**INNOVATIVE EMPLOYEE BENEFITS, INC.**

**HIPAA NOTICE OF PRIVACY PRACTICES**

*This Notice describes how medical information about client plan participants may be used and disclosed and how client plan participants can get access to this information.* ***Please review this notice carefully.***

**Client Plan Participants Rights** – Client plan participants have certain rights. This section explains those rights and some of IEB’s responsibilities to help client plan participants.

* Client plan participants can ask to see or get a copy of their health and claims records and other health information IEB has about you.
* IEB will provide a copy or a summary of client plan participants’ records, usually within 30 days of the request. A reasonable, cost-based fee may be charged.
* Client plan participants can ask IEB to correct health and claims records if client plan participants think they are incorrect or incomplete.
* IEB may say “no” to such requests, but will provide a written explanation as to “why not” within 60 days.
* Client plan participants can ask IEB to contact them in a specific way (for example, home or office phone) or to send mail to a different address.
* IEB will consider all reasonable requests, and must say “yes” if a client plan participant informs IEB the participant would be in danger otherwise.
* Client plan participants can ask IEB not to use or share certain health information for treatment, payment, or IEB’s operation.
* IEB is not required to agree to these requests, and may say “no” if it would affect participant care.
* Client plan participants can ask for a list (accounting) of the times IEB has shared participant health information for six years prior to the date the request is made, who IEB shared it with, and why.
* IEB will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any a participant has asked be made). IEB will provide one accounting a year at no charge but will charge a reasonable, cost-based fee if asked for another accounting within 12 months.
* Client plan participants can ask for a paper copy of this notice at any time, even if the participant has agreed to receive the notice electronically. IEB will provide the participant with a paper copy promptly.
* If a client plan participant has given someone medical power of attorney or if someone is the participant’s legal guardian, that person can exercise the participant’s rights and make choices about the participant’s health information.
* IEB will make sure the person has this authority and can act for the participant before taking any action.
* Client plan participants can complain if they feel IEB has violated a participant’s rights by contacting IEB using the information on page……
* Client plan participants can file a complaint with the U.S. Department of Health & Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, DC 2020, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).
* IEB will not retaliate against a participant for filing a complaint.

**Client Plan Participants Choices –** For certain information, client plan participants can tell IEB their choices about what is shared. If a participant indicates a clear preference for how IEB shares information in the situations described below, IEB will follow those preferences.

* Client plan participants have both the right and choice to indicate a clear preference to IEB in the cases of:
* Sharing information with a participant’s family, close friend, or others involved in payment for care.
* Sharing information in a disaster relief situation.
* Contacting a participant for fundraising efforts.

If a participant is not able to indicate to IEB a clear preference, for example, if the participant were unconscious, IEB may go ahead and share information if IEB believes it is in the participant’s best interest. IEB may also share information when needed to lessen a serious and imminent threat to health or safety.

**Uses and Disclosures** – IEB typically uses or shares client plan participant health information in the following ways:

* To help manage the health care treatment received, IEB can use participant health information and share it with professionals who are treating the participant. *Example: A doctor sends IEB information about the diagnosis and treatment plan so IEB can arrange additional services.*
* IEB can use and disclose participant information to run the organization and contact the participant when necessary. *Example: IEB uses participant health information to develop better services for participants.*
* **IEB is not allowed to use genetic information to decide whether IEB will give a participant coverage and the price of that coverage.** (This prohibition does not apply to long term care plans.)
* IEB can use and disclose participant health information to pay for the participant’s health services. Example: IEB would share information with a participant’s dental plan to coordinate payment for the participant’s dental work.
* IEB may disclose participant health information to the health plan sponsor for plan administration. Example: The participant’s employer contracts with IEB to provide health plan administration, and IEB provides the company with certain statistics to explain the fees charged.

IEB is also allowed or required to share participant information in other ways – usually in ways that contribute to the public good, such as public health and research. IEB has to meet many conditions in the law before sharing such information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

* To help with public health and safety issues, IEB can share health information about participants for certain situations, such as:
* Preventing disease
* Helping with product recalls
* Reporting adverse reactions to medications
* Reporting suspected abuse, neglect, or domestic violence
* Preventing or reducing a serious threat to anyone’s health or safety.
* IEB can use or share participant information for health research.
* IEB will share participant information if state or federal laws require it, including with the Department of Health and Human Services if it want to see that IEB is complying with federal privacy law.
* IEB can share participant health information with organ procurement organizations in response to organ and tissue donation requests.
* IEB can share participant health information with a coroner, medical examiner, or funeral director when an individual dies.
* IEB can use or share participant health information:
* For workers’ compensation claims
* For law enforcement purposes or with an law enforcement official
* With health oversight agencies for activities authorized by law
* For special government functions such as military, national security, and presidential protective services.
* IEB can share participant health information in response to a court or administrative order, or in response to a subpoena.

Except in the above potential scenarios where IEB is legally required, IEB will never share any client plan participant substance abuse treatment records without written permission of the participant.

**Important Note: IEB will never sell or market client plan participant personal or health information.**

**IEB’s Responsibilities** –

* IEB is required by law to maintain the privacy and security of client plan participants’ health information.
* IEB will promptly notify a participant if a breach occurs that may have compromised the privacy or security of the participant’s information.
* IEB must follow the duties and privacy practices described in this notice and give participants a copy of it.
* IEB will not use or share client plan participants’ information other than as described here unless a participant indicates in writing otherwise. A participant may change and amend in writing such permission at any time.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

*IEB may change the terms of this notice and the changes will apply to all information IEB has on client plan participants. The new notice will be available upon request, on the IEB website, and a copy will be provided to plan participants.*

**Effective Date: September 23, 2013**

Leigh Hager, President & Privacy Official

Innovative Employee Benefits, Inc.

[Leigh@Better-Benefits.com](mailto:leigh@better-benefits.com)

704.341.5981