

## SAG-AFTRA Health Plan 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 it carefully.**

The SAG-AFTRA Health Plan (the “Plan”) is required by law to maintain the privacy of your medical information and to provide you with notice of its legal duties and privacy practices with respect to that information. The Plan understands that your medical information is personal and we are committed to protecting it. This Notice of Privacy Practices gives you information on how the Plan protects your medical information, when we may use and disclose it, your rights to access and request restrictions to the information, and the Plan’s obligation to notify you if there has been a breach of your medical information.

### **Uses and Disclosures**

In many instances, the Plan requires a court order or your written authorization to disclose your medical information. However, the Plan is permitted by law to disclose your medical information without your authorization or court order, as follows:

- **Treatment:** The Plan may share your medical information with doctors and other health care providers for treatment purposes or for the coordination or management of your care. For example, if you are in the hospital due to an accident or illness, the Plan may share your medical information with all health care providers involved in your care and treatment.
- **Payment:** The Plan may use or disclose your medical information for purposes of processing medical claims, verifying your eligibility, determining medical necessity, utilization review and authorizing services. For example, your medical information will be used in making a claim determination.

In some circumstances it may be necessary for the Plan to disclose your medical information, including your eligibility for health benefits and specific claim information to other covered entities such as health plans in order for the Plan to coordinate benefits between this Plan and another plan under which you may have coverage.

We may also disclose your health information and your dependents’ health information, on Explanation of Benefit (EOB) forms and other payment-related correspondence, such as pre-certifications which are sent to you.

- **Health Care Operations:** The Plan may use or disclose your medical information for purposes of case management, underwriting/premium rating, quality improvement and overall Plan operations. For example, the Plan periodically obtains proposals from health care companies in an effort to select appropriate provider networks or insurance arrangements for Plan

participants. It may be necessary to provide the companies with certain health information, particularly in regard to catastrophic illnesses. Please be aware that the Plan is prohibited from using or disclosing your genetic health information for underwriting purposes.

- **Reminders:** The Plan may use your health information to provide you with reminders. For example, we may use your child's date of birth to remind you that your dependent, who would otherwise lose coverage under the Plan, may enroll in the Self-Pay Program.
- **Business Associates:** The Plan may disclose your medical information to Business Associates. Business Associates are entities retained or contracted by the Plan, such as Anthem Blue Cross, Delta Dental, Express Scripts, ValueOptions and VSP. The Plan has a contract with each Business Associate, whereby they agree to protect your medical information and keep it confidential.
- **Trustees for Purposes of Fulfilling their Fiduciary Duties:** The Plan may disclose your medical information to the Trustees of the Plan who serve on the Benefit Appeals Committee in connection with appeals that you file following a denial of a benefit claim or a partial payment. Trustees may also receive your health information if necessary for them to fulfill their fiduciary duties with respect to the Plan. Such disclosures will be the minimum necessary to achieve the purpose of the use of disclosure. In accordance with the Plan documents, such Trustees must agree not to use or disclose your health information with respect to any employment-related actions or decision, or with respect to any other benefit plan maintained by the Trustees.
- **Personal Representatives:** The Plan will disclose your medical information to personal representatives appointed by you, and, in certain cases, a family member, close friend or other person in an emergency situation when you cannot give your authorization.
- **Workers' Compensation:** The Plan may disclose your medical information to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries and illnesses.
- **Legal Proceedings:** The Plan may disclose your health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal. In addition, we may disclose your health information under certain conditions in response to a subpoena, discovery request or other lawful process, in which case, reasonable efforts must be undertaken by the party seeking the health information to notify you and give you an opportunity to object to this disclosure.
- **Secretary:** The Plan will disclose your medical information to the Secretary of Health and Human Services (HHS) or any other officer or employee of HHS to whom authority has been delegated for purposes of determining the Health Plan's compliance with required privacy practices.

- **Health Care Oversight:** The Plan may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and legal actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- **Military Activity and National Security:** When the appropriate conditions apply, the Plan may use or disclose health information of individuals who are Armed Forces personnel for activities deemed necessary by military command authorities, or to a foreign military authority if you are a member of that foreign military service. We may also disclose your health information to authorized federal officials conducting national security and intelligence activities including the protection of the President.
- **Public Health:** The Plan may disclose your medical information to a public health authority in connection with public health activities.
- **Coroners, Funeral Directors and Organ Donation:** The Plan may disclose your health information to a coroner or medical examiner for identification purposes or other duties authorized by law. The Plan may also disclose your health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his or her duties. We may disclose such information in reasonable anticipation of death. Your health information may be used and disclosed for cadaveric organ, eye or tissue donation and transplant purposes.
- **Disaster Relief:** The Plan may disclose your health information to any authorized public or private entities assisting in disaster relief efforts.
- **Food and Drug Administration:** The Plan may disclose your health information to a person or company subject to the jurisdiction of the Food and Drug Administration (FDA) with respect to a FDA-regulated product or activity for which that person has responsibility, or for the purpose of activities related to the quality, safety or effectiveness of such FDA-regulated product or activity.
- **Abuse or Neglect:** The Plan may disclose your health information to any public health authority authorized by law to receive reports of child abuse or neglect. In addition, if the Plan reasonably believes that you have been a victim of abuse, neglect or domestic violence we may disclose your health information to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may disclose your health information to the institution or law enforcement official if the health information is necessary for the institution to provide you with

health care or protect the health and safety of you or others, or for the security of the correctional institution.

- ***Criminal Activity:*** Consistent with applicable federal and state laws, we may disclose your health information if we believe 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. We may also disclose your health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- ***As required by law:*** The Plan will disclose your medical information as required by law.

The Plan may not use or disclose your medical information for any purposes other than the ones outlined above without your written authorization. Types of uses and disclosures which require your written authorization include:

- ***Personal Representatives:*** In situations where you wish to appoint a Personal Representative to act on your behalf or make medical decisions for you in situations where you are otherwise unable to do so, the Plan will require your written authorization before disclosing your health information to that individual. The Plan will recognize your previous written authorization designating such individual to act on your behalf and receive your health information until you revoke the authorization in writing.
- ***Trustee(s) as Your Representative:*** In some circumstances you may request that a Trustee receive your health information if you request the Trustee to assist you in your filing or perfecting of a claim for benefits under the Plan. In these situations the Plan will first request that you complete a written authorization before disclosing the health information.
- ***Disclosure to Others Involved in Your Care or Payment of Your Care:*** You may designate a manager, agent, accountant, personal assistant or other third party to receive EOBs and other written communications from the Plan with respect to you and your eligible dependents. In such cases the Plan requires that you first file a written authorization with the Plan Office. The Plan will recognize your previous written authorization designating such individuals and will continue to send EOBs and other communications from the Plan to such parties. If you do not want the Plan to continue such communications you must notify the Plan in writing to such effect and give us an alternate address or third party, if any, to whom you would like us to send your information.
- ***Psychotherapy notes:*** The Plan may not use or disclose the contents of psychotherapy notes without your written authorization.

- **Marketing:** Marketing means situations where the Plan receives financial compensation from a third party to communicate with you about a product or service and is only allowed if you give your written authorization. Marketing would include instances when an individual or entity tries to sell you something based on your health information. Marketing is only allowed if you give your written authorization. The Plan does not engage in Marketing and will not use your health information for this purpose.
- **Sale of Health Information:** The sale of an individual's health information for financial compensation requires that individual's written authorization. The Plan does not sell health information.

In situations where your written authorization is required in order for the Plan to use or disclose your health information, you may revoke that authorization, in writing, at any time, except to the extent that the Plan has already taken action based upon the authorization. Thereafter, the Plan will no longer use or disclose your health information for the reasons covered by your written authorization.

### **Your Rights Regarding Your Medical Information**

**Right to Inspect and Copy:** You may inspect and request copies of your medical information by writing to the Plan's Privacy Officer. You may also have the right to a copy of your medical information in electronic format, but only if it is contained in an Electronic Health Record (EHR). A fee may be charged to cover copying and mailing costs and in the case of a request for a copy of your medical information maintained in an electronic format, we may charge you the amount of our labor costs.

**Right to Receive Confidential Communications:** The Plan normally provides medical information to participants via U.S. mail. You may request that the Plan communicate your medical information to you in a different way. Your request must be made in writing to the Plan's Privacy Officer and explain the reasons for your request. In certain cases, the Plan may deny your request.

**Right to Request Restrictions:** You have the right to request additional restrictions on how your medical information is used and disclosed. Your request must be made in writing to the Plan's Privacy Officer and explain the reasons for your request.

**Right to Amend:** If you believe the medical information the Plan maintains about you is incorrect, you have the right to request an amendment to it. Your request must be made in writing to the Plan's Privacy Officer and explain the reasons for your request. In certain cases, the Plan may deny your request.

**Right to Receive an Accounting of Disclosures:** You have the right to request a listing of the disclosures we have made of your medical information without your authorization for purposes other than treatment, payment of claims and health care operations (unless such disclosures of your medical information are made through an EHR). Your request must be made in writing to the Plan's Privacy

Officer and cannot be for a period longer than six years. In certain cases, the Plan may charge a fee for this request.

***Right to Notification in the Event of Breach:*** A breach occurs where there is an impermissible use or disclosure that compromises the security or privacy of your health information such that the use or disclosure poses a significant risk of financial, reputational or other harm to you. The Plan takes extensive measures to ensure the security of your health information; but in the event that a breach occurs or the Plan learns of breach by a Business Associate, the Plan will promptly notify you of such breach.

***Right to Obtain a Paper Copy of the Plan's Privacy Notice:*** If you received this Notice electronically (via email or the Internet), you have the right to request a paper copy at any time.

### **Genetic Information**

Genetic information is information about an individual's genetic tests, the genetic tests of family members of the individual, the manifestation of a disease or disorder in family members of the individual, or any request for or receipt of genetic services by the individual, or a family member of the individual. The term genetic information also includes, with respect to a pregnant woman (or a family member of a pregnant woman) genetic information about the fetus and with respect to the individual using assisted reproductive technology, genetic information about the embryo.

Federal law prohibits the Plan and health insurance issuers from discriminating based on genetic information. To the extent that the Plan uses your health information for underwriting purposes, federal law also prohibits the Plan from disclosing any of your genetic information. The Plan will not use or disclose any of your genetic information for this purpose.

### **Complaints**

If you believe your privacy rights have been violated, you have the right to file a formal complaint with the Plan's Privacy Officer and/or with the Secretary of the U.S. Department of Health and Human Services. You cannot be retaliated against for filing a complaint.

### **Effective Date**

The effective date of this Notice is March 25, 2013. The Plan is required by law to abide by the terms of this Notice until replaced. We reserve the right to make changes to this Notice and to make the new provisions effective for all medical information the Plan maintains. If revised, a new Notice will be provided to all participants eligible for or covered by the Plan at that time.

## **Contact**

To request additional copies of this Privacy Notice, obtain further information regarding our privacy practices and your rights, or to file a complaint, please contact the Plan's Privacy Officer. This Notice is also posted on our website: [www.sagaftraplans.org/health](http://www.sagaftraplans.org/health).

Name: Privacy Officer  
SAG-AFTRA Health Plan

Address Mailing Address: Street Address:  
P.O. Box 7830 3601 West Olive Avenue  
Burbank, CA 91510-7830 Burbank, CA 91505

Telephone: (818) 954-9400 or (800) 777-4013

Email: [privacyofficer@sagaftraplans.org](mailto:privacyofficer@sagaftraplans.org)