

Notice of Privacy Practices

(privacy practices regarding your personal, health and financial information)

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 privacy of your personal and health information is important. This requires no action on your part unless you have a request or complaint.



Relationships are built on trust. One of the most important elements of trust is respect for an individual's privacy. We at Humana value our relationship with you, and we take your personal privacy seriously.

This notice, effective April 1, 2003, explains Humana's privacy practices, our legal responsibilities, and your rights concerning your personal and health information.

We reserve the right to change our privacy practices and the terms of this notice at any time, as allowed by law. This includes the right to make changes in our privacy practices and the revised terms of our notice effective for all personal and health information that we maintain. This includes information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

What is personal and health information?

Personal and health information (hereafter referred to as "information") includes both medical information and individually identifiable information, such as your name, address, telephone number or social security number. The term "information" in this notice includes any personal and health information that is created or received by a health care provider or health plan that relates to your physical or mental health or condition, the provision of health care to you, or the payment for such health care.

How does Humana protect my information?

In accordance with federal and state laws and our own policy, Humana has a responsibility to protect the privacy of your information. We have safeguards in place to protect your information in various ways that include:

- Limiting the access to who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties regarding your information
- Following our policies
- Training of our associates
- Requesting approval from you for any potential situations where your information would be used for reasons other than payment and health plan operations

How does Humana use and disclose my information?

We must use and disclose your information:

- To you or someone who has the legal right to act on your behalf;
- To the Secretary of the Department of Health and Human Services; and
- Where required by law.

We have the right to use and disclose your information:

- To a doctor, a hospital or other health care provider which asks for it in order for you to receive medical treatment;
- To pay claims for covered services provided to you by doctors, hospitals or other health care provider;
- For health care operation activities including processing your enrollment, responding to your inquiries and requests for services, coordinating your care, resolving disputes, conducting medical management, improving quality, reviewing the competence of health care professionals, and determining premiums;
- For performing underwriting activities;
- To your plan sponsor to permit them to perform plan administration functions;
- To contact you with information about health-related benefits and services, appointment reminders, or about treatment alternatives that may be of interest to you;

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We may use or disclose your information:

- To your family and friends if you are unavailable to communicate, such as in a medical or other emergency;
- To public health agencies if we believe there is a serious health or safety threat;
- To appropriate authorities regarding abuse, neglect, or domestic violence;
- In response to a court or administrative order, subpoena, discovery request, or other lawful process;
- For law enforcement purposes;
- To military authorities;
- For research purposes in limited circumstances;
- For procurement, banking or transplantation of organs, eyes, or tissue; and
- To a coroner, medical examiner or funeral director.

Will Humana use my information for purposes not described in this notice?

In all situations other than described in this notice, Humana will request your written permission before using or disclosing your information. You may revoke your permission at any time by notifying us in writing. We will not use or disclose your information for any reason not described in this notice without your permission.

What does Humana do with my information when I am no longer a Humana member?

Your information may continue to be used for purposes described in this notice when your membership is terminated. After the required legal retention period, information is destroyed following strict procedures to maintain the confidentiality of the information.

What are my rights concerning my information?

The following are your rights with respect to your information:

- **Access** - You have the right to review and obtain a copy of your information that may be used to make decisions about you such as claims and case or medical management records. You also may receive a summary of this health information. If you request copies, we may charge you a fee for each page, and per hour for staff time to locate and copy your information, and postage.
- **Alternate Communications** – You have the right to receive confidential communications of information in a different manner or at a different place to avoid a lifethreatening situation. We will accommodate your request if it is reasonable.

- **Amendment** – You have the right to request an amendment of information we maintain about you if you believe that it is wrong or incomplete. We may deny your request if we did not create the information, we do not maintain the information, or the information is correct and complete. If we deny your request, we will provide you a written explanation of the denial.
- **Disclosure** – You have the right to receive a listing of instances in which we or our business associates have disclosed your information for purposes other than treatment, payment, health plan operations, and certain other activities. Effective April 1, 2003, Humana began maintaining these types of disclosures and will maintain this information for a period of six (6) years. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.
- **Notice** – All Humana members and prospective members have the right to receive a written copy of this notice upon request at any time.
- **Restriction** – You have the right to ask to restrict uses or disclosures of your information. We are not required to agree to these restrictions, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted restriction.

How do I exercise my rights or obtain a copy of this notice?

All of your privacy rights can be exercised by obtaining the applicable privacy rights request forms. You may obtain any of the forms by:

- Contacting us at 1-866-861-2762 at any time;
- Accessing our web site at www.humana.com and going to the Privacy link, or
- E-mailing us at privacyoffice@humana.com.

The completed request form should be sent to Humana's Privacy Office at:

Humana Inc
Privacy Office
P.O. Box 1438
Louisville, KY 40202

What should I do if I believe my privacy has been violated?

If you believe your privacy has been violated in any way, you may file a complaint with Humana by calling us at 1-866- 861-2762 at any time.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights (OCR). We will provide you with the appropriate OCR regional address upon request. You also have the option to email your complaint to

OCRComplaint@hhs.gov. We support your right to protect the privacy of your personal and health information. We will not retaliate in any way if you elect to file a complaint with us or with the US Department of Health and Human Services.

Humana follows all federal and state laws, rules, and regulations addressing the protection of personal and health information. In situations when federal and state laws, rules, and regulations conflict, Humana follows the law, rule, or regulation which provides greater member protection.

The following affiliates and subsidiaries also adhere to Humana's privacy policies and procedures:

Humana Employers Health Plan of Georgia, Inc.
Humana Health Insurance Company of Florida, Inc.
Humana Health Plan of Ohio, Inc.
Humana Health Plan of Texas, Inc.
Humana Health Plan, Inc.
Humana Health Plans of Puerto Rico, Inc.
Humana Insurance Company
Humana Insurance Company of Kentucky
Humana Insurance of Puerto Rico, Inc.
Humana Medical Plan, Inc.
Humana Wisconsin Health Organization Insurance Corporation
HumanaDental Insurance Company
The Dental Concern, Inc.
The Dental Concern, Ltd.
Humana Health Plan Interests, Inc.
Humana HealthBenefit Plan of Louisiana, Inc.
Health One, Inc.
Humana MarketPOINT, Inc.

PRIVACY NOTICE CONCERNING FINANCIAL INFORMATION

Humana and our affiliates understand that the privacy of your personal information is important to you. We take your privacy seriously and your trust in our ability to protect your private information is very important to us. This notice describes our policy regarding the confidentiality and disclosure of personal financial information.

How Does Humana Collect Information About You?

We collect information about you and your family when you complete applications and forms. We also collect information from your dealings with us, our affiliates, or others. For example, we may receive information about you from participants in the health care system, such as your doctor or hospital, as well as from employers or plan administrators, credit bureaus, and the Medical Information Bureau.

What Information Does Humana Receive About You?

The information we receive may include such items as your name, address, telephone number, date of birth, Social Security number, premium payment history and your activity on our Web site. This also includes information regarding your medical benefit plan, your health care benefits, and health risk assessments.

Where Does Humana Disclose My Information?

We may share your information with affiliated companies and nonaffiliated third parties, as permitted by law, as part of our administration of your plan. Our affiliates and subsidiaries are a family of companies who provide health, dental and life-insurance related services. For example, information may be shared with other insurance companies to coordinate benefits, assist with disease management activities, respond to regulatory agency inquiries, and with employer benefit plan administrators.

We may also provide your information to other financial institutions with which we have joint marketing agreements in order to provide you with offers for products and services you may find of value and which are not products offered by Humana.

Can I Prevent (Opt-Out) Any of the Disclosures?

You can prevent the disclosures to affiliated companies that provide products and services not offered by Humana by requesting to opt-out. Your opt-out request will apply to all members or individuals covered under your identification number or member account. Your opt-out request will continue to apply until you revoke your request or terminate your membership.

How Do I Request An Opt-Out?

At any time you may instruct Humana not to share any of your personal information with affiliated companies that provide offers of non-Humana products or services. If you wish to exercise your opt-out option, or to revoke a previous opt out request, you need to provide the following information to process your request: your name, date of birth and your member identification number. Any of the methods below can be used to request or revoke your opt-out:

- Telephone us at 1-866-861-2762,
- E-mail your opt-out request to us at privacyoffice@humana.com,
- Send your opt-out request to us in writing:
Humana Privacy Office
P. O. Box 1483
Louisville, KY 40202

Humana follows all federal and state laws, rules, and regulations addressing the protection of personal and health information. In situations when federal and state laws, rules, and regulations conflict, Humana follows the law, rule, or regulation which provides greater member protection.

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Humana Health Plan, Inc.
Humana Health Plans of Puerto Rico, Inc.
Humana Insurance Company
Humana Insurance Company of Kentucky
Humana Insurance of Puerto Rico, Inc.
Humana Medical Plan, Inc.
Humana Wisconsin Health Organization Insurance Corporation
HumanaDental Insurance Company
The Dental Concern, Inc.
The Dental Concern, Ltd.
Humana Health Plan Interests, Inc.
Humana HealthBenefit Plan of Louisiana, Inc.
Health One, Inc.

