

**Please carefully review this notice. It describes how medical information about you may be used and disclosed and how you can get access to this information.**

This Notice describes how your protected health information (PHI) may be used or disclosed under the privacy and security rules of the Health Insurance Portability and Accountability Act 1996 (HIPAA). Specifically, this Notice describes the privacy practices of the following Arizona State health plans: Aetna medical, Blue Cross Blue Shield medical, Cigna medical, Delta Dental, UnitedHealthcare medical, and ASIFlex flexible spending. These plans are collectively referred to as Arizona Benefit Options in this Notice, unless otherwise specified.

**Use and Disclosure of Your Protected Health Information**

Generally, Arizona Benefit Options may use your protected health information for purposes of treating you, making or obtaining payment for your care, and/or for conducting healthcare operations. This may be done without your prior authorization or written consent. Here are some examples of what that might entail:

- ***To Treat You***  
Benefit Options may use or disclose your PHI in order to provide treatment or care for you. Treatment includes providing, coordinating, or managing your care by and/or between one or more providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and/or consultations and referrals between providers. For example, Benefit Options may share your protected health information with physicians who are treating you.
- ***To Make or Obtain Payment***  
Benefit Options may use or disclose your protected health information to make payment to, or collect payment from, third parties, such as other health plans or providers, for the care you receive. For example, Benefit Options may provide information regarding your coverage or healthcare treatment to other health plans to coordinate payment of benefits.
- ***To Conduct Health Care Operations***  
Benefit Options may use or disclose your PHI for its own operations to facilitate and, as necessary, to provide coverage and services to all Benefit Options' participants. As an example, Benefit Options may use your PHI to conduct case management, quality improvement and utilization review, and provider credentialing activities, or in order to engage in customer service or grievance resolution activities.

Arizona Benefit Options also may use or disclose your PHI where required or permitted by law.

Federal law, under HIPAA, generally permits health plans to use or disclose PHI for the following purposes:

- Where required by law;
- For public health activities;
- To report child or domestic abuse;
- For governmental oversight activities;
- Pursuant to judicial or administrative proceedings;
- For certain law enforcement purposes;
- For a coroner, medical examiner, or funeral director to obtain information about a deceased individual;
- For organ, eye, or tissue donation purposes;
- For certain government-approved research activities;
- To avert a serious threat to an individual's or the public's health or safety;
- For certain government functions, such as those related to military service or national security;
- To comply with Workers' Compensation laws;
- To a family member or close friend that you have identified and who is directly involved in your care or payment for your care; or
- To notify a family member of other individual involved in your care of your location, general condition, or death or to a public or private entity authorized by law or its charter to assist in disaster relief efforts to make such notifications.

For any other uses and disclosures of your PHI, Arizona Benefit Options will obtain your written authorization. In addition, Arizona Benefit Options will obtain your written authorization to use or disclose PHI for marketing purposes where it receives financial remuneration, for the sale of PHI, or with respect to psychotherapy notes, except for limited healthcare operations purposes. You may revoke your authorization in writing at any time, provided Arizona Benefit Options has not yet taken action in reliance on your authorization. Under HIPAA, Arizona Benefit Options is also required to comply with Arizona State laws that are applicable and not contrary to HIPAA.

### **Your Rights With Respect to Your Protected Health Information**

You or a personal representative with legal authority to make health care decisions on your behalf, you have several rights with respect to your PHI, which are described below. Please call the privacy contact listed below if you have questions about your rights.

- You have the right to request restrictions on how your PHI may be used or disclosed. Arizona Benefit Options is generally not required to agree to your requested restriction, except in limited circumstances.
- You have the right to receive your PHI confidentially, such as at a location other than your home, if you state in writing that disclosing the information through normal means could endanger you.
- You have the right to inspect and copy your PHI that is maintained by Arizona Benefit Options in a designated record set or to request an electronic copy. Arizona Benefit Options may charge a reasonable, cost-based fee for such copies.

- You have the right to request an amendment to your PHI that Arizona Benefit Options maintains in a designated record set. Arizona Benefit Options may deny your request for an amendment if it believes your information is accurate and complete, or if the information was created by a party other than Arizona Benefit Options.
- You have a right to request an accounting of disclosures Arizona Benefit Options has made of your PHI for the six years prior to your request, except for disclosures you have authorized or disclosures for routine treatment, payment, or health care operations of Arizona Benefit Options.
- You have a right to request a paper copy of this notice, even if you have agreed to receive this notice electronically.
- You have the right to file a privacy complaint with the Covered Entity or the OCR (Information listed below) without fear of retaliation or denial of service. Covered Entity shall generally have the same meaning as the term “covered entity” at 45 C.F.R. §160.103, and in reference to the party to this Agreement, shall mean the Arizona Department of Administration (ADOA).

### **Arizona Benefit Options’ Duties With Respect to Your Protected Health Information**

Arizona Benefit Options is required by law to maintain the privacy of your PHI and to provide you with a notice of its legal duties and privacy practices with respect to your PHI. Arizona Benefit Options is required to abide by the terms of this Notice. Arizona Benefit Options is required to notify you if there is a breach of your unsecured PHI. Arizona Benefit Options reserves the right to change the terms of this Notice and to make the new notice provisions effective for all protected health information that it maintains. If there is a material change to any provisions of this Notice, Arizona Benefit Options will distribute a revised Notice.

### **Questions or Complaints**

For more information, or if you want to exercise your rights, or you feel your privacy rights have been violated, or you want to file a complaint, you may contact Arizona Benefit Options at:

ADOA, Benefit Services Division  
 100 N. 15th Ave., Suite 260  
 Phoenix, AZ 85007  
 602-542-5008 or 800-304-3687  
 Email: [BenefitsIssues@azdoa.gov](mailto:BenefitsIssues@azdoa.gov)

The ADOA Privacy Officer may be contacted at:  
 100 N. 15th Avenue, Suite 401  
 Phoenix, AZ, 85007  
 602-542-1500  
 Fax: 602-542-2199

You also may file a complaint with the Secretary of Health and Human Services, Office for Civil Rights:

The OCR office for Arizona is located at:  
Denver Office  
Office for Civil Rights  
U.S. Department of Education  
Cesar E. Chavez Memorial Building  
1244 Speer Boulevard, Suite 310  
Denver, CO 80204-3582

Telephone: 303-844-5695  
FAX: 303-844-4303; TDD: 800-877-8339  
Email: [OCR.Denver@ed.gov](mailto:OCR.Denver@ed.gov)

The OCR National Headquarters is located at:  
U.S. Department of Education  
Office for Civil Rights  
Lyndon Baines Johnson Department of  
Education Bldg  
400 Maryland Avenue, SW  
Washington, DC 20202-1100

Telephone: 800-421-3481  
FAX: 202-453-6012; TDD: 800-877-8339  
Email: [OCR@ed.gov](mailto:OCR@ed.gov)