

**COLORADO EMPLOYER BENEFIT TRUST  
NOTICE OF PRIVACY POLICY**

**THIS PRIVACY NOTICE IS PROVIDED PURSUANT TO THE FEDERAL MEDICAL PRIVACY REGULATIONS, 45 C.F.R. PARTS 160 AND 164. 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.**

The Board of Trustees of the Colorado Employer Benefit Trust (“CEBT”) has adopted a Privacy Policy. This Notice describes CEBT’s policies and practices with respect to disclosing protected health information (“PHI”) pertaining to Participants and Beneficiaries of the CEBT, collecting such information, and advising you with respect to your rights to PHI. We are required to provide this Notice of Privacy Policy to you pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

Throughout this Notice, when we refer to “PHI”, we mean information that identifies you or which may be used to identify you, and that concerns your past, present or future physical or mental health or condition, the provision of health care, or the past, present or future payment for the provision of health care. We use the words “you” and “your” to mean all Participants and Beneficiaries of the CEBT.

The CEBT collects PHI in the course of business in order to administer the health plan and serve you better. We collect information when you commence participation, select a plan of benefits, make premium payments, file claims, enroll or disenroll in a health plan, and engage in other transactions with the CEBT and its service providers. This information includes your name and address, date of birth, social security number, names of your beneficiaries, premium rate, payment history, health condition, health care, your Medicare enrollment status, and other personal data.

We use your PHI to help us deliver the best possible service and health care to you. We provide PHI to our third-party administrators, to our medical plans, to our prescription drug plan, and to our consultants, auditors, and attorneys in connection with the services they provide to the CEBT. The Board of Trustees may also utilize PHI for purposes of determining claims appeals and other issues that the Board of Trustees must decide.

**How We May Use and Disclose Your PHI**

Under the law, we may use or disclose your PHI under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your PHI. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**A. For Treatment.** We may use or disclose your PHI to facilitate medical treatment or services by providers. We may disclose medical information about you to providers,

including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose diagnostic information to a medical provider for the purpose of determining the medical necessity of proposed treatment. We might also use and disclose your PHI to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

**B. For Payment.** We may use or disclose your PHI to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about 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 your PHI with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

**C. For Health Care Operations.** We may use and disclose your PHI for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

**D. To Business Associates.** We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. Business Associates are not allowed to use your PHI for their own purposes, and are contractually obligated to maintain strict confidentiality in accordance with our policy. We limit their use of your PHI to the performance of the service that they have been requested to provide. We require those companies to maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your PHI. For example, we may disclose your PHI to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

**E. As Required by Law.** We will disclose your PHI when required to do so by federal, state or local law. For example, we may disclose your PHI when required by national security laws or public health disclosure laws.

**F. To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your PHI in a proceeding regarding the licensure of a physician.

**G. To Plan Sponsors.** For the purpose of administering the plan, we may disclose your PHI to the CEBT Trustees. However, those Trustees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures.

### **Special Situations**

In addition to the above, the following categories describe other possible ways that we may use and disclose your PHI. Some explanation and examples are also provided. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**A. Organ and Tissue Donation.** If you are an organ donor, we may release your PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**B. Military.** If you are a member of the armed forces, we may release PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

**C. Workers' Compensation.** We may release your PHI for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

**D. Public Health Risks.** We may disclose your PHI for public health actions. These actions generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

**E. Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**F. Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI

in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**G. Law Enforcement.** We may disclose your PHI if asked to do so by a law enforcement official—

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct; and
- about criminal conduct.

**H. Coroners, Medical Examiners and Funeral Directors.** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

**I. National Security and Intelligence Activities.** We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**J. Inmates.** If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**K. Research.** We may disclose your PHI to researchers when (1) the individual identifiers have been removed; or (2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

### **Required Disclosures**

**A. Government Audits.** We are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

**B. Disclosures to You.** When you request, we are required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your PHI if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the PHI was not disclosed pursuant to your individual authorization.

## **Other Disclosures**

**A. Personal Representatives.** We will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if:

- (1) we have a reasonable belief that (a) you have been, or may be, subjected to domestic violence, abuse or neglect by such person, or (b) treating such person as your personal representative could endanger you; and
- (2) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

**B. Spouses and Other Family Members.** With only limited exceptions, we will send all mail to the member. This includes mail relating to the member's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the member's spouse and other family members and information on the denial of any Plan benefits to the member's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications, and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

**C. Authorizations.** Other uses or disclosures of your PHI not described above, including, but not limited to uses or disclosures for marketing purposes and the sale of PHI, as well as for most disclosures of psychotherapy notes, will only be made with your written authorization. You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

**D. Prohibited Disclosures.** The use or disclosure of genetic information PHI for underwriting purposes is prohibited. Underwriting purposes are broadly defined to include rules for eligibility, enrollment, cost sharing, computation of deductible or premium or contribution amounts and incentives for completing health risk assessments and/or participating in wellness programs, as well as activities related to the creation, renewal or replacement of health insurance or health benefits.

## **Your Rights**

Below is a description of each of your rights under HIPAA. To exercise any of these rights, please contact Willis Towers Watson at the contact information listed below.

**A. Request Restrictions.** You have the right to request a restriction or limitation on your PHI that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your PHI that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. Generally, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. We must and will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person (if, for example, you go to the doctor and pay for the visit out of your own pocket). To request restrictions, you must make your request in writing and you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply (for example, your spouse).

**B. Confidential Communications.** You have the right to request confidential communications of PHI, provided you request in writing that PHI be provided confidentially by alternative means or at alternative locations, and that you specify how or where you wish to be contacted. For example, you can ask that we only contact you at home or by mail. We will accommodate all reasonable requests. We must accommodate your request if you tell us that you would be in danger if we do not.

**C. Inspect and Copy.** You may inspect and copy certain PHI, except for certain information such as psychotherapy notes, information compiled in reasonable anticipation of or for use in a civil, criminal, or administrative action or proceeding, and information whose disclosure is prohibited by law. You also have the right to inspect and copy your PHI contained in an electronic health record, and to request that a copy of that electronic health record. We will provide a copy in the electronic form and format you request unless the information cannot be readily produced in that form and format. If the information cannot be readily produced in the format requested, we will work with you to come to an agreement on the format or if we cannot agree, we will provide you with a paper copy. Requests to inspect and copy your PHI must be made in writing. You can also request that we send your PHI to a third party; your signed, written request must clearly identify the third party who will receive the information. Generally, we will respond to your request within 30 days after we receive it; if we need more time, we will notify you within that time period. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request. If you request a copy of your PHI, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request including a reasonable fee for the labor associated with providing you or a specified third party with a copy of your electronic health record.

**D. Amend.** If you believe that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is retained by or for the CEBT. To request an amendment, your request must be made in writing and you must provide a reason that supports

your request. Generally, we will respond to your request within 60 days. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the CEBT;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

**E. Accounting of Disclosures.** You have the right to request a list (“accounting”) of the times we have shared your PHI with others. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures. You must submit your request for an accounting of disclosures in writing and your request must identify the time period for the accounting, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). Generally, we will respond to your request within 60 days. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**F. Notification of Breach.** The CEBT is required to maintain the privacy of your PHI. In the event of a breach of unsecured PHI, the CEBT will notify you of the breach.

**G. Fundraising Opportunities.** If the Plan uses or discloses PHI for fundraising purposes, you may opt-out of fundraising communications and other related communications.

**H. Paper Copy of Notice.** You may receive a paper copy of this Notice at any time upon request, even if you have agreed to receive notices electronically.

### **Additional Information**

The CEBT is required by law to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices with respect to PHI.

The CEBT is required to abide by the terms of the Notice currently in effect; the CEBT reserves the right to change the terms of the Notice and to make a new Notice effective for all PHI that it maintains. You will receive a revised Notice by mail, or if you have requested electronic notice, you will receive it through the website.

You may complain to the CEBT or the Office for Civil Rights of the United States Department of Health and Human Services (“HHS”) if you believe your privacy rights have been violated. To file a complaint with the CEBT, you must send it in writing to Willis Towers Watson. To file a complaint with HHS, you may send a letter to 200 Independence Ave SW, Washington, DC 20201; you may call 1-877-696-6775; or you may visit the website at [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). You will not be retaliated against or penalized for filing a complaint.

The CEBT has designated Willis Towers Watson as the office responsible for receiving complaints from individuals who believe their privacy rights have been violated. For further information about matters covered by this Notice, contact:

Willis Towers Watson  
2000 S. Colorado Blvd., Tower II, Suite 900  
Denver, CO 80222  
303-773-1373

This Notice is effective as of **November 17, 2017**.