

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The terms of this Notice of Privacy Practices apply to the Covered Entity known as McKinley Life Insurance Company, which also does business under the trade names PrimeTime Health Plan, AultCare HMO, Aultra, and which is part of an Organized Health Care Arrangement with AultCare Corporation and Aultra Administrative Group, which are affiliated entities. The organization will share protected health information of members as necessary to carry out treatment, payment, and health care operations as permitted by law.

We are required by law to maintain the privacy of our members' protected health information and to provide members with notice of our legal duties and privacy practices with respect to their protected health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by us. Copies of revised notices will be mailed to all members then covered by the plan and copies may be obtained by mailing a request to: Privacy Coordinator, P.O. Box 6029, Canton, Ohio 44706.

## **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

**Your Authorization.** Except as outlined below, we will not use or disclose your protected health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.

**Disclosures for Treatment.** We will make disclosures of your protected health information as necessary for your treatment. For instance, a doctor or health facility involved in your care may request your protected health information that we hold in order to make decisions about your care.

**Uses and Disclosures for Payment.** We will make uses and disclosures of your protected health information as necessary for payment purposes. For instance, we may use information regarding your medical procedures and treatment to process and pay claims, to determine whether services are medically necessary or to otherwise pre-authorize or certify services as covered under your health benefits plan. We may also forward such information to another health plan which may also have an obligation to process and pay claims on your behalf.

**Uses and Disclosures for Health Care Operations.** We will use and disclose your protected health information as necessary, and as permitted by law, for our health care operations which include credentialing health care providers, peer review, business management, accreditation and licensing, utilization review and management, quality improvement and assurance, enrollment, underwriting, reinsurance, compliance,

auditing, rating, and other functions related to your health benefits plan. We may also disclose your protected health information to another health care facility, health care professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.

**Family and Friends Involved In Your Care.** With your approval, we may from time to time disclose your protected health information to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. For members of PrimeTime Health Plan only, if you have designated a person to receive information regarding payment of the premium on your Medicare MCO policy, we will inform that person when your premium has not been paid. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

**Business Associates.** Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, actuarial services, legal services, etc. At times it may be necessary for us to provide your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

**Communications With You.** We may communicate with you regarding your claims, premiums, or other things connected with your health plan. You have the right to request, and we will accommodate reasonable requests by you, to receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, if you wish that messages are not to be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You may request such confidential communication in writing and may send your request to: Privacy Coordinator, P.O. Box 6029, Canton, Ohio 44706.

**Other Health-Related Products or Services.** We may, from time to time, use your protected health information to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products or services which may be available to you as a member of the health plan. For example, we may use your protected health information to identify whether you have a particular illness, and contact you to advise you that a disease management program to help you manage your illness better is available to you as a health plan member. We will not use your information to communicate with you about products or services which are not health-related without your written permission.

**Research.** In limited circumstances, we may use and disclose your protected health information for research purposes. For example, a research organization may wish to compare outcomes of patients by payer source and will need to review a series of records that we hold. In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research or by representations of the researchers that limit their use and disclosure of member information.

**Other Uses and Disclosures.** We are permitted or required by law to make certain other uses and disclosures of your protected health information without your authorization.

- We may release your protected health information for any purpose required by law;
- We may release your protected health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- We may release your protected health information as required by law if we suspect child abuse or neglect; we may also release your protected health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- We may release your protected health information to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
- We may release your protected health information to your plan sponsor; provided, however, your plan sponsor must certify that the information provided will be maintained in a confidential manner and not used for employment related decisions or for other employee benefit determinations or in any other manner not permitted by law;
- We may release your protected health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- We may release your protected health information if required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release;
- We may release your protected health information to law enforcement officials as required by law to report wounds and injuries and crimes;
- We may release your protected health information to coroners and/or funeral directors consistent with the law;
- We may release your protected health information if necessary to arrange an organ or tissue donation from you or a transplant for you;
- We may release your protected health information for certain research purposes when such research is approved by an institutional review board with established rules to ensure privacy;
- We may release your protected health information if you are a member of the military as required by armed forces services; we may also release your protected health information if necessary for national security or intelligence activities; and
- We may release your protected health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.

## **RIGHTS THAT YOU HAVE**

**Access to Your Protected Health Information.** You have the right to copy and/or inspect much of the protected health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. We may charge for postage if you request a mailed copy and will charge for preparing a summary of the requested information if you request such summary. You may obtain an access request form by calling the PrimeTime Health Plan Service Center or by visiting our website at [www.primetimehealthplan.com](http://www.primetimehealthplan.com).

**Amendments to Your Protected Health Information.** You have the right to request in writing that protected health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form by calling the PrimeTime Health Plan Service Center or by visiting our website at [www.primetimehealthplan.com](http://www.primetimehealthplan.com).

**Accounting for Disclosures of Your Protected Health Information.** You have the right to receive an accounting of certain disclosures made by us of your protected health information after April 14, 2003. Requests must be made in writing and signed by you or your representative. Accounting request forms are available by calling the PrimeTime Health Plan Service Center or by visiting our website at [www.primetimehealthplan.com](http://www.primetimehealthplan.com). The first accounting in any 12-month period is free; you may be charged a fee for each subsequent accounting you request within the same 12- month period.

**Restrictions on Use and Disclosure of Your Protected Health Information.** You have the right to request restrictions on our uses and disclosures of your protected health information for treatment, payment, or health care operations by notifying us of your request for a restriction in writing. A restriction request form can be obtained by calling the PrimeTime Health Plan Service Center or by visiting our website at [www.primetimehealthplan.com](http://www.primetimehealthplan.com). We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction to sending such termination notice to the Privacy Coordinator.

**Complaints.** If you believe your privacy rights have been violated, you can file a complaint by writing to the Privacy Coordinator, P.O. Box 6029, Canton, Ohio 44706. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

**FOR FURTHER INFORMATION**

If you have questions or need further assistance regarding this Notice, you may contact the Service Center at 330-363-7407 or 1-800-577-5084. If you are hearing impaired and have access to a TTY phone, you may reach us at our TTY line at 330 363-7460 or 1-800-617-7446. Our call center hours of business are from 8:00 a.m. to 8:00 p.m., Monday

As a member you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

**EFFECTIVE DATE**

This Notice of Privacy Practices is effective April 14, 2003.

Reviewed: 07/31/06, 09/25/06, 04/06/07, 03/10/10

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