

## NOTICE OF PRIVACY PRACTICES

Para recibir esta notificación en español por favor llamar al número provisto en este documento.

This Notice of Privacy Practices applies to health insurance coverage, self-funded employer plans, or mail order pharmacy programs issued or administered by Revolt Healthcare Alliance PLLC (hereinafter know as "we" or "us"). This notice is intended to comply with state and federal privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA).

**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 EFFECTIVE DATE OF THIS NOTICE IS January 15, 2020.**

We consider personal information to be confidential. We protect the privacy of that information in accordance with federal and state privacy laws, as well as our own company privacy policies. This notice describes how we may use and disclose information about you in administering your benefits, and it explains your legal rights regarding the information.

When we use the term "personal information," we mean financial, health and other information about you that is nonpublic, and that we obtain so we can provide you with insurance coverage. By "health information," we mean information that identifies you and relates to your medical history (i.e., the health care you receive or the amounts paid for that care).

### HOW We USE AND DISCLOSE PERSONAL INFORMATION

In order to provide you with coverage, we need personal information about you, and we obtain that information from many different sources, including your employer or benefit plan sponsor, other insurers, HMOs or third-party administrators (TPAs), and health care providers. In administering your health benefits and providing mail order pharmacy services, we may use and disclose personal information about you in various ways, including, but not limited to the following:

### HEALTH CARE OPERATIONS

We may use and disclosure personal information during the course of running our health business; that is, during operational activities such as quality assessment and improvement; licensing; accreditation by independent organizations; performance measurement and outcomes assessment; health services research; and preventive health, disease management, case management and care coordination. Other operational activities requiring use and disclosure include administration of reinsurance and stop loss; underwriting and rating; detection and investigation of fraud; administration of pharmaceutical programs and payments; transfer of policies or contracts from and to other health plans; facilitation of a sale, transfer, merger or consolidation of all or part of the Company with another entity (including due diligence related to such activity); and other general administrative activities, including data and information systems management, and customer service. While we may use and disclose personal information for underwriting purposes, we are prohibited from using or disclosing genetic information of an individual for such purposes. We may contact you regarding raising funds, you have the right to opt out of those communications.

### PAYMENT

To help pay for your covered services, we may use and disclose personal information in a number of ways, including: conducting utilization and medical necessity reviews; coordinating care; determining eligibility; determining formulary compliance; calculating cost-sharing amounts; and responding to complaints, appeals and requests for external review. For example, we may use your medical history and other health information about you to decide whether a particular treatment is medically necessary and what the benefit should be; during the process, we may disclose information to your provider. We also mail Explanation of Benefits forms and other information to the address we have on record for the subscriber (i.e., the primary insured).

### TREATMENT

We may disclose information to doctors, dentists, pharmacies, hospitals and other health care providers who take care of you. For example, doctors may request medical information from us to supplement their own records. We also may use personal information in providing mail order pharmacy services and by sending certain information to doctors for patient safety or other treatment-related reasons.

### DISCLOSURES TO OTHER COVERED ENTITIES

We may disclose personal information to other covered entities, or business associates of those entities for treatment, benefit coordination and certain health care operations purposes. For example, we may disclose personal information to other health plans maintained by your employer if it has been arranged for us to do so in order to have certain expenses reimbursed.

### ADDITIONAL REASONS FOR DISCLOSURE

We may use or disclose health information about you in providing you with treatment alternatives, treatment reminders, or other health-related benefits and services. We also may disclose such information in support of various activities, including, but not limited to the following:

- ◆ Plan Administration - to your employer or plan sponsor, when we have been informed that appropriate language has been included in your plan documents, or when summary data is disclosed to assist in bidding or amending a group health plan.
- ◆ Research - to researchers, provided measures are taken to protect your privacy.
- ◆ Business Associates - to persons who provide services to us and assure us they will protect the information.
- ◆ Industry Regulation - to state insurance departments, boards of pharmacy, U.S. Food and Drug Administration,

U.S. Department of Labor, Department of Health & Human Services and other government agencies that regulate us.

- ◆ Law Enforcement - to federal, state and local law enforcement officials to comply with the law or to address workers' compensation requests.
- ◆ Legal proceedings - in response to a court order or other lawful process.
- ◆ Public Welfare - to address matters of public health and safety issues as required or permitted by law (e.g. child abuse or neglect, threats to public health and safety, and national security).
- ◆ To respond to requests for organ and tissue donations or to work with a funeral director or medical examiner.

The above-listed uses and disclosures do not require agreement or an authorization from you.

### **DISCLOSURE TO OTHERS INVOLVED IN YOUR HEALTH CARE**

We may disclose health information about you to a relative, a friend, and subscriber of your health benefits plan or any other person you identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure by calling the toll-free Customer Service number below.

If you are a minor, you also may have the right to block parental access to your health information in certain circumstances, if permitted by state law. You can contact us using the toll-free Customer Service number below - or have your provider contact us.

### **USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION**

In all situations other than those described above, we must have your written authorization before using or disclosing personal information about you. Specifically, we must have your written authorization to use or disclose psychotherapy notes except as permitted or required by law and personal information for marketing purposes, in most instances. In addition, we cannot sell your personal information unless we have your written authorization which must state that the disclosure of the information will result in remuneration to us. If you have given us an authorization, you may revoke it at any time, if we have not already acted on it. If you have questions regarding authorizations, please call the toll-free Customer Service number below.

### **YOUR LEGAL RIGHTS**

The federal privacy regulations give you the right to make certain requests regarding health information about you. You have the right to request that the Companies:

- ◆ Communicate with you in a certain way or at a certain location. For example, if you are covered as an adult dependent, you might want us to send health information to a different address from that of your subscriber. We will accommodate reasonable requests.
- ◆ Restrict the way we use or disclose health information about you in connection with health care operations, payment and treatment. We will consider, but may not agree to, such requests. You also have the right to ask us to restrict disclosures to persons involved in your health care. We must also agree to any request you may make to restrict disclosure of your personal information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law

and the information pertains solely to a health care item or service for which you or someone acting on your behalf paid the provider in full.

- ◆ Provide you an opportunity to inspect and obtain a copy of health information that is contained in a "designated record set" - medical records and other records maintained and used in making enrollment, payment, claims adjudication, medical management and other decisions. We may ask you to make your request in writing, may charge a reasonable fee for producing and mailing the copies and, in certain cases, may deny the request.
- ◆ Amend or correct health information that is a "designated record set." Your request must be in writing and must include the reason for the request. If we deny the request, you may file a written statement of disagreement.
- ◆ Provide a list of certain disclosures we have made about you, such as disclosures of health information to government agencies that license us. Your request must be in writing. If you request such an accounting more than once in a 12-month period, we may charge a reasonable fee.
- ◆ Provide you with a paper copy of this notice by calling the toll-free Customer Service number below.

You also have the right to file a complaint if you think your privacy rights have been violated. To file a complaint with us, please follow the complaint procedures described in your policy, certificate or plan document. You also may write to the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

### **THE COMPANIES' LEGAL OBLIGATIONS**

We are required to abide by the terms of this privacy notice. The federal privacy regulations require us to keep personal information about you private and secure, to give you notice of our legal duties and privacy practices and to follow the terms of the notice currently in effect, and to provide you with notice following a breach of your personal information as required by law.

### **THIS NOTICE IS SUBJECT TO CHANGE**

We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of the information that we already have about you, as well as any information that we may receive or hold in the future. We will post the revised notice on our website and provide you with a copy of it in our next annual mailing following the effective date of the revised notice.

Please note that we do not destroy personal information about you when you terminate your coverage with us. It may be necessary to use and disclose this information for the purposes described above even after your coverage terminates, although policies and procedures will remain in place to protect against inappropriate use or disclosure.

If you have questions regarding this notice, please contact the Companies' Customer Service area by mail at:

Attention: Privacy Officer  
5 Cowboys Way  
Frisco Tx 75034  
by telephone at:  
855-738-6585