

# Privacy Notice

## Notice of Privacy Practices

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.

This Notice is effective as of September 23, 2013.

The last revision date is May 24, 2020.

When we use the term "Customer Information," we are referring to financial or health information that is "nonpublic," including any information from which a judgment could possibly be made about you. When we use the term "Protected Health Information" or "PHI," we are referring to individually identifiable oral, written and electronic information concerning the provision of, or payment for, health care to you. We refer to Customer Information and PHI collectively as "Private Information."

For purposes of this Notice, "Horizon" and the pronouns "we," "us" and "our" refer to all of the HMO and licensed insurer subsidiaries of Horizon Healthcare Services, Inc. d/b/a Horizon Blue Cross Blue Shield of New Jersey, including the entities listed on the last page of this Notice. These entities have been designated as a single affiliated covered entity for federal privacy purposes.

HIPAA generally does not preempt other state and federal laws that give individuals greater privacy protections. As a result, if any state or federal privacy law requires us to give you more privacy protections, then we must follow that law in addition to HIPAA.

When it comes to your Private Information, you have certain rights. To exercise any of these rights, call Member Services at the phone number on the back of your member ID card.

## Collection and Protection

### What Private Information we collect

In providing your health coverage, we collect Private Information from the following sources:

- Information we receive from you or your subscriber on applications, other forms or websites we sponsor.
- Information we obtain from your transactions with us, our affiliates or others, such as health care professionals.
- Information we receive from consumer reporting agencies or others, such as Medicare, state regulators and law enforcement agencies.

## How we protect Private Information

Our employees are trained on the need to maintain your Private Information in the strictest confidence. They agree to be bound by that promise of confidentiality and are subject to disciplinary action if they violate that promise. We also maintain appropriate administrative, technical and physical safeguards to reasonably protect your Private Information.

## Your Rights

### When it comes to your Private Information, you have certain rights

To exercise any of these rights, call Member Services at the phone number on the back of your member ID card. You have the right to:

- **Get a copy of your health and claims records**  
You can ask to see or get a copy of your health and claims records and other Private Information we have about you. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct health and claims records**  
You can ask us to correct your health and claims records if you think they are incorrect or incomplete. We may say "no" to your request, but we will tell you why in writing within 60 days and advise you of your right to file a statement of rebuttal.
- **Request confidential communications**  
You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not. A verbal request may be considered, but must be followed up in writing.
- **Ask us to limit what we use or share**  
You can ask us not to use or share certain Private Information for treatment, payment or our operations. We are not required to agree to your request and we may say "no" if it would affect your care.
- **Get a list of those with whom we have shared Private Information**  
You can ask for a list (accounting) of the times we have shared your Private Information for six years prior to the date you ask, whom we shared it with and why. We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as disclosures to you or authorized by you). We will provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.



• **Get a copy of this Notice**

You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

• **Choose someone to act for you**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your Private Information. We will make sure the person has this authority and can act for you before we take any action.

• **File a complaint if you feel your rights are violated**

You can complain if you feel we have violated your rights by calling the Member Services phone number on the back of your member ID card. We will not retaliate against you for filing a complaint.

o You can file a complaint with our Privacy Office by sending a letter to:

**Horizon BCBSNJ  
Attn: Privacy Office, PP-16F  
Three Penn Plaza East  
Newark, NJ 07105-2200**

o You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:

**200 Independence Avenue, S.W.  
Washington, D.C. 20201**

Or calling **1-877-696-6775**

Or visiting **[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)**

**Your Choices**

For certain Private Information, you can tell us your choices about what we share

If you have a clear preference for how we share your Private Information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions..

• **In these cases, you have both the right and choice to tell us to:**

- o Share information with the subscriber, your family, close friends or others involved in payment for your care.
- o Share information in a disaster relief situation.

If you are not able to tell us your preference (for example, if you are unconscious), we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

• **In these cases, we never share your Private Information unless you give us prior written permission:**

- o Marketing purposes
- o Sale of your Private Information
- o Psychotherapy notes

If you give us your authorization, you are permitted to revoke that authorization at any time in writing. We will honor your revocation once it is processed, except to the extent that we have taken action in reliance upon your original authorization or the authorization was obtained as a condition of obtaining coverage. If you are not able to tell us your preference (for example, if you are unconscious), we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

**How we typically use or share your Private Information**

We typically use or share your Private Information in the following ways:

• **Help manage the health care treatment you receive**  
We can use your Private Information and share it with professionals who are treating you.

**Example:** A doctor sends us Private Information about your diagnosis and treatment plan so we can arrange additional services.

• **Run our organization**  
We can use and disclose your Private Information to run our organization and contact you when necessary. We use Private Information for case management and care coordination, utilization review, quality assessment and improvement, network provider credentialing, population-based research to improve health or reduce health care costs, and contacting providers and members with information about treatment alternatives.

We may also use your Private Information for other health care operations activities including compliance and auditing activities, evaluating provider performance, underwriting and other rate-setting activities, formulary development, information systems management, fraud and abuse detection (by ourselves or for other plans or providers), facilitation of a sale, transfer, merger or consolidation of all or part of Horizon BCBSNJ and/or its affiliated companies with another entity (including due diligence related to the transaction), customer service and general business management, among others.

**Example:** We may use and disclose Private Information to remind you about the availability or value of preventive care or of a disease management program.

# Privacy Notice *(continued)*

## • Administer your plan

If you are a participant or beneficiary of a self-funded group health plan, we may use and disclose your Private Information as described in this Notice. However, our use or disclosure is dictated by an arrangement with your employer (or other sponsor of your benefits plan) or that plan itself.

That plan may use and disclose your Private Information differently than is described here. With respect to your individual rights, you should ask your plan administrator how to exercise those rights, along with any other questions you may have regarding your plan's privacy policies and practices. This Notice also applies to Horizon BCBSNJ's employee health benefit plan.

## • Treatment, payment and health care operations

We may use and disclose your Private Information for another covered entity's treatment, payment and health care operations purposes. In addition, we are permitted to disclose Private Information to other covered entities so they can conduct certain aspects of their health care operations. We may also disclose it for purposes of their fraud and abuse detection or compliance. We will only disclose Private Information to another covered entity for these purposes if that covered entity has or had a relationship with you.

## • Disclosures to individuals involved in care or payment

Under certain circumstances, we may disclose certain Private Information to a person, such as the subscriber, a family member or a friend, who is involved in your care or payment for that care.

## • Additional reasons for disclosure

We may also use or disclose Private Information to:

- o Certificate holder or subscriber of your coverage, if it is information regarding the status of an insurance transaction, as permitted by law.
- o Military authorities, if you are or were a member of the armed forces.
- o Plan sponsor employees designated by the plan administrator as assisting in plan administration.
- o Conduct marketing-type activities, either through ourselves or through other companies on our behalf, with a valid authorization.
- o Inform you of health-related products or services that are included in or add value to your plan of benefits.
- o Engage in face-to-face marketing communication.
- o Distribute promotional gifts of nominal value.

## Other ways we use or share your Private Information

We are allowed or required to share your Private Information in other ways; usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your Private Information for these purposes:

### • Help with public health and safety issues

We can share Private Information about you for certain situations such as:

- o Preventing diseases
- o Helping with product recalls
- o Reporting adverse reactions to medications
- o Reporting suspected abuse, neglect or domestic violence
- o Preventing or reducing a serious threat to anyone's health or safety

### • Research

We can use or share your Private Information for health research.

### • Comply with the law

We will share Private Information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

### • Respond to organ and tissue donation requests and work with a medical examiner or funeral director

We can share Private Information about you with entities that handle procurement, banking, or transplantation of organs, eyes, or tissue to facilitate donation and transplantation.

We can share Private Information with a coroner or medical examiner for the purposes of identifying a deceased person, determining a cause of death or other duties, as authorized by law. We can share Private Information with a funeral director when an individual dies..

### • Address workers' compensation, law enforcement and other government requests

We can use or share Private Information about you:

- o For workers' compensation claims
- o For law enforcement purposes or with a law enforcement official
- o With health oversight agencies for activities authorized by law
- o For special government functions such as military, national security and presidential protective services



• **Respond to lawsuits and legal actions**

We can share Private Information about you in response to a court or administrative order, or in response to a subpoena.

• **For use by business associates**

We can share Private Information about you to our business associates (BAs) that perform functions on our behalf or provide us with services if the Private Information is necessary for such functions or services. Our BAs are legally and contractually required to protect the privacy of your information, and are only permitted to use and disclose such information as set forth in our contract and as permitted by federal law.

• **Other**

Please note that we will limit the disclosure of certain highly confidential information in accordance with laws governing the special nature of the information (e.g., HIV/AIDS, substance abuse, mental health, sexually transmitted diseases and genetic information). We are prohibited from using and disclosing your genetic information for underwriting purposes. Also, where a state permits minors of a certain age or status to seek treatment without parental consent, information that would normally be provided to our customers may be limited.

It may be necessary to use or disclose your Private Information as described in this Notice even after coverage has terminated. In addition, it may be infeasible to destroy your Private Information. Thus, we do not necessarily destroy it upon termination of your coverage. However, any Private Information we keep must be kept secure and private, and used only for permissible purposes. In cases involving Private Information of deceased persons, Horizon must comply with HIPAA with regard to protecting the Private Information for a period of 50 years following the death of the individual.

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

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your Private Information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your Private Information.
- We must follow the duties and privacy practices described in this Notice, and give you a copy of it.
- We will not use or share your Private Information other than as described here, unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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

**Changes to the terms of this Notice**

Horizon BCBSNJ and its affiliated companies reserve the right to change the terms of this Notice, and the changes will apply to all Private Information we have about you. Our policies may change as we periodically review and revise them. The new Notice will be available upon request, on our website, and we will send a copy to you if the changes are material.

This Notice is effective as of September 23, 2013.

The last revision date is May 24, 2020.

**This Notice of Privacy Practices applies to the following organizations**

The Horizon Blue Cross Blue Shield of New Jersey-affiliated companies, all of which are independent licensees of the Blue Cross and Blue Shield Association, are:

Horizon Healthcare Services, Inc. d/b/a/ Horizon Blue Cross Blue Shield of New Jersey

Horizon Healthcare of New Jersey, Inc. d/b/a Horizon NJ Health, Horizon Insurance Company

Horizon Healthcare Dental, Inc.

Horizon Casualty Services, Inc.<sup>1</sup>

Healthier New Jersey Insurance Company d/b/a Braven Health

<sup>1</sup>This affiliate is not a covered entity subject to the federal privacy rules.

Health care providers in Horizon BCBSNJ's provider network may participate with Horizon BCBSNJ in an organized system of care, referred to as an "organized health care arrangement." Horizon BCBSNJ and these providers may exchange your Private Information as necessary to carry out treatment, payment and health care operations relating to the organized health care arrangement.

Spanish (Español): Para ayuda en español, llame al **1-855-477-AZUL (2985)**.

Chinese (中文): 如需中文協助, 請致電 **1-800-355-BLUE (2583)**.

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