

PREFERRED MEDICAL PLAN, INC.

HIPAA Notice of Privacy Practices

Una copia de esta notificación esta a su disposición en Español.

THIS NOTICE TELLS HOW YOUR MEDICAL INFORMATION MAY BE USED AND SHARED, AND HOW YOU CAN GET A COPY. PLEASE READ THIS CAREFULLY.

Preferred Medical Plan, Inc. (“PMP”) is required by law to protect your health information. PMP is required to give you information about your rights and what we have to do to keep your protected health information (“PHI”) private.

“Protected health information” (“PHI”) is any information that can identify you that we may have or got from others about your past, present or future health care, or claims payment. Your doctor may also have a notice in their office on what they do with your PHI.

PMP can make changes to this notice and can use the changes for all PHI that we have. You may ask for a paper copy of the most current privacy notice from our office.

How PMP Can Use and Share Your PHI

By law, PMP can use or share your PHI without your approval for:

- **Care.** We can use the information that we have or your doctors have about you to make sure you get the care or services you need. We may share information with your doctors that are taking care of you.
- **Payment.** We can use information that we have or others may have about you to make sure your claims get paid. We also make sure that you get the services you may need. We may use the information that we get from your claims with others that work with PMP or with other insurance companies.
- **Health Care Operations.** We may use information that we have or others may have about you for regular health care operations and other activities to make sure you get the care that you need and that your claims get paid. For example, we may share your information with another company that has to give you services or supplies. Or we may use or share your information for other activities that will make your services and care better with PMP.
- **As Required by Law or for Public Health Activities.** We will have to share your PHI when we are required by law or the government. We may need to share your information with the courts or for other legal processes. We may need to share your information with the government to control diseases. The government may need information about you to make sure that we are giving you the care that you need.
- **Military and Veterans.** If you are in the military, we may need to share PHI about you.
- **Workers’ Compensation.** We may have to share PHI with other companies that are taking care of you if you got hurt on your job.
- **Coroners and Medical Examiners.** We may have to share your PHI with a coroner or medical examiner. For example, to identify a person that has died or to find out how a person died.
- **Lawsuits and Disputes.** If you are in a lawsuit, we may have to share your PHI with the courts or lawyers if they ask for it.
- **Law Enforcement and Federal Agencies.** We may share your PHI if required by law enforcement or federal agents, as authorized by law.
- **To Stop a Serious Threat to Health or Safety.** We may share your PHI if someone is in danger or if the government needs it to help someone during a disaster.
- **Inmates.** If you are in prison we may share your PHI with the jail or prison so that they can take care of you.
- **Other Uses and Sharing of Your PHI.** If we need to use or share your PHI that is not listed in this notice, we will need your approval first. If you don’t want us to have your approval anymore, you need to send us a letter. When we receive your letter, we cannot use or share your health information anymore.

Your Rights About Your PHI

You have rights regarding your PHI. If you want to use your rights, you can send a letter in writing to Preferred Medical Plan, Inc. Attn: Privacy Officer, 4950 S.W. 8th Street, Coral Gables, FL 33134.

Right to Look and Copy. You have the right to look over and get a copy of your PHI. You must send us a letter. We are allowed to charge you a fee for copying, mailing, and other things we may have to do to get you a copy of your health information. If there is a reason why we don’t allow you to see or get a copy of your information, you can ask that our denial be reviewed. You can contact our Privacy Contact at the address or telephone number listed on the last page of this notice if you have questions.

Right to Change. If you feel that the PHI we have about you is wrong or missing something, you may ask us in writing to change the information. You have the right to ask us to change your information for as long as we have your information.

You must give us a reason why you want to change your information or why you think it's wrong. If we change your information we will add the new information to your records but it will not replace what we have already.

We may deny your request to change your information if you don't send us a letter or give us a reason why you want to change your information. Also, we may deny your request if you ask us to change information if:

- it is not part of the PHI information that we keep;
- it was not created by us, unless the person or company that created the information is no longer available to make the change;
- it is not part of the health information that you're allowed to see or copy; or
- the information is right and complete.

Right to a List of How We Shared Your Information. You have the right to ask to see a list of how we shared your information in the past six years from the date you sent us the request. We do not have to send you a list of the information:

- used to give you care and services, or to pay claims;
- shared with you when it was your request or if you gave us approval;
- shared with the government for national security or intelligence reasons;
- shared with a prison or jail, or law enforcement; or
- used or shared before April 14, 2003.

We will not charge you when you ask us for a list for the first time in any 12-month period. If you ask us for a list again in the same 12-month period, we may charge you.

Rights to Ask for Limits. You have the right to ask us to limit the PHI we use or share about you for care, payment or health care operations. We are not required to agree to your request.

To ask for limits, you must send a letter to our Privacy Contact listed below. In your letter, you must tell us:

- what information you want to limit;
- whether you want to limit our use or sharing or both; and
- to whom you want the limits to apply.

Right to Ask for Confidential Talks. You have the right to ask us to talk with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will try to do it the way you want if it is reasonable. We will not ask you the reason for your request. Please send us a letter to our Privacy Officer listed below if you want to do this.

Your Right to Send a Complaint. If you think your privacy rights have been misused, please send your complaint in writing to:

Preferred Medical Plan, Inc.
Attn: Privacy Officer
4950 S.W. 8th Street
Coral Gables, FL 33134

You may also send a complaint with the Secretary of the Department of Health and Human Services. You will not be punished for sending a complaint.

Privacy Contact

Contact us if you have any questions, would like more information about this notice or your rights about your PHI. Please call Member Services at (305) 447-8373 or write us at the above address.

This notice is effective on and after August 23, 2010.