

HIPAA Privacy Notice

This notice describes how claims or medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

By law, the Municipal Health Benefit Fund (Fund) is required to protect the privacy of your protected health information. We must also give you this notice to tell you how the Fund may use and release ("Disclose") your protected health information possessed by the Fund.

The Fund must use and release your protected health information to provide information:

- To you or someone else who has the legal right to act for you (your personal representative)
- To the Secretary of the Department of Health and Human Services, if necessary to make sure your privacy is protected, and
- Where otherwise required by law.

The Fund has the right to use and release your protected health information to evaluate and process your health plan claims, to enroll and disenroll you and your dependents, and to perform related health plan operations.

For example:

- The Fund can use and disclose your protected health information to pay or deny your claims, to collect your premiums, or to share your benefit payment or status with health care providers or other health care payers.
- The Fund can use and disclose your protected health information for regular health-care operations. Staff may use information in your personal health record to improve the quality and effectiveness of the benefits and services we provide.
- The Fund may disclose to others who are contracted to provide services as business associates on our behalf. Some services are provided through contracts with others such as pharmacy management programs, copy and computer services, etc. Our contracts require these business associates to appropriately protect your information in compliance with applicable privacy and security laws.

The Fund may use or give out your protected health information for the following purposes, under limited circumstances:

- To state and federal agencies that have the legal right to receive Fund data (such as to make sure we are making proper claims payments)
- For public health activities (such as reporting disease outbreaks)
- For government health-care oversight activities (such as fraud and abuse investigations)
- For judicial and administrative proceedings (such as in response to a subpoena, law enforcement agency administrative request or other court order)
- For law enforcement purposes (such as providing limited information to locate a missing person or in response to any federal or state agency administrative request that is authorized by law)
- For research studies that meet all privacy law requirements (such as research related to the prevention of disease or disability)
- To avoid a serious and imminent threat to health or safety
- To contact you regarding new or changed health plan benefits

By law, the Fund must have your written permission (an "authorization") to use or release your protected health information for any purpose other than treatment, payment or healthcare operations or other limited exceptions outlined here or in federal privacy regulations or other applicable law.

For example, if you authorize the release of protected health information to your employer so to assist you in your claims for benefits, then the Fund may disclose protected health information to your employer.

Once you have given your permission for us to release your protected health information you may take it back ("revoke") at any time by giving written notice to us, except if we have already acted based upon your original permission.

To the extent (if any) that the Fund maintains or receives psychotherapy notes about you, most disclosures of these notes require your authorization specific to the release of such notes.

The Fund does not engage in fund raising activities where your protected health information is disclosed and the Fund does not sell protected health information.

Special Note on Genetic Information

The Fund does not and is also prohibited by law from collecting or using genetic information for purposes of underwriting, setting premium, determining eligibility for benefits or applying any preexisting condition exclusion under your health plan. Genetic information means not only genetic tests that you have received, but also any genetic tests of your family members, or any manifestations of a disease or disorder among your family members. The Fund might obtain and use genetic information in making a payment or denial decision or otherwise processing a claim for benefits under your health plan to the extent that genetic information is relevant to the payment or denial decision or proper processing of your claim.

Rights Regarding Medical Information about You

You have the right to:

- See and get a copy of your protected health information that is contained in a designated record set that was used to make decisions about you. This may include an electronic copy in certain circumstances if you make this request in writing.
- Have your protected health information amended if you believe that it is wrong, or if information is missing, and the Fund agrees. If the Fund disagrees, you may have a statement of your disagreement added to your protected health information.
- Receive a listing of those getting your protected health information from the Fund. The listing will not cover your protected health information that was given out to you or your personal representative, that was given out for payment or health-care operations, or that was given out for law enforcement purposes.
- Ask the Fund to communicate with you in a different manner or at a different place (for example, by sending your correspondence to a P.O. Box instead of your home address) if you are in danger of personal harm if the information is not kept confidential.
- Ask the Fund to limit how your protected health information is used and given out to pay your claims and perform health-care operations. Please note that the Fund may not be able to agree to your request.
- Get a separate paper copy of this notice.

Breach Notification:

In the event of breach of your unsecured health information, the Fund will provide you with notification of such a breach as required by law or where we otherwise deem such notification appropriate.

To Exercise Your Rights

If you would like to contact the Fund for further information regarding this notice or exercise any of the rights described in this notice, you may do so by contacting Customer Service at **501-978-6137**. You may also get complete instructions and request forms from: http://www.arml.org/benefit_programs.html

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Fund or with the Secretary of the Department of Health and Human Services. You may file a complaint with the Fund, by writing to the following address:

Municipal Health Benefit Fund
Attn: HIPAA Privacy and Security Officer
P.O. Box 38
North Little Rock, AR 72115

We will not penalize or in any other way retaliate against you for filing a complaint with the Secretary or with us. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem.

Changes to this Notice

We are required by law to abide by the terms of this notice. We reserve the right to change this notice and make the revised or changed notice effective for claims or medical information we already have about you as well as any future information we receive. When we make changes, we will notify you by sending a revised notice to the last known address we have for you or by alternative means allowed by law or regulation. We will also post a copy of the current notice at http://www.arml.org/benefit_programs.html

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