



Your Privacy Matters

In compliance with the Health Insurance Portability and Accountability Act (HIPAA), the Rural Carrier Benefit Plan (RCBP) is sending you this important notice about how your medical and personal information may be used and about how you can access this information. Please review this Notice of Privacy Practices carefully.

If you have any questions about this notice, please write to a Rural Carrier Benefit Plan (RCBP) Privacy Compliance Analyst or call an RCBP Member Services Representative. The address for contacting a Privacy Compliance Analyst is P.O. Box 14079, Lexington, KY 40512-4079. The telephone number for reaching a Member Services Representative is **1-800-638-8432**.

Notice of Privacy Practices

Effective: 4/14/2003 (Revised 9/29/2021)

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

A. Our Commitment to Your Privacy

We understand the importance of keeping your personal and health information² secure and private. We

are required by law to provide you with this notice. This notice informs you of your rights about the privacy of your personal information and how we may use and share your personal information. We will make sure that your personal information is only used and shared in the manner described. We may, at times, update this notice. Changes to this notice will apply to the information that we already have about you as well as any information that we may receive or create in the future. Our current notice is posted at www.rcbphealth.com. You may request a copy at any time. Throughout this notice, examples are provided. Please note that all of these examples may not apply to the services Aetna provides to your particular health benefit plan.

B. What Types of Personal Information Do We Collect?

To best service your benefits, we need information about you. This information may come from you, your employer, other payors or health benefits plan sponsors and our affiliates. Examples include your name, address, phone number, Social Security number, date of birth, marital status, employment information or medical history. We also receive information from health care providers and others about you. Examples include the health care services you receive. This information may be in the form of health care claims and encounters, medical information, or a service request. We may receive your information in writing, by telephone, or electronically. In some instances, we may ask you about your race/ethnicity or language, however providing this information is entirely voluntary.

C. How Do We Protect the Privacy of Your Personal Information?

Keeping your information safe is one of our most important duties. We limit access to your personal information, including race/ethnicity and language, to those who need it. We maintain appropriate safeguards to protect it. For example, we protect access to our buildings and computer systems. Our Privacy Office also assures the training of our staff on our privacy and security policies.

D. How Do We Use and Share Your Information for Treatment, Payment, and Health Care Operations?

To properly service your benefits, we may use and share your personal information for “treatment,” “payment,” and “health care operations.” Below we provide examples of each. We may limit the amount of information we share about you as required by law. For example, HIV/AIDS, substance abuse and genetic information may be further protected by law. Our privacy policies will always reflect the most protective laws that apply.

- **Treatment:** We may use and share your personal information with health care providers for coordination and management of your care. Providers include physicians, hospitals and other caregivers who provide services to you.
- **Payment:** We may use and share your personal information to determine your eligibility, coordinate care, review medical necessity, pay claims, obtain external review and respond to complaints. For example, we may use information from your health care provider to help process your claims. We may also use and share your personal information to obtain payment from others that may be responsible for such costs. We may disclose your personal information to OPM if you dispute a claim.
- **Health care operations:** We may use and share your personal information, including race/ethnicity and language, as part of our operations in servicing your benefits. Operations include credentialing of providers; quality improvement activities; accreditation by independent organizations; responses to your questions, or grievance or external review programs; and disease management, case management, and care coordination, including designing intervention programs and designing and directing outreach materials. We may also use and share information for our general administrative activities such as pharmacy benefits administration; detection and investigation of fraud, including disclosures to the OPM Inspector General; auditing; underwriting; securing and servicing reinsurance policies; or in the sale, transfer or merger of all or a part of an Aetna company with another entity. For example, we may use or share your personal information in order to evaluate the quality of health care delivered, to remind you about preventive care or to inform you about a disease management program. We cannot use or disclose your genetic, race/ethnicity or language information for underwriting purposes, to set rates, or to deny coverage or benefits. We may disclose your protected health information to the U.S. Office of Personnel Management (OPM) in connection with payment or healthcare operations, or when required by federal law. We may also disclose your PHI to OPM for its Federal Employees Health Benefits (FEHB) Program Claims Data Warehouse when required by law.

We may also share your personal information with providers and other health plans for their treatment, payment and certain health care operation purposes. For example, we may share personal information with other health plans identified by you or your plan sponsor when those plans may be responsible to pay for certain health care benefits or we may share language data with health care practitioners and providers to inform them about your communication needs.

E. What Other Ways Do We Use or Share Your Information?

We may also use or share your personal information for the following:

- **Medical Home / Accountable Care Organizations:** RCBP may work with your primary care physician, hospitals and other health care providers to help coordinate your treatment and care. Your information may be shared with your health care providers to assist in a team-based approach to your health.
- **Health care oversight and law enforcement:** To comply with federal or state oversight agencies. These may include, but are not limited to, your state department of insurance, OPM or the U.S. Department of Labor.
- **Legal proceedings:** To comply with a court order or other lawful process.
- **Treatment options:** To inform you about treatment options or health-related benefits or services.
- **Plan sponsor:** To permit the Plan's sponsor, the National Rural Letter Carriers' Association, to keep accurate membership records.

- **Research:** To researchers so long as all procedures required by law have been taken to protect the privacy of the data.
- **Others involved in your health care:** We may share certain personal information with a relative, such as your spouse, close personal friend or others you have identified as being involved in your care or payment for that care. For example, to those individuals with knowledge of a specific claim, we may confirm certain information about it. Also, we may mail an explanation of benefits to the subscriber. Your family may also have access to such information on our Web site. If you do not want this information to be shared, please tell us in writing.
- **Personal representatives:** We may share personal information with those having a relationship that gives them the right to act on your behalf. Examples include parents of an unemancipated minor or those having a Power of Attorney.
- **Business associates:** To persons providing services to us and who assure us that they will protect the information. Examples may include those companies providing your pharmacy or behavioral health benefits.
- **The U.S. Office of Personnel Management (OPM).** We may disclose your PHI to OPM for its Federal Employees Health Benefits (FEHB) Program Claims Data Warehouse.
- **Other situations:** We also may share personal information in certain public interest situations. Examples include protecting victims of abuse or neglect; preventing a serious threat to health or safety; tracking diseases or medical devices; or informing military or veteran authorities if you are an armed forces member. We may also share your information with coroners; for workers' compensation; for national security; and as required by law.

F. What About Other Sharing of Information and What Happens If You Are No Longer Enrolled?

We will obtain your written permission to use or share your health information for reasons not identified by this notice and not otherwise permitted or required by law. If you withdraw your permission, we will no longer use or share your health information for those reasons.

We do not destroy your information when your coverage ends. It is necessary to use and share your information, for many of the purposes described above, even after your coverage ends. However, we will continue to protect your information regardless of your coverage status.

G. Rights Established by Law

- **Requesting restrictions:** You can request a restriction on the use or sharing of your health information for treatment, payment, or health care operations. However, we may not agree to a requested restriction.
- **Confidential communications:** You can request that we communicate with you about your health and related issues in a certain way, or at a certain location. For example, you may ask that we contact you by mail, rather than by telephone, or at work, rather than at home. We will accommodate reasonable requests.
- **Access and copies:** You can inspect and obtain a copy of certain health information. We may charge a fee for the costs of copying, mailing, labor, and supplies related to your request. We may deny your request to inspect or copy in some situations. In some cases, denials allow for a review of our decision. We will notify you of any costs pertaining to these requests, and you may withdraw your request before you incur any costs. You may also request your health information electronically and it will be provided to you in a secure format.
- **Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete. You must provide us with a reason that supports your request. We may deny your request if the information is accurate, or as otherwise allowed by law. You may send a statement of disagreement.
- **Accounting of disclosures:** You may request a report of certain times we have shared your information. Examples include sharing your information in response to court orders or with government agencies that license us. All requests for an accounting of disclosures must state a time period that may not include a date earlier than six years prior to the date of the request and may not include dates before April 14, 2003. We will notify you of any costs pertaining to these requests, and you may withdraw your request before you incur any costs.

H. To Receive More Information or File a Complaint

Please contact Member Services to find out how to exercise any of your rights listed in this notice, or if you have any questions about this notice. The telephone number or address is listed in your benefit documents or on your membership card. If you believe we have not followed the terms of this notice, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with the Secretary, write to 200 Independence Avenue, S.W. Washington, D.C. 20201 or call 1-877-696-6775. You will not be penalized for filing a complaint. To contact us, please follow the complaint, grievance, or appeal process in your benefit documents.

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For purposes of this notice, the pronouns "we", "us" and "our" and the name "Rural Carrier Benefit Plan" refers to Aetna and its licensed affiliated companies, including, but not limited to, Claims Administration Corporation. These entities will abide by the privacy practices described in this Notice. This notice applies to the health care component of the RCBP's carrier, the National Rural Letter Carriers' Association and its plan administrator, Claims Administration Corp., an Aetna company. This notice will refer to these covered entities together as "RCBP", "we", or "us."

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Under various laws, different requirements can apply to different types of information. Therefore, we use the term "health information" to mean information concerning the provision of, or payment for, health care that is individually identifiable. We use the term "personal information" to include both health information and other nonpublic identifiable information that we obtain in providing benefits to you.