

**NOTICE OF HEALTH INFORMATION PRACTICES**

**SELF-FUNDED GROUP HEALTH PLAN #79912\***  
**(APPLICABLE TO THE UNIVERSITY OF ALABAMA SYSTEM OFFICE)**  
**Administered by Blue Cross Blue Shield of Alabama for Health Benefits**  
**Administered by OptumRx for Pharmacy Benefits**

*Effective Date of Notice: January 1, 2007*  
*Amended Dates of Notice: September 23, 2013,*  
*January 1, 2016, and October 27, 2017*

**THIS NOTICE DESCRIBES HOW MEDICAL (INCLUDING PHARMACY) INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice will tell you about the ways in which the Plan (or its business associates, like Blue Cross Blue Shield of Alabama and OptumRx) may use and disclose medical information about you. This Notice also describes your rights and certain obligations the Plan has regarding the use and disclosure of medical information about you.

The Plan is required by law to:

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perform data aggregation services, (iv) to engage in care coordination or case management, and (v) to manage, plan or develop the Plan's business, including conducting or arranging for legal, billing, auditing, compliance and other administrative support functions and/or services. **Note: we will not use or disclose genetic information about you for underwriting purposes.**

- Individuals Involved in Your Care or Payment for Your Care. The Plan may release information about you to the Subscriber, a family member, friend or other person who is involved in your medical care or payment for your medical care, and to your personal representative(s) appointed by you or designated by applicable law. For example, a caregiver can contact us to confirm that a prescription has been filled or to pick up a prescription for you, provided that person can identify certain information about you or your prescription order. State and federal law may require us to secure permission



must specify the alternative means or location to communicate with you in confidence. Even though you requested that we communicate with you in confidence, the Plan may give subscribers cost information.

3. Inspect and Copy: To see and get copies of your medical information. Usually, this includes enrollment, payment, claims adjudication and case or medical management records held by the Plan. In limited cases, the Plan does not have to agree to your request.
4. Amend: To correct your medical information if it is incorrect or incomplete. In some cases, the Plan does not have to agree to your request.
5. Accounting: To receive a list of disclosures of your medical information that the Plan and its business associates made for certain purposes for the last 6 years.
6. Paper Copy of Notice: To have the Plan send you a paper copy of this notice if you received this notice by e-mail or on the internet. (Please send request to System Office Human Resources Privacy Officer). You may also obtain a copy of this Notice on the Plan's website at <http://uasystem.edu>.

If you want to exercise the first five rights listed above for your Health Benefits, please contact Blue Cross Blue Shield of Alabama Customer Service at the number you currently use to obtain Plan benefits assistance/information. That number is located on the back of your health plan ID card. You will be provided the necessary information and forms for you to complete and return to that office, and Blue Cross/Blue Shield of Alabama will

