; mental or physical condition; or treatment. Some examples of PHI include your name, address, telephone and/or fax number, electronic mail address, social security number or other identification number, date of birth, date of treatment, treatment records, x-rays, enrollment and claims records. BAI will receive, use and disclose your PHI to administer your benefit plan or as permitted or required by law. Any other disclosure of your PHI is prohibited.

We must follow the privacy practices that are described in this notice. However, this notice is subject to change. If we make any substantive changes to our privacy practices, we will promptly change this notice and redistribute to you within 60 days of the change to our practices. **You may also request a copy of this notice from the privacy official at the plan headquarters that provides your benefits (refer to the Contact section at the end of this notice).** You should receive a copy of the insurance company’s notice at the time of enrollment in a BAI program.

#### **Permitted Uses and Disclosures of Your PHI**

We are permitted to use or disclose your PHI without your prior authorization for the following purposes. These permitted uses and/or disclosures are for purposes enrollment and disenrollment in a health plan, billing of premiums, and other administrative operations. We will only disclose PHI to those parties responsible for the administration of your benefits.

#### **Disclosures BAI Must Make Without an Authorization**

We are required to disclose your PHI to you or your authorized personal representative (with certain exceptions), when required by law. BAI must disclose your PHI without your prior authorization in response to the following:

- Court order;
- Order of a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority;
- Subpoena in a civil action;
- Investigative subpoena of a government board, commission, or agency;
- Subpoena in an arbitration;
- Law enforcement search warrant; or
- Coroner's request during investigations

## **Disclosures BAI Make With Your Authorization**

AmFirst and MWA will not use or disclose your PHI without your prior authorization if the law requires your authorization. You can later revoke that authorization in writing to stop any future use and disclosure. The authorization will be obtained from you by BAI or by a person requesting your PHI from BAI.

## **Your Rights Regarding PHI**

**You have the right to request an inspection of and obtain a copy of your PHI.** You may access your PHI by contacting AmFirst or MWA at the addresses listed below. You must include (1) your name, address, telephone number and identification number and (2) the PHI you are requesting. AmFirst and MWA may charge a reasonable fee for providing you copies of your PHI. AmFirst and MWA will only maintain that PHI that we obtain or utilize in providing your health care benefits. Most PHI, such as treatment records or X-rays, is returned by AmFirst to the provider after we have completed our review of that information. You may need to contact your health care provider to obtain PHI that AmFirst and MWA do not possess.

You may not inspect or copy PHI compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or PHI that is otherwise not subject to disclosure under federal or state law. In some circumstances, you may have a right to have this decision reviewed. Please contact AmFirst or MWA at the addresses listed below if you have questions about access to your PHI.

**You have the right to request a restriction of your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

**You have the right to correct or update your PHI.** This means that you may request an amendment of PHI about you for as long as we maintain this information. In certain cases we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If your PHI was sent to us by another, we may refer you to that person to amend your PHI. For example, we may refer you to your provider to amend your treatment chart or to your employer, if applicable, to amend your enrollment information. Please contact AmFirst or MWA at the addresses listed below if you have questions about amending your PHI.

**You have the right to request or receive confidential communications from us by alternative means or at a different address.** We will agree to a reasonable request if you tell us that disclosure of your PHI could endanger you. You may be required to provide us with a statement of possible danger, a different address, another method of contact or information as to how payment will be handled. Please make this request in writing to AmFirst or MWA at the addresses listed below.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.** This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information we disclosed after we received a valid authorization from you. Additionally, we do not need to account for disclosures made to you, to family members or friends involved in your care, or for notification purposes. We do not need to account for disclosures made for national security reasons or certain law enforcement purposes, disclosures made as part of a limited data set, incidental disclosures, or disclosures made prior to April 14, 2003. Please contact AmFirst or MWA at the addresses listed below if you would like to receive an accounting of disclosures or if you have questions about this right.

**You have the right to get this notice by E-Mail.** You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

### **Complaints**

You may complain to us or to the U. S. Secretary of Health and Human Services if you believe that AmFirst or MWA have violated your privacy rights. You may file a complaint with us by notifying AmFirst or MWA at the addresses listed below. We will not retaliate against you for filing a complaint.

### **Contact**

You may contact AmFirst or MWA at the addresses and telephone numbers listed below for further information about the complaint process or any of the information contained in this notice.

Morgan-White Administrators  
Attn: Privacy Officer  
Post Office Box 14067  
Jackson, MS 39236-4067  
800-800-1397

**This notice is effective on and after April 14, 2003.**