

**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.**

The administrators of the Arizona Benefit Options Program (also referred to as the Program or ABO in this Notice) know that the privacy of your personal information is important to you. This Privacy Practices Notice describes how medical information about you may be used and disclosed, how you may gain access to such information, and the measures taken to safeguard your information. In addition, Arizona Benefit Options has established a policy to guard against unnecessary disclosures of your protected health information.

### **NOTICE OVERVIEW**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of a person's health information by the Arizona Benefit Options Program. This information, known as "protected health information", or "PHI", includes almost all individually identifiable health information held by a health plan or program — whether received in writing, an electronic medium, or as an oral communication. This Notice describes the privacy practices of the following Arizona Benefit Options plans: Aetna medical, Blue Cross Blue Shield medical, Cigna medical and/or dental, UnitedHealthcare medical, MedImpact pharmacy, Delta Dental, and TASC flexible spending. These plans may share protected health information with each other to carry out treatment, obtain payment, and/or conduct health care operations. For the purposes of this Notice, they are collectively referred to as Arizona Benefit Options (or the Program, or ABO) unless specified otherwise.

#### **A. GENERAL USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION**

Arizona Benefit Options may use your protected health information for purposes of providing you treatment and care, obtaining payment for your treatment and care, and for conducting health care operations. The amount of protected health information requested, used, and/or disclosed will be limited and, when needed, restricted to the minimum information necessary to accomplish the intended purposes, as defined under the HIPAA rules.<sup>1</sup>

#### **THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND/OR DISCLOSED WITHOUT YOUR PRIOR CONSENT:**

1. **To Facilitate Your Treatment.** Arizona Benefit Options may use or disclose your protected health information in order to provide, coordinate, and/or manage the health care you receive from one or more health care providers or doctors. Treatment may include coordination or management of care between a provider and a third party and/or

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<sup>1</sup> If Arizona Benefit Options uses or discloses your PHI for underwriting purposes, the Program will not use or disclose PHI that is considered your genetic information.

consultations and referrals between providers. For example, Arizona Benefit Options may share your protected health information with the physician who is treating you.

2. **Make or Obtain Payment.** Arizona Benefit Options may use or disclose your protected health information in order to make payment to, or collect payment from, third parties, such as other health plans or providers, for the care you receive. For example, Arizona Benefit Options may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.
3. **To Conduct Health Care Operations.** Arizona Benefit Options may use or disclose your protected health information for its own operations in order to facilitate the administration of the Program and, as necessary, to provide coverage and services to all Arizona Benefit Options' participants. Health care operations include activities such as:
  - Quality assessment and improvement;
  - Utilization review;
  - Activities designed to improve health and/or reduce health care costs;
  - Clinical guideline and protocol development, case management, and care coordination;
  - Contacting health care providers and participants with information about treatment alternatives and other related functions;
  - Health care professionals' competence or qualifications reviews and performance evaluations;
  - Accreditation, certification, licensing, or credentialing activities;
  - Underwriting, premium rating, or related functions to create, renew, or replace health insurance or health benefits;
  - Reviews and auditing, including compliance reviews, medical reviews, legal services, and compliance programs;
  - Business planning and development including cost management, planning analyses, and formulary development. In addition, summary health information<sup>2</sup> may be provided to third parties in connection with the solicitation of health plans or the modification or amendment of the existing plan;
  - Business management and general administrative activities of Arizona Benefit Options, including customer service and resolution of internal grievances.

**B. ARIZONA BENEFIT OPTIONS' AUTHORIZATION TO DISCLOSE YOUR PROTECTED HEALTH INFORMATION TO THE STATE OF ARIZONA FOR LIMITED PURPOSES**

Under HIPAA, Arizona Benefit Options, or its health insurer or HMO, may disclose your protected health information, without your written authorization, to the State of Arizona for administrative purposes. For example, the State of Arizona may need your protected health information to administer your benefits under the Program. The State of Arizona will not use or disclose your protected health information other than as permitted and/or required by the Arizona Benefit Options Program and by law. Further, Benefit Services employees are the only Arizona State employees who will have access to your protected health information for such purposes.

Some examples of how your protected health information may be shared between Arizona Benefit Options and the State of Arizona are as follows:

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<sup>2</sup> For a definition of summary health information, see page 3.

1. **Summary Health Information.** Arizona Benefit Options, or its insurer or HMO, may disclose “summary health information” to the State of Arizona, if requested, for purposes of obtaining premium bids to provide coverage under the Program or for modifying, amending, or terminating the Program. Summary health information is information that summarizes participants’ claims information, from which names and other identifying information have been removed.
2. **Enrollment Status in the Arizona Benefit Options Program.** Arizona Benefit Options, or its insurer or HMO, may disclose to the State of Arizona information regarding whether an individual is participating in the Program or has enrolled or disenrolled in an insurance option or HMO offered by the Program.

You should know that the State of Arizona cannot and will not use protected health information, received by Arizona Benefit Options, for *any* employment-related actions. However, protected health information collected by the State of Arizona from other sources such as the Family and Medical Leave Act (FMLA), Americans with Disabilities Act (ADA), and/or a workers’ compensation program, is *not* protected under HIPAA (although this type of information *may* be protected under other federal and/or state laws).

#### C. **OTHER PERMISSIBLE USES OR DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

In addition to the circumstances outlined above, the following are additional circumstances that permit the use or disclosure of your protected health information without your prior consent:

1. **To an Individual Involved in Your Care.** Disclosures to a family member, close friend, and/or to another person you have previously identified as one who is involved in your care, or the payment for your care, are permitted. Information about your location, general condition, or your death may be provided to these individuals.
2. **To a Public or Private Entity Authorized to Assist in Disaster Relief Efforts.**
3. **To Your Legal Representative.**

(You’ll generally be given the chance to agree or object to disclosures in the three circumstances above, although exceptions may be made if you are not present, are incapacitated, or in other emergent situations.)

4. **For Public Health Awareness.** Disclosures to persons who may be at risk of contracting or spreading a disease or condition, disclosures to public health authorities to prevent or control disease and/or report child abuse or neglect, and disclosures to the Food and Drug Administration (FDA) to collect or report adverse events or product defects are all permitted.
5. **In Circumstances of Abuse, Neglect, or Domestic Violence.** Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law, are permitted; also, if Arizona Benefit Options believes, and you agree, that disclosure of your protected health information is necessary to prevent serious harm to you or potential victims, disclosure is permitted (you will be notified of such a disclosure if informing you will not put you at further risk).

6. **In the Case of Your Death.** Disclosures made to a coroner or medical examiner to identify you as the deceased and/or to determine your cause of death are permitted; also permitted are disclosures to funeral directors in order for them to carry out their duties.
7. **To Facilitate Donation of Your Organs.** Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after your incapacitation or death are permitted.
8. **For Research Purposes.** Disclosures of your protected health information are permitted, subject to approval by institutional or private privacy review boards, and subject to certain assurances and representations by researchers, about the necessity of using your protected health information and the treatment of the protected health information during a research project.
9. **For Investigations by the Department of Health and Human Services (DHHS).** Disclosures of your protected health information to the Department of Health and Human Services to investigate or determine the Arizona Benefit Options' compliance with the HIPAA privacy rule are permitted.
10. **For Workers' Compensation.** Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illnesses without regard to fault, as authorized by law and as are necessary to comply with the laws, are permitted.
11. **For Matters Necessary to Prevent Serious Threat to Health or Safety.** Disclosures made in the good-faith belief that releasing your protected health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat) are permitted. This includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted to participation in a violent crime that ABO reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody.
12. **For Judicial and Administrative Proceedings.** Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process are permitted. (Arizona Benefit Options may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information).
13. **For Law Enforcement Purposes.** Disclosures to law enforcement officials required by law or legal process are permitted: in order to identify a suspect, fugitive, witness, or missing person; when they concern a crime victim (if you agree); when deemed necessary for immediate law enforcement activity; when about a death that may have resulted from criminal conduct; and in order to provide evidence of criminal conduct on the Arizona Benefit Options' premises.
14. **For Health Oversight Activities.** Disclosures to health agencies for activities authorized by law (such as audits, inspections, investigations, or licensing actions) for oversight of: the health care system, government benefits programs for which health information is

relevant to beneficiary eligibility, and/or compliance with regulatory programs or civil rights laws.

15. **For Specialized Government Functions.** Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command, disclosures to authorized federal officials for national security or intelligence activities, and disclosures to correctional facilities or custodial law enforcement officials about inmates are all permitted.

Other than as stated above, Arizona Benefit Options will not disclose your protected health information without your prior written authorization.<sup>3</sup> If you do authorize Arizona Benefit Options to use or disclose your protected health information, you may revoke that authorization at any time by a signed writing to ABO. Arizona Benefit Options will not sell your protected health information unless you have authorized such use. You may similarly revoke such authorization, as allowed under the HIPAA rules, through a writing to ABO that makes specific reference to the prior authorization.

**You may *not* revoke your authorization with respect to disclosures that Arizona Benefit Options Program has already made.**

You will be notified of any unauthorized access to, or use or access of, your protected health information as law requires. Arizona Benefit Options will also notify you if it becomes aware of a loss of your protected health information in a manner that could compromise your privacy.

#### **D. 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 have the following rights regarding your protected health information that is maintained by Arizona Benefit Options. These rights are subject to certain limitations, as discussed below.

1. **Right to Request Restrictions.** You may request restrictions on certain uses and disclosures of your protected health information. For example, you have the right to request a limit on Arizona Benefit Options' disclosure of your protected health information to someone involved in the payment of your care. However, Arizona Benefit Options is not required to agree to a requested restriction. If ABO does agree, a restriction may later be terminated by your written request, by agreement between you and the Program (including an oral agreement), or unilaterally by ABO for protected health information created or received after you are notified that ABO has removed the restrictions. Arizona Benefit Options may also disclose your protected health information if you need emergency treatment, even if it has previously agreed to a restriction.

An entity covered by these HIPAA rules (such as your healthcare provider) or its business associate *must* comply with your request that your protected health information regarding a specific health care item or service not be disclosed to Arizona Benefit Options for purposes of payment or health care operations ***if you have paid out of pocket and in full for the item or service.***

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<sup>3</sup> If ABO keeps psychotherapy notes in its records, it will obtain your authorization in some cases before it releases those records.

2. **Right to Receive Confidential Communications.** To safeguard the confidentiality of your protected health information, you may request that Arizona Benefit Options communicate with you or authorized third parties in a specified manner or at a specified location. For example, you may request that all protected health information be mailed to your work location rather than your home. If you wish to receive confidential communications, please make your request in writing to ABO. Arizona Benefit Options will accommodate reasonable requests, when possible.
3. **Right to Inspect and Copy Your Protected Health Information.** With certain exceptions, you have the right to inspect and/or obtain a copy of your protected health information. This information, called a “designated record set”, may include: a) medical and billing records maintained for a health care provider; b) enrollment, payment, claims adjudication, and/or case or medical management record systems maintained by a plan; or c) a group of records Arizona Benefit Options uses to make decisions about individuals. You do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. In addition, Arizona Benefit Options may deny your right to access these records, although in certain circumstances you may request a review of the denial.

If you want to exercise this right, your request to Arizona Benefit Options must be in writing. Within 30 days of receipt of your request, ABO will provide you with one of these responses:

- a. The access or copies you requested;
- b. A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or to file a complaint; or
- c. A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which Arizona Benefit Options expects to address your request.

You may also request that your protected health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. In such a case, Arizona Benefit Options may provide you with a summary or explanation of your protected health information instead of access to, or copies of, your protected health information. If ABO doesn't maintain the protected health information you requested but knows where it is maintained, you will be informed of where to direct your request.

If Arizona Benefit Options keeps your records in an electronic format, you may request an electronic copy of your protected health information in a form and format readily producible by ABO. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific.

For any records or copies of protected health information requested, Arizona Benefit Options may charge a reasonable fee for copying and/or assembling costs and, if applicable, postage associated with your request.

4. **Right to Amend Your Protected Health Information.** If you believe that your protected health information records are inaccurate or incomplete, you may request that Arizona

Benefit Options amend the records<sup>4</sup>. However, Arizona Benefit Options may deny your request for a number of reasons. For example, it may deny your request if it does not include a reason to support an amendment of your records, if your protected health information records were not created by Arizona Benefit Options, if the protected health information you are requesting to amend is not part of Arizona Benefit Options' records, if the protected health information you wish to amend falls within an exception to the protected health information you are permitted to inspect and copy by law, or if Arizona Benefit Options determines the records containing your protected health information are accurate and complete.

If you want to exercise this right, your request to Arizona Benefit Options must be in writing and must include a reason to support the requested amendment. Within 60 days of receipt of your request, ABO will take one of these actions:

- a. Make the amendment as requested;
  - b. Provide a written denial that explains why your request was denied and any rights you may have to appeal or to file a complaint; or
  - c. Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which Arizona Benefit Options expects to address your request.
5. **Right to an Accounting.** You have the right to request a list of disclosures of your protected health information to third parties for any reason other than treatment, payment, or health operations made by Arizona Benefit Options. The request should specify the time period for which you are requesting the disclosed information, but may not date back more than six (6) years.

**You do NOT have the right to receive an accounting of disclosures made for any of the following reasons:**

- Disclosures made for treatment, payment, or health care operations;
- Disclosures made to you about your own protected health information;
- Disclosures that are incidental to other permitted or required disclosures;
- Disclosures where authorization was previously provided;
- Disclosures made to family members or friends involved in your care (where disclosure is permitted without authorization);
- Disclosures made for national security or intelligence purposes;
- Disclosures made to correctional institutions or law enforcement officials, in certain circumstances; and/or
- Disclosures made as part of a "limited data set" (health information that excludes certain identifying information).

In addition, your right to an accounting of disclosures made to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to ABO must be in writing. Within 60 days of receipt of the request, Arizona Benefit Options will provide you with the list of disclosures or a written statement that the time period for providing this list will be

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<sup>4</sup> ABO may only amend records that it maintains. Records not maintained by ABO can NOT be added to or amended.

extended for no more than 30 more days, along with the reasons for the delay and the date by which ABO expects to address your request.

Arizona Benefit Options will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. Arizona Benefit Options will inform you in advance of the fee, if applicable.

6. **Right to a Paper Copy of this Notice.** You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically.
7. **File a Complaint.** You have the right to file a privacy complaint with the CE or the OCR without fear of retaliation or denial of service

#### E. DUTIES OF ARIZONA BENEFIT OPTIONS

Arizona Benefit Options is required by law to maintain the privacy of your health information as set forth in this Notice and to provide to you this Notice of its duties and privacy practices. Arizona Benefit Options is required to abide by the terms of this Notice, which may be amended from time to time. Arizona Benefit Options reserves the right to change the terms of this Notice and to make new Notice provisions effective for all health information that it maintains. If Arizona Benefit Options changes its policies and procedures, it will revise this Notice and provide a copy of the revised Notice to you within 60 days of the change. You have the right to express complaints to Arizona Benefit Options and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Arizona Benefit Options encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

#### F. CONTACT INFORMATION

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 an Arizona Benefit Options representative at 602-542-5008 (outside the Phoenix area, call toll free at 1-800-304-3687), or by email at [benefits@azdoa.gov](mailto:benefits@azdoa.gov). You may also obtain a copy of this Privacy Practices Notice at our website by visiting [www.benefitoptions.az.gov](http://www.benefitoptions.az.gov). The Department of Homeland Security Privacy Officer may be contacted at: 1700 W. Washington Street, Suite 210, Phoenix, AZ 85007; by phone at: 602-542-7013; or email [hs@azdohs.gov](mailto:hs@azdohs.gov).

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

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

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

**G. EFFECTIVE DATE**

This Privacy Practices Notice is effective as of January 1, 2023.