



## PRIVACY POLICY

**Important Information:** No action required by you.

At FSC, we appreciate your business and the trust you place in us. Our privacy philosophy reflects the value of your trust. We are committed to protecting the personal data we obtain about you. Please know that we do not sell your personal data. In order to provide services to you, we may use your personal data. To further understand our Privacy Policy, please review the following details:

### **What personal data may we collect about you?**

The personal data we collect about you may include:

- Name and address
- Credit and payment data
- Accounts at other institutions
- Medical or health data
- Social Security number or taxpayer identification number

As mentioned above, we collect your personal data solely for the purpose of providing you with the service(s) you request. We may collect personal data about you to process transactions and/or claims, to determine if you qualify for coverage, and to prevent fraud. Where required, we will obtain your consent before collecting it.

We may obtain this personal data from your intake documents, your transactions with us, outside parties such as health providers, or consumer reporting agencies.

### **What do we do with your personal data?**

We comply with Federal and State requirements related to the protection and use of your data. This means that we only share data where we are permitted or required to do so. We also may be required to obtain your authorization before disclosing certain types of personal data. We may use your data in order to:

- Process transactions or claims
- Determine your eligibility for coverage through your carrier
- Respond to your requests
- Prevent fraud
- Comply with regulatory requirements
- Share with you related services we offer



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We do not sell personal data about current or former customers or their accounts. We do not share your personal data for marketing purposes with anyone outside our company. When affiliates or outside companies perform a service on our behalf, we may share your personal data with them. When we utilize these outside services, we only permit them to use your personal data to perform the services we have requested from them. Examples of outside parties who may receive your data are:

- Your agent or representative
- Your brokerage firm
- State or Federal authorities
- Your health care provider or others that have assisted you
- Other companies or service providers or physicians supporting you, so that we can obtain the benefits of your policy for you

**How do we protect your personal data?**

In order to protect your personal data, we maintain physical, electronic and procedural safeguards. We review these safeguards regularly, in keeping with technological advancements. We restrict access to your personal data. We also train our employees in the proper handling of your personal data.

**Our commitment to keeping you informed.**

We will send you a copy of our Privacy Policy each year while you are our customer. In the event we broaden our data sharing practices, we will send you a new, updated Notice



## FSC 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 PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**

**Effective Date:** This notice became effective on October 3, 2017.

This Notice of Privacy Practices (“Notice”) describes your rights concerning your Protected Health Information (“PHI”). PHI is information that may identify you and that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present, or future payment for the provision of health care to you. This Notice also describes how we may use and disclose your PHI.

The Health Insurance Portability and Accountability Act (“HIPAA”) requires us to:

- Provide you with this notice of our legal duties and privacy practices with respect to PHI.
- Maintain the privacy of your PHI.
- Comply with the terms of our privacy notice that is in effect.

We reserve the right to change this Notice as permitted by law, and such change will apply to all medical information that we maintain, including PHI that was received by us before the effective date of the new Notice. If we make a material change to this Notice, we will post a copy of the revised Notice of Privacy Practices on our website at [www.familysolutionsforcare.com](http://www.familysolutionsforcare.com) and:

- In our next annual mailing to you, provide information about the material change and how you may obtain the revised Notice of Privacy Practices, or
- Communicate the changes in such other ways as HIPAA then allows.

This Notice applies to individual or group products that provide, or pay the cost of medical care, including long-term care insurance policies, certain long-term care insurance riders on life insurance policies, and Medicare Supplemental insurance. It does not apply to products (such as a life insurance or disability insurance policy) that may involve some use or disclosure of health information, but whose primary function is not the reimbursement of the costs of medical or long-term care.

FSC may use your health information, that is, information that constitutes protected health information (PHI) as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), for purposes of obtaining payment for your care. FSC has established a policy and procedures regarding disclosure of your PHI.

**THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH, AND THE PURPOSES FOR WHICH YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED by FSC:**

**To Obtain Payment.** FSC may use or disclose your PHI to collect payment from third parties, such as certain health care plans or providers, for the care you receive. For example, FSC may provide information regarding your coverage or health care treatment to certain health plans for the purpose of coordinating the payment of benefits.

**Business Associates.** We contract with individuals and entities (known as “business associates”) to perform various functions on our behalf or to provide certain types of services. These business associates may include insurance agents, claim payment administrators, information technology services, and others. We may disclose PHI to a business associate if they need the PHI in order to provide a service to us. We enter into contracts with these business associates concerning the privacy and security of your PHI, and these business associates are obligated to follow federal rules concerning privacy and security.

**To Assist the Administrative Operations of Certain Third Parties.** FSC may use or disclose PHI, as necessary, to the administrative health care operations of certain long term care insurance carriers so that they can meet the requirements listed in their own individual long term care insurance policies. While these activities will vary by company and by contract, in all cases the



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objective of **FSC** is to ensure that the PHI is secure and the needs of the third party and the client are met.

**For Distribution of Health-Related Benefits and Services.** **FSC** may use or disclose your PHI to provide you with information on health-related benefits and services.

**When Legally Required.** **FSC** will disclose your PHI when it is required to do so by any federal, state or local law.

**To Conduct Health Oversight Activities.** **FSC** may disclose your PHI to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. **FSC** however, may not disclose your PHI if you are the subject of an investigation and the investigation does not arise out of, or is not directly related to your receipt of health care or public benefits.

**In Connection With Judicial and Administrative Proceedings.** As permitted or required by state law, **FSC** may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when **FSC**, makes reasonable efforts to either notify you about the request or to obtain an order protecting your PHI.

**For Law Enforcement Purposes.** As permitted or required by state law, **FSC** may disclose your PHI to a law enforcement official for certain law enforcement purposes, including, but not limited to, if **FSC** has a suspicion that your death was the result of criminal conduct, or in an emergency to report a crime.

**In the Event of a Serious Threat to Health or Safety.** **FSC** may, consistent with applicable law and ethical standards of conduct, disclose your PHI if **FSC** in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions.** In certain circumstances, federal regulations require **FSC** to use or disclose your PHI to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

**For Worker's Compensation.** **FSC** may release your PHI to the extent necessary to comply with laws related to worker's compensation or similar programs.

### **AUTHORIZATION TO USE OR DISCLOSE PHI**

Other than as stated above, **FSC** will not disclose your PHI other than with your written authorization. Thus, unless expressly authorized by you or by a regulation, **FSC** will not sell your PHI, use your PHI for marketing or disclose any of your psychotherapy notes. If you authorize **FSC** to use or disclose your PHI, you may revoke that authorization in writing at any time.

### **YOUR RIGHTS WITH RESPECT TO YOUR PHI**

You have the following rights regarding your PHI that **FSC** maintains:

**Right to Request Restrictions.** You may request restrictions on certain uses and disclosures of your PHI. You have the right to request a limit on **FSC** disclosure of your PHI to someone involved in the payment of your care. However, **FSC** is not required to



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agree to your request. If you wish to make a request for restrictions, please contact **FSC** HIPAA Contact Person at 800-791-6324.

**Right to Receive Confidential Communications.** You have the right to request that **FSC** communicate with you in a certain way if you feel the disclosure of your PHI could endanger you. For example, you may ask that **FSC** only communicate with you at a certain telephone number or by email. If you wish to receive confidential communications, please make your request in writing to the HIPAA Contact Person at **FSC** P.O. Box 6919, Lee's Summit, MO 64064 (Human Resources), or by fax to 816-817-1253. **FSC** will attempt to honor your reasonable requests for confidential communications.

### **Right to Access, Inspect and Copy Your PHI.**

**FSC** will retain all records subject to the HIPAA Privacy Rule for six years. All records designated by HIPAA in this retention requirement will be maintained in a manner that allows for access within a reasonable period of time (thirty days, unless conditions warrant a thirty-day extension permissible by regulations) by an individual requesting access. The six year records retention period may be extended at **FSC** discretion to meet other governmental regulations or those requirements imposed by **FSC** professional liability carrier.

You and your personal representatives have the right to inspect and copy your PHI. A request to inspect and copy records containing your PHI must be made in writing to the HIPAA Contact Person at **FSC**, P.O. Box 6919, Lee's Summit, MO 64064 (Human Resources), or by fax to 816-817-1253.

**Right to Amend Your PHI.** If you believe that your PHI records are inaccurate or incomplete, you may request that **FSC** amend the records. That request may be made as long as the information is maintained by **FSC**. A request for an amendment of records must be made in writing to the HIPAA Contact Person at **FSC**, P.O. Box 6919, Lee's Summit, MO 64064 (Human Resources), or by fax to 816-817-1253.

**FSC** may deny the request if it does not include a reason to support the amendment. The request also may be denied if your PHI records were not created by **FSC**, if the PHI you are requesting to amend is not part of **FSC** records, if the PHI you wish to amend falls within an exception to the PHI you are permitted to inspect and copy, or if **FSC** determines the records containing your PHI are accurate and complete.

**Right to an Accounting.** You have the right to request a list of disclosures of your PHI made by **FSC**. The request must be made in writing to the HIPAA Contact Person at **FSC**, P.O. Box 6919, Lee's Summit, MO 64064 (Human Resources), or by fax to 816-817-1253. The request should specify the time period for which you are requesting the information. Accounting requests may not be made for periods of time going back more than six (6) years.

**Right to a Paper Copy of this Notice.** You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please contact **FSC** HIPAA Contact Person at 800-791-6342. You also may obtain a copy of the current version of **FSC** Notice at its website, [www.fsctrain.com](http://www.fsctrain.com).

### **DUTIES OF FSC**

Only certain employees within **FSC** primarily within **FSC** Claims Intake and Claims Processing Departments, will have access to



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PHI, in order for **FSC** to facilitate the payment of long term care insurance benefits or work with health care providers. No employee with authorized access to PHI may engage in any intimidating or retaliatory acts against persons who file complaints or otherwise exercise their rights under the HIPAA regulations. Enrollment or eligibility for benefits for any individual may not be conditioned on an individual providing an authorization to disclose PHI. Any employee authorized to handle PHI who intentionally or unintentionally violates any of the applicable policies or any procedures may be subject to disciplinary procedures up to and including termination.

Appropriate physical safeguards are in place to reasonably safeguard PHI from any intentional or unintentional use or disclosure that is in violation of the HIPAA Privacy Regulations. These safeguards will include physical protection of premises and PHI, technical protection of PHI maintained electronically and administrative protection. These safeguards will extend to the oral communication of PHI. These safeguards will extend to PHI that is removed from **FSC**.

**FSC** is required by law to maintain the privacy of your PHI as set forth in this Notice and to provide you this Notice of its duties and privacy practices with respect to PHI and to notify the affected individual following a breach of unsecured PHI. **FSC** is required to abide by the terms of this Notice, which may be amended from time to time. **FSC** reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If **FSC** changes its policies and procedures, **FSC** will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change. You have the right to express complaints to **FSC** and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to **FSC** should be made in writing to the **FSC** Privacy Officer or the HIPAA Contact Person at **FSC**, P.O. Box 6919, Lee's Summit, MO 64064 (Human Resources), or by fax to 816-817-1253.

**FSC** encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

Oversight agencies such as the Office for Civil Rights of the Department of Health and Human Services will be given full support and cooperation in their efforts to ensure the protection of PHI within **FSC**.

### CONTACT PERSON

**FSC** has designated David Rinehart as its HIPAA Contact Person for all issues regarding patient privacy and your privacy rights. Correspondence may be sent to **FSC**, P.O. Box 6919, Lee's Summit, MO 64064 (Human Resources), or by fax to 816-400-4479.

### EFFECTIVE DATE

Last updated October 3, 2017.