HEALTH RESOURCES, INC.

Notice of Privacy Practices

In compliance with certain applicable laws, the Gramm-Leach-Bliley Act (GLBA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), HRI has adopted these policies. HRI acknowledges participants’ privacy rights as specified in these laws, and has adopted policies and procedures to ensure your privacy rights are protected.

This notice describes how nonpublic personal financial information (NPFI) and protected health information (PHI) about you may be used and disclosed and how you can access this information. In this notice, we explain how we protect the privacy of your NPFI and PHI, and how we will allow it to be used and given out (“disclosed”). We are required to provide you with a copy of this notice of privacy practices upon request. We must follow the privacy practices described in this notice while it is in effect.

Our Commitment Regarding Your Confidential Information:
We understand the importance of your Nonpublic Personal Financial Information (NPFI) and Protected Health Information (PHI), hereafter known as “confidential information”, and follow strict policies (in accordance with state and federal privacy laws) to keep your information private.

Our Privacy Principles:
 We do not sell customer confidential information.
 We do not provide customer confidential information to persons or organizations outside HRI and our Business Associates for marketing purposes.
 We contractually require any person or organization providing products or services on our behalf to protect the confidentiality of information we obtain from you.
 We afford prospective and former customers the same protections as existing customers with the respect to the use of confidential information.

Your privacy is a high priority for us and it is treated with the highest degree of respect. We collect and use confidential information we believe is necessary to administer our business and to provide you with customer service. We use confidential information to underwrite your policies, process your claims, ensure proper billing, and service your accounts. We share confidential information as necessary to handle your claims and to protect you against fraud and unauthorized transactions. However, we want to emphasize that we are committed to maintaining the privacy of this information in accordance with law. All individuals with access to confidential information about our customers are required to follow this policy.

Confidential Information Collected:
 Confidential information includes demographic data that can reasonably be used to identify you and that relates to your past, present or future physical or mental health, the provision of health care to you, or the payment for that care.
 Confidential information includes your name, address, date of birth, marital status, sex, social security number, dental information, and enrollee information, including information about your transactions with us, such as claim history and premium payments.

Information Disclosed:
 We may provide confidential information to you in order to supply you with information about your plan benefits, or if you request to inspect your confidential information.
 We may provide your confidential information to health care providers and to our business associates who request confidential information for payment-related activities and for health care operations.
 We may provide your confidential information to someone who has the legal right to act on your behalf.
 We may provide confidential information to the extent necessary to comply with laws related to workers’ compensation or similar programs.
 We may provide confidential information without your written permission for matters in the public interest such as public health and safety activities or averting a serious threat to the health or safety of others.
 We may provide confidential information that we collect to third-parties involved in the underwriting, processing, servicing and marketing of your HRI insurance products. We will not provide this information to any other third party for purposes other than set forth above unless we have a written agreement that requires such third party to protect the confidentiality of this information or your written authorization.
 The law or the courts may require us to provide confidential information to persons or agencies involved in regulatory, enforcement, or civil or criminal judicial activities.
 When we provide your confidential information to any third party, we will provide only a limited data set, or if needed, the minimal amount of information that we deem is necessary.
 We do not disclose any confidential information about our customers to anyone except as permitted or required by law.

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• We must obtain your written authorization for any disclosures of your confidential information for purposes other than those listed above, including disclosures of psychotherapy notes or for marketing purposes.

• We are prohibited from using or disclosing genetic information of an individual for underwriting purposes.

Security of Your Confidential Information:
• Access of your confidential information is available from us only to persons involved in underwriting, processing information, marketing company products, or providing dental care for your benefit. Access must be granted to those entities to enable them to provide the excellent service you have come to expect from HRI.

• We maintain physical, electronic, and procedural safeguards that comply with state and federal standards to guard your confidential information.

• If we become aware that an item of confidential information may be materially inaccurate, we will make a reasonable effort to confirm its accuracy and correct any error as appropriate.

• If we believe your confidential information has been breached, you will receive a written notification of the suspected breach.

Individual Rights:
• You have a right to learn about the nature and substance of any confidential information HRI has in its files about you. We reserve the right to charge a reasonable cost-based fee for copying and postage.

• You have the right to an accounting of certain disclosures of your confidential information.

• You have the right to request we place restrictions on the way we use and disclose your confidential information. We shall inform you within 30 days of our decision to honor your request. We shall agree to any request to restrict the disclosure of your confidential information if the disclosure is for carrying out payment or health care operations and you have paid the provider in full out of your pocket.

• You have a right to inspect your confidential information and request that we amend it in your files.

• You have a right to obtain a copy of your confidential information that we use or maintain in an electronic health record. We reserve the right to charge a reasonable cost-based fee to provide such information to you or your specific designee.

• We communicate decisions related to payment and benefits, which may contain confidential information, to the subscriber. Individual members who believe that this practice may endanger them may request that we communicate with them using a reasonable alternative means or location.

Duties:
• HRI is required to abide by the terms of this Notice, and reserves the right to change the terms of this notice at any time, provided that applicable law permits such changes. These revised practices will apply to your confidential information regardless of when it was created or received. Before we make a material change to our privacy practices, we will provide you with a revised Notice of Privacy Practices.

• Where multiple state or federal laws protect the privacy of your confidential information, we will follow the requirements that provide the greatest privacy protection.

Further information:
If you need more information about our privacy policy, or are concerned that we may have violated your privacy rights, please contact:

Privacy Officer
Health Resources, Inc.
P.O. Box 659
Evansville, IN 47704-0659
Phone 800.727.1444

You may also submit a written complaint to:

Attn: Region V, Office of Civil Rights
U.S. Dept. of Health and Human Services
233 N. Michigan Ave, Ste 240 Chicago, IL 60601
Voice mail: 312.866.2359 Fax: 313.866.1807

We support your right to protect the privacy of your confidential information. We will not take action against you if you file a complaint with us or with the U.S. Department of Health and Human Services.