

# STATE GROUP INSURANCE PROGRAM

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## 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 this  
notice carefully.**



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### PROTECTING YOUR HEALTH INFORMATION

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This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information (PHI), with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your PHI. You have the right to approve or refuse the release of specific information outside of the State Group Insurance Program except when the release is required or authorized by law or regulation. The State Group Insurance Program must follow the privacy practices contained in this notice from its effective date of April 14, 2003, until this notice is changed or replaced.

PHI is individually identifiable health information. This includes demographics such as age, address, e-mail address, and relates to your past, present, or future physical or mental health or condition or related health care services. We are required by law to make sure your protected health information is kept private; give you this privacy notice; and follow the terms of the current privacy notice.

The State Group Insurance Program reserves the right to change the privacy practices and the terms of this notice at any time, as permitted by law. Any changes made in these privacy practices will be effective for all PHI that is maintained including information created or received before the changes were made. You will be notified of any changes by distribution of a new Notice of Privacy Practices.

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### ORGANIZATIONS COVERED BY THIS NOTICE

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This notice applies to the privacy practices of The State Group Insurance Program and the plan groups as listed below. Your PHI may be used or disclosed by and within each plan as well as the State Group Insurance Program third-party "business associates" (contractors) as needed for your treatment, payment of benefits or other health care plan operations.

**The State Insurance Plan  
The Local Education Plan  
The Local Government Plan  
The Medicare Supplement Plan**

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### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

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Your PHI may be used and disclosed for treatment, payment and health care operations. For example:

**TREATMENT:** Your PHI may be used or disclosed in order to provide, coordinate or manage your health care. It may be disclosed to a doctor, hospital or other health care provider.

**PAYMENT:** Your PHI may be used or disclosed to pay claims for services which are covered under your health insurance.

**HEALTH CARE OPERATIONS:** Your PHI may be used or disclosed in the course of the operation of the State Group Insurance Program to determine eligibility, establish enrollment, collect or refund premiums, conduct quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines.

Your PHI may be disclosed in order to coordinate and manage your care, contact health care providers with information about your treatment alternatives, as well as services that do not include treatment, but may improve your health or reduce your health care costs. Disclosure may be necessary in order to conduct or arrange for medical review, auditing functions, fraud and abuse detection, program compliance, appeals, right of

recovery and reimbursement/subrogation efforts, review of health plan costs, business management and administrative activities, training, accreditation, conducting and arranging legal services and other necessary health care operations related to your plan coverage.

**UNDERWRITING:** Your PHI may be received for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or benefits. If the contract is not issued, your PHI will not be used or further disclosed for any other purpose, except as required by law.

**COMMUNICATION:** Your PHI may be used to contact you with information about your treatment or to provide information on health-related benefits and services that may be of interest to you. For example, your name and address will be used to send you information about the plans or services we offer or that we believe will be of benefit to you.

**RESEARCH:** Your PHI may be disclosed for research purposes when authorized by law.

**AUTHORIZATION:** You may provide written authorization to use your PHI or to disclose it to anyone for any purpose. You may revoke your authorization in writing at any time; however, that revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give written authorization, we cannot use or disclose your PHI for any reason except those described in this notice.

**PERSONAL REPRESENTATIVE:** Your PHI will be disclosed to individuals who have the authority by law to act on your behalf. In addition, unless you object, your PHI may be disclosed by us to a family member, friend or other person as necessary to help with your health care or with payment for your health care.

**PLAN SPONSORS:** Your PHI may be disclosed to your plan sponsor in order to perform plan administration functions. Please see your plan document for a full description of the uses and disclosure the plan sponsor may make of your medical information in such circumstances.

**AS REQUIRED BY LAW:** Your PHI may be used or disclosed as required by state or federal law.

**COURT OR ADMINISTRATIVE ORDER:** Your PHI may be disclosed in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances (i.e. court order, warrant or grand jury subpoena), PHI may be disclosed to law enforcement officials. In addition, your PHI may be disclosed to law enforcement officials concerning a suspect, fugitive, material witness, crime victim or missing person. Your PHI may be disclosed to law enforcement officials or correctional institutions regarding an inmate or other person in lawful custody, in certain circumstances.

**VICTIM OF ABUSE:** Your PHI may be released to appropriate authorities under reasonable assumption that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes to the extent necessary to avert a serious threat to your health or safety or to the health or safety of others. PHI may be disclosed when necessary to assist law enforcement officials to capture any individual who has admitted to participation in a crime or has escaped from lawful custody.

**MILITARY AUTHORITIES:** PHI of Armed Forces personnel may be disclosed to military authorities under certain circumstances. PHI may be disclosed to authorized federal officials as required for lawful intelligence, counterintelligence and other national security activities.

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## YOUR INDIVIDUAL RIGHTS

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**INSPECT AND COPY:** In most cases, you have the right to view or obtain copies of your information. Your request must be made in writing and you will be charged a fee for the cost of copying your records.

**ACCOUNTING:** You have the right to ask for a list of disclosures of your PHI made by us or a third-party business associate for any reason other than

treatment, payment, health care operations and other activities as listed in this notice after April 14, 2003. Your request must be in writing and there may be a reasonable cost-based charge.

**RESTRICTION:** You have the right to request restrictions on our use or disclosure of your PHI. We are not required to agree to such requests. Any agreement to restrictions on the use and disclosure of your PHI must be in writing and signed by a person authorized to make such an agreement on behalf of The State Group Insurance Program. We will not be bound unless the agreement is so memorialized in writing.

**CONFIDENTIAL COMMUNICATION:** You have the right to request confidential communications about your PHI by alternative means or alternative locations. You must inform us that confidential communication by alternative means or to 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 by the alternative means or to the alternative location requested. We must accommodate the request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premium and pay claims under your health plan option.

**AMENDMENT:** You have the right to make a written request that we amend your PHI. Your request must explain why the information should be amended. We may deny your request if the information you seek to amend was not created by us or for certain other reasons. If your request is denied, we will provide a written explanation of the denial. If you disagree, you may submit a written statement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including the people you name, of the amendment and to include the changes in any future disclosures of that information.

**NOTICE:** You may request a copy of this notice at any time by contacting the privacy office. This notice is also available on our website in its entirety at [www.tn.gov/finance/ins/](http://www.tn.gov/finance/ins/)

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## QUESTIONS AND COMPLAINTS

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If you want more information concerning The State Group Insurance Programs' privacy practices or have questions or concerns, please contact the privacy office.

If you are concerned that The State Group Insurance Program has violated your privacy rights, or you disagree with a decision made about access to your medical information, or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information below. You may also submit a written complaint to the U.S. Department of Health and Human Services. The address will be provided upon request.

The State Group Insurance Program supports your right to protect the privacy of your PHI. There will be no retaliation in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**The Privacy Office  
State of Tennessee  
Benefits Administration  
26<sup>th</sup> Floor William R. Snodgrass  
Tennessee Tower  
312 Rosa L. Parks Avenue  
Nashville, Tennessee 37243  
PH: 615.741.4517  
FAX: 615.253.8556**