



HIPAA NOTICE OF PRIVACY PRACTICES REGARDING YOUR HEALTH CARE INFORMATION AND BENEFITS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

This notice describes the privacy practices of the MMIA Employee Benefits Program (the “Plan”) and that of any third party that assists in the administration of the Plan.

Our Responsibilities

The Plan is required by a federal law known as the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to maintain the privacy of your medical information known as protected health information. The Plan is also required to give you this Notice about privacy practices, legal duties, and your rights concerning your protected health information. The Plan must follow the privacy practices that are described in this Notice while it is in effect. The Notice takes effect September 1, 2006, and will remain in effect until the Plan replaces it.

The Plan reserves the right to change its privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. The Plan

reserves the right to make the changes in its privacy practices and the new terms of the notice effective for all protected health information that is maintained, including protected health information created or received before the changes were made. Before the Plan makes a significant change in its privacy practices, the Plan will change this Notice and send the new notice to all the Plan’s participants at the time of the change.

You may request a copy of this Notice at any time. For more information about the Plan’s privacy practices, or for additional copies of this Notice, please contact the Plan using the information listed at the end of this Notice.

Permitted Uses and Disclosures of Protected Health Information

Under HIPAA, the Plan may use and disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that the Plan may use or disclose your protected health information:

For Treatment: The Plan may use or disclose your protected health information to a health provider, hospital, or other health care facility to provide treatment to you. This includes the coordination or management of your health care with another provider, such as a physician or health care provider which, at the request of your physician, becomes involved in your treatment.

For Payment: The Plan may use and disclose your protected health information to determine eligibility for benefits, to facilitate payment for the treatment and services you received from health care providers, to determine benefit responsibility under

the Plan, or to coordinate Plan coverage. For example, we may use or disclose your medical history to determine whether a particular treatment is experimental, investigational or medically necessary or to determine whether the Plan will cover the treatment. We may also share protected health information with a utilization review or precertification service provider. Likewise, we may share protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations: The Plan may use and disclose protected health information about you in connection with the Plan’s health care operations. Health care operations include:

- Conducting quality assessment and improvement activities;
- Underwriting, premium rating, and determining costs and expenses of the Plan;

- Submitting claims for stop-loss (or excess loss) coverage;
- Conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs;
- Business planning and development such as cost management;
- Business management and general Plan administrative activities, including customer service and the resolution of internal grievances.

For Health Care Operations of another entity: The Plan may disclose your protected health information to another entity which has a relationship with you and is subject to the Federal Privacy Rules for their health care operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, case management and care coordination or detecting or preventing health care fraud and abuse.

Health-Related Services: The Plan may provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. This may be health-related products or services available only to a Plan member that add value to, but are not part of, the Plan.

To Business Associates: The Plan may contract with individuals or entities known as Business Associates to perform various functions on behalf of, or provided services to, the Plan. Business Associates may receive, create, maintain, use and/or disclose protected health information only after they agree in writing with the Plan to implement appropriate safeguards regarding your protected health information. For example, the Plan contracts with a Business Associate to administer the Plan's claim processing but only after the Business Associate enters into a Business Associate Agreement with the Plan.

To Plan Sponsors: The Plan may disclose your protected health information to the Plan Sponsor to permit the Plan Sponsor to perform Plan administration functions, including obtaining, renewing, or receiving payment or reimbursement for any excess loss insurance coverage relating to benefits paid by the Plans. In addition, the Plan may disclose enrollment and disenrollment information to the Plan Sponsor.

The Plan may also disclose summary information about the Plan's participants to the Plan Sponsor to use to obtain premium bids or to decide whether to modify, amend, or terminate the Plan. The summary information the Plan may disclose summarizes claims history, claims expenses, or types of claims experienced by the enrollees in the Plan. The summary information will be stripped of demographic information about the enrollees in the Plan.

Research, Death, or Organ Donation: The Plan may use or disclose your protected health information for research purposes in limited circumstances. The Plan may also disclose the protected health information of a deceased person to a coroner, medical examiner, funeral director for certain purposes. Further, the Plan may disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation.

Public Health and Safety: The Plan may use or disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety, or the health or safety of others. The Plan may disclose your protected health information to a government agency authorized to oversee the health care system or government program or its contractors and to public health authorities for health purposes. The Plan may disclose your protected health information to appropriate authorities if the Plan reasonably believes that you are a possible victim of abuse, neglect, domestic violence, or other crimes, and the law requires or allows for such disclosure.

Required By Law: The Plan may use or disclose your protected health information when the Plan is required to do so by law. For example, the Plan is required to disclose your protected health information to the U.S. Department of Health and Human Services upon request to determine whether the Plan is in compliance with federal privacy laws. You will be notified, if required by law, of any such use or disclosure.

Legal Process and Proceedings: The Plan may disclose your protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process under certain circumstances.

Health Oversight Activities: The Plan may disclose your protected health information to a health oversight agency for activities authorized by law such as audits or investigations. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Law Enforcement: The Plan may disclose protected health information in response to a warrant or subpoena or court order. The plan may also disclose protected health information to a law enforcement official to identify or locate a suspect, fugitive, material witness, crime victim, or missing person.

Inmate: If you are an inmate of a correctional facility, the Plan may disclose your protected health information to a law enforcement official or correctional institution for the purposes of providing you health care or to ensure the safety of yourself or others. The Plan may disclose protected health information where necessary to assist

law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

Criminal Activity: Consistent with applicable federal and state laws, the Plan may disclose your protected health information if the Plan believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The Plan may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Workers' Compensation: The Plan may disclose your protected health information as authorized by workers' compensation laws and other similar legally-established programs that provide benefits for work related injuries or illness.

Military or National Security: The Plan may disclose to Military authorities the protected health information of Armed Forces personnel under certain circumstances. The Plan may disclose to authorized federal officials protected health information required for lawful intelligence, counterintelligence, and other national security activities.

Other Disclosures

On Your Authorization: You may give the Plan written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give the Plan authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it is in effect. Without your written authorization, the Plan may not use or disclose your protected health information for any

reason unless otherwise permitted or required by law and as described in this Notice.

Personal Representatives: The Plan will disclose your protected health information to your personal representative when you have properly designated the personal representative and the existence of your personal representative is documented to us in writing.

Individual Rights

The following describes your rights and how you may exercise them with respect to your protected health information maintained by the Plan:

Right to Access: You have the right to inspect and copy your protected health information. This means that you may inspect and obtain a copy of protected health information that is contained in a designated record set for as long as the Plan maintains the protected health information. A "designated record set" contains medical and other information that the Plan uses for making decisions about your Plan benefits. You may request copies in a format other than photocopies. The Plan will use the format you request unless it is not practical to do so. You must make a request in writing to obtain access. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your protected health information, you may request that the denial be reviewed.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and other limited exceptions, including protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision

reviewed. Please contact the Plan if you have questions about access to your medical records.

Right to Disclosure Accounting: You have the right to receive an "accounting of disclosures" in which the Plan or its business associates disclosed your protected health information for purposes other than treatment, payment, or health care operations since October 1, 2004. The Plan must act on your request for a disclosure accounting within 60 days of receipt of the request. The Plan may extend the time an additional 30 days if the Plan notifies you with written reasons for the delay within the 60-day period. The Plan will provide you the date the disclosure was made, the name of the person or entity to which it was disclosed, a description of the protected health information the Plan disclosed, and the reason for disclosure. If you request an accounting more than once in a 12 month period, a reasonable, cost-based fee for these additional requests may be charged.

Right to Request Restrictions: You have the right to request that the Plan place additional restrictions on the Plan's use or disclosure of your protected health information. The Plan is not required to agree to these additional restrictions; but if the Plan does, the Plan will abide by the agreement (except in an emergency). Any agreement the Plan may make in response to a request for additional restrictions must be in writing, signed by a person authorized to make such an agreement on behalf

of the Plan. You must specify in writing the type of information to be included in the restriction and to whom it applies. You will be informed in writing of the Plan's decision to accept or deny a restriction. You may request in writing that a restriction be terminated. The Plan may terminate a restriction without your agreement with respect to protected health information created or received after you have been informed in writing.

Right to Request Confidential Communications: You have the right to request that the Plan communicate with you about your protected health information by alternative means or to an alternative location. You must inform the Plan that confidential communication by alternative means or to an alternative location is required to avoid endangering you. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence by the alternative means or to the alternative location you want. The Plan must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit the Plan to collect premiums and pay claims under the Plan, including the issuance of explanations of benefits to the Plan's participant.

Right to Amend: If you feel that your protected health information is incorrect or incomplete, you may ask us to amend the information. Your request must be in writing, and it must explain why the information should be amended. The Plan will act on your request no later than 60 days after receipt of the request, or the Plan may extend the time 30 days if the Plan notifies you with written reasons for the delay within the 60 day period. The Plan may deny your request if the Plan did not create the information you want amended or for certain other reasons such as not being a part of the designated record set or that the information is accurate and complete. If the Plan denies your request, the Plan will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If the Plan accepts your request to amend the information, the Plan will make reasonable efforts to inform others of the amendment, including people you name, and to include the changes in any future disclosures of that information.

Right to Receive a Copy of This Notice: You may request a copy of the Plan's notice at any time by contacting the Plan. If you receive this notice by electronic mail (e-mail), you are also entitled to request a paper copy of the notice.

Questions and Complaints

If you want more information about the Plan's privacy practices or have questions or concerns, please contact us using the information listed at the end of this Notice.

If you believe your privacy rights have been violated, you may file a complaint with the Plan using the contact information listed at the end of this notice. You also may file a complaint with the Secretary of the Department of

Health and Human Services, Hubert H. Humphrey Building, 2000 Independence Ave SW, Washington, DC 20201.

The Plan supports your right to protect the privacy of your medicinal information. The Plan will not retaliate in any way if you choose to file a complaint with the Plan or with the U.S. Department of Health and Human Services.

Plan's Contact

MMIA Employee Benefits Program
3115 McHugh Drive (59602)
PO Box 6669
Helena, MT 59604-6669
1-800-635-3089
www.mmia.net