

Important Privacy Notice - Disclosure and Access to Medical Information

The Public Employees' Benefits Program is committed to maintaining privacy and confidentiality of information to which it has been entrusted. 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.

By law, PEBP is required to protect the privacy of your medical information. PEBP is also required to give you this notice to tell you how PEBP may use and give out ("disclose") your personal medical information held by PEBP.

PEBP is declared a hybrid entity, the Plan is an affiliated covered entity and this Notification of Privacy Practice serves as notification of all health care components, your health information may be shared between health plans for continuum care.

PEBP must use and give out your personal medical information to provide information to you or someone who has the legal right to act for you (your personal representative), to a state or federal entity charged with making sure your privacy is protected, and where required by law.

PEBP has the right to use and give out your personal medical information to pay for your health care and to operate the programs offered by PEBP. PEBP considers this to be part of an organized health care arrangement. Examples include the following:

PEBP uses your personal medical information for enrollment records, pay or deny your claims, to collect any premiums due, and to share your benefit payment with your other insurer(s) if applicable.

PEBP may use your personal medical information to make sure you and other PEBP participants get quality health care, to provide customer service to you, to resolve any complaints you have, or to contact you about extra benefits or even research studies that may benefit you.

PEBP may use or give out your personal medical information for the following purposes under limited circumstances;

- to federal or other state agencies that have the legal right to receive PEBP data (such as audits to make sure PEBP is making proper payments),
- for public health activities (such as reporting disease outbreaks),
- for government health care oversight activities (such as fraud or abuse investigations),
- for judicial and administrative proceedings (such as in response to a court order),
- for law enforcement purposes (such as providing limited information to local a missing person),
- for research studies, including surveys, that meet all privacy law requirements (such as research related to the prevention of disease or disability),

- to avoid serious and imminent threat to health or safety,
- to contact you about new or changed benefits under PEBP, and
- to create a collection of information that can no longer be traced back to you.

By law, PEBP must have your written permission (an "authorization") to use or give out your personal medical information for any purpose that isn't set out in this notice. You may take back ("revoke") your permission at any time, except if PEBP has already acted based on your permission.

By law, you have the right to:

- see and get a copy of your personal medical information held by PEBP.
- have your personal medical information amended if you believe that it is wrong or if information is missing, and PEBP agrees. If PEBP disagrees, you may have a statement of your disagreement added to your personal medical information.
- get a listing of those getting your personal medical information from PEBP. The listing won't cover your personal medical information that was given to you or your personal representative, that was given out to pay for your health care or for PEBP operations, or that was given out to law enforcement purposes
- ask PEBP to communicate with you in a different manner or at a different place (for example, by sending materials to a P.O. Box instead of your home address).
- ask PEBP to limit how your personal medical information is used and given out to pay your claims and run the programs offered by PEBP. Please note that PEBP may not be able to agree to your request.
- get a separate paper copy of this notice.

You will find a copy of this notice in the Plan documents. Please call PEBP with any further questions regarding the privacy notice. (775) 684-7000 or (800) 326-5496.

If you feel your privacy rights have been violated, you may file a complaint with PEBP or with the federal government through the Office of Civil Rights. You will not be penalized for filing a complaint.

PEBP Privacy Officer

901 South Stewart Street, Suite 1001
Carson City NV 89701

Phone (775) 684-7000 Or (800) 326-5496
Fax (775) 684-7028

You also may file a complaint with the:

Office of Civil Rights

[Department of Health and Human Services](#)

907 7th Street, Suite 4-100
San Francisco, CA 94103

(800) 368-1019 Phone
(415) 437-8329 Fax
(800) 537-7697 TDD

By law, PEBP is required to follow the terms in this privacy notice. PEBP has the right to change the way your personal medical information is used and given out, you will get a new notice within 60 days of the change.

This Notice of Privacy Practices for PEBP is effective July 1, 2013, and replaces all other privacy notices that have been in effect since April 14, 2013.