

# Notice of Privacy Practices



## Attention members

Your privacy and the protection of your personal health information has always been a top priority at Blue Cross and Blue Shield of Kansas. We are providing you this document as we are required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to inform you of your rights, our legal duties, and our privacy practices. We follow the privacy practices described in this notice. If we materially change any of these practices, we will provide you with a new notice. **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.**

---

## Notice of privacy practices

**Protected Health Information (PHI)** is information about your health care that can be traced to you, like:

- Name, address, and Social Security Number;
- Medical and mental health information used by doctors, insurance companies, and clearinghouses;
- Information about medical procedures; and
- Payments made for health care provided to you.

**Our legal duty:** We are required by federal and state laws to maintain the privacy of your PHI. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect the date coverage became effective for you. It will remain in effect until we replace it.

We reserve the right to make changes that are permitted by law to our privacy practices and notice at any time. These changes in our privacy practices and the new terms of our notice will be effective for all PHI, including PHI we created or received before we made the changes. Before we make a significant change in our privacy practices we will change this notice and send it to you.

You may ask for a copy of our privacy practices and notice at any time through our customer service department at **800-432-3990** or through the Privacy Officer at **(785) 291-7309**.

---

## Uses and disclosures of your Protected Health Information

We may use or disclose PHI about you:

**For payment:** We use and disclose PHI to manage your account or benefits or to pay claims for health care you get through your plan. For example, we share information about your premium and deductible payments. We may give information to a doctor's office to confirm your benefits.

**For healthcare operations:** We may use and disclose PHI for our health care operations. For example, we may use PHI to set premium rates or to review the quality of care and services you receive. We may also use PHI to provide you with case management or care coordination services for conditions like asthma, diabetes, or traumatic injury. We may also disclose your PHI to a Business Associate. This associate must follow all the regulations and practices in this notice.

**For treatment:** We do not provide treatment. This is the role of a health care provider, such as a doctor or hospital. But, we may disclose PHI to the health care provider for your treatment.

**For health-related products and services:** Where permitted by law we may use your PHI to contact you about health-related products or services, replacements or enhancements to your health plan, or treatment alternatives.

**To you:** We must give you access to your own PHI. We may need to contact you to visit with you about treatment options or other health-related benefits and services. We may also contact you about products and programs you may be eligible for once you or your children turn 19. We may send you reminders about your medical check-ups or tests.

**To others:** If you want us to disclose your PHI with anyone for any reason you need to tell us it is okay in writing. We can also disclose your PHI if you are present and tell us it is okay to disclose your information with a family member, friend or other person. If you are not present, it is an emergency, or you are not able to give us the okay, we will disclose your PHI with a family member, friend or other person if it is in your best interest.

**As allowed or required by law:** We may also use or disclose your PHI as allowed by federal and state law. These may include: health oversight activities; judicial or administrative proceedings; with public health authorities; for law enforcement reasons; with coroners, funeral directors, or medical examiners (about decedents); for organ donation purposes; for research; to avoid serious threat to health and safety; to help with disaster relief; special government functions like Workers Compensation or with the Department of Health and Human Services; to appropriate authorities if we reasonably believe you may be a victim of abuse, neglect, domestic violence, or other crimes; and as required by law. If your health insurance is an “employer-sponsored group health plan” we may disclose your PHI to the plan administrator. Plan administrators receiving PHI are required by law to keep the PHI from being used for improper reasons.

**On your authorization:** You may give us the written okay to use your PHI or disclose it with anyone for any purpose. If you give us the okay, you may remove it in writing at any time and we will stop sharing your PHI. Remember that we may have disclosed some PHI based on your okay and cannot undo actions we took while we had your okay. If we have psychotherapy notes about you, most of the time we will not disclose these notes without your okay. Also, sometimes we disclose information for our fundraising activities. We will allow you to opt-out of all future fundraising activities before including your PHI. In most (but not all) instances we must ask your okay to use, disclose, or sell your medical information for marketing purposes. Unless you give written permission we cannot use or disclose your PHI for any reason except those described in this notice.

**Genetic information:** If we use or disclose PHI for premium rating purposes, we are prohibited from using or sharing PHI that is genetic information of an individual for such purposes.

**Substance Use Disorder Information:** We cannot use or disclose certain information about substance use disorders for any purpose, unless you provide consent. In most cases, your consent is given through the treating provider. Furthermore, we cannot use or disclose information about your treatment for substance use disorders (or provide testimony based on such information) for any civil, criminal, administrative, or legislative proceedings against you. Any such disclosure would be permitted only with your consent or through a special legal mandate for which you must have notice and an opportunity to object.

**Reproductive Health Care Information:** We cannot use or disclose information to aid an investigation into (or attempt to impose liability against) any person for the mere act of seeking, obtaining, providing, or facilitating legal reproductive health care. For example, we cannot disclose information for a civil suit brought by a person exercising a private right of action provided for under state law against an individual or health care provider who obtained, provided, or facilitated a lawful abortion, or to a medical licensing board seeking to revoke a provider’s license for providing legal reproductive health care in a different state. Before we disclose information in response to a government agency’s or third-party’s request that might be related to your reproductive health care, a written attestation from the requestor must be completed stating the request does not violate the ban on disclosing reproductive health care information. For example, we cannot disclose information for the civil suit described above, unless the person making the request attests that the purpose of the request is not for an investigation or imposing liability.

---

## Individual rights

Under federal law you have the right to:

- Look at or get copies of certain types of your PHI. You may request that we provide copies in a format other than paper. This may include an electronic copy in certain circumstances if you make this request in writing. You may also ask us to change PHI that you believe is incorrect or missing. If that PHI came from someone else, like a doctor, we may have you ask them to correct it.
- Send us a written request asking us not to use your PHI for treatment, payment or health care operations. We are not required to agree to these requests.
- Request that we communicate with you about your PHI by alternative means or to an alternative location if you believe you could become endangered if the PHI is not treated confidentially. You must make your request in writing.

- Send us a written request asking for a list of any disclosures of your PHI other than PHI used for normal treatment, payment or operations.

**Breach notification:** In the event of breach of your unsecured health information, we will let you know of such a breach as required by law or where we otherwise deem appropriate.

Contact our customer service department at **800-432-3990** or the Privacy Officer at **(785) 291-7309** to use any of these rights. They will provide you with any forms we may ask you to complete.

---

## Privacy of your information after disclosure

Once we disclose information to a third party other than a health care provider, health plan, or other person subject to federal privacy laws, your information may no longer be protected by federal privacy laws and the recipient may use or redisclose your information for other purposes.

---

## Privacy of financial information

Privacy of financial and health information is of concern to all of us and in response to these concerns, the federal government has required states to adopt laws that require insurance companies to explain their privacy practices. These laws are commonly known as HIPAA (privacy) and Gramm-Leach-Bliley (financial).

Our privacy practices for “non-public personal financial information” are also set out below. We want to assure you that we take your privacy concerns seriously, and join with Your lawmakers in believing this disclosure of such practices is an important good idea.

---

## Our privacy practices regarding financial information

Blue Cross and Blue Shield of Kansas and/or Advance Insurance Company of Kansas (“affiliates”) have the following practices regarding nonpublic personally identifiable financial information with respect to our customers.

The nonpublic personal financial information we collect consists of information you provide in applications or enrollment forms (such as name, address, Social Security Number, telephone number), or changes in that information you submit to us, and whether you hold other health coverage.

We collect such information from the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us and our affiliates;
- Information we receive from others, if you hold duplicate coverage subject to coordination with coverages we issue or administer.

We do not disclose such information about our customers or former customers to anyone, except:

- We disclose such information as permitted by law. Examples of disclosures we make which are permitted by law include disclosures of the fact of enrollment (a type of personally identifiable financial information) collected by one affiliate to the other, disclosures to persons providing services to us necessary to adjudicate claims, and disclosures to health care providers allowing such providers to determine your eligibility for coverage.
- We may disclose your name, address and telephone number, which we receive from you on your applications or other forms to companies that perform customer satisfaction or other surveys on our behalf. Such companies have agreed not to redisclose such information to others.

We restrict access to nonpublic personal financial information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards to guard your personal financial information.



Blue Cross and Blue Shield of Kansas  
1133 SW Topeka Blvd  
Topeka KS 66629-0001

PRST STD  
U.S. POSTAGE  
PAID  
TOPEKA, KANSAS  
PERMIT NO. 615

RETURN SERVICE REQUESTED

## Questions and complaints regarding privacy practices

We take our responsibility of protecting your PHI very seriously. We have a number of policies and procedures in place to make sure it stays safe. If you are concerned that we may have violated your privacy rights, you disagree with a decision we made about access to your PHI, or would simply like to review our policies and procedures, please contact our customer service department at **800-432-3990** or the Privacy Officer at **(785) 291-7309**.

You may also write to us at:

Blue Cross and Blue Shield of Kansas  
P.O. Box 2218  
Topeka, KS 66601-2218

You may choose to call by the Office of Civil Rights Hotline at **1-800-368-1019** or submit a written complaint to the Department of Health and Human Services:

U.S. Department of Health and Human Services  
Room 509F  
200 Independence Avenue, SW  
Washington D.C. 20201

**We support your right to the privacy of your PHI.** We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Visit us at [bcbsks.com](http://bcbsks.com)



1133 SW Topeka Blvd, Topeka, KS 66629