

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

THIS NOTICE DESCRIBES HOW CARE N' CARE INSURANCE COMPANY, INC. MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION AND HOW YOU ARE ABLE TO OBTAIN ACCESS TO THE INFORMATION. OUR CONTACT INFORMATION CAN BE FOUND AT THE END OF THIS NOTICE. **PLEASE REVIEW IT CAREFULLY.**

YOUR RIGHTS.

WHEN IT COMES TO YOUR HEALTH INFORMATION, YOU HAVE CERTAIN RIGHTS.

This section explains your rights and some of our responsibilities to help you. You may exercise these rights by submitting a request to us using the contact information located at the end of this notice.

GET A COPY OF YOUR HEALTH AND CLAIMS RECORDS

- You may ask to see or get a copy of your health and claims records and other health information we have about you.
- We will provide a copy or a summary of your health and claims records in electronic form within 15 days of the request unless you request or agree to receive the records in another form.

ASK US TO CORRECT HEALTH AND CLAIMS RECORDS

- You may ask us to correct your health and claims records if you think they are incorrect or incomplete.
- In certain circumstances, we may not be able to grant your request. For example, if we determine your health and claims records are correct and complete, or that we did not create the health records. We will explain the reason for the denial in the response we send you within 60 days and you have the right to submit a statement of disagreement.

REQUEST CONFIDENTIAL COMMUNICATIONS

- You may request that we contact you in a specific way (e.g., home or office, or to send mail to a different address).
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

ASK US TO LIMIT WHAT WE USE OR SHARE

- You may ask us **not** to share or use certain health information for treatment, payment or our operations. You may also request your protected health information (PHI) not be disclosed to family members or friends who may be involved in your care or paying for your care or for purposes of notification as described in this notice.
 - We are not required to agree to your request. If we do agree, we will comply with your request unless restricting access to the information is likely to interfere with your care such as providing you with emergency treatment.
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REQUEST A LIST OF THOSE WITH WHOM WE'VE SHARED INFORMATION

- You may ask for a list (accounting) of disclosures for six years prior to your request date of when we shared your information, who we shared it with and why. We will include all the disclosures except for those about treatment, payment, and our operations, and certain other disclosures (such as any you asked us to make).
 - You may request one (1) accounting in any 12-month period – if you make additional requests during this time frame, we may charge a reasonable cost-based fee for responding to these additional requests. We have 60 days to respond to your request; however, we have an additional 30 days if needed.
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REQUEST A COPY OF THIS NOTICE

- You may request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. To request a copy of this notice, use the contact information at the end of this notice and we will send you one promptly.
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CHOOSE SOMEONE TO ACT FOR YOU

- If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information. Ask us how to do this by using the contact information at the end of this notice.
 - We will confirm the person has the authority and may act for you before we take any action.
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FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS ARE VIOLATED

- Using the contact information at the bottom of this notice, you may file a complaint directly with us if you believe we have violated your privacy rights.
- Also, you may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775; or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ or by sending a letter to them at:
200 Independence Ave., SW, Washington, D.C. 20201.
or to their regional office at: 1301 Young Street, Suite 1169, Dallas, TX 75202.
- State complaints may be filed online or sent to the Office of Attorney General's Consumer Protection Division at: PO Box 12548, Austin, TX 78711-2548.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES.

FOR CERTAIN HEALTH INFORMATION, YOU MAY TELL US YOUR CHOICES ABOUT WHAT WE SHARE. If you have a clear preference on how you want us to share your information in the situations described below, tell us and we will follow your instructions as permitted by law. Use the contact information at the end of this notice.

IN THESE CASES, YOU HAVE BOTH THE RIGHT AND CHOICE TO TELL US TO:

- Share information with your family, close friends, or others involved in payment for your care.
- Contact you for fundraising efforts.

If you are unable to share your preference (e.g., if you are unconscious), we may share your information if we think it is in your best interest. We may also share information when needed to lessen a serious or imminent threat to health or safety.

WE NEVER SHARE YOUR INFORMATION IN THESE SITUATIONS UNLESS YOU GIVE US WRITTEN PERMISSION

- Marketing purposes
- Sale of your information

There may be other uses and disclosures of your health information beyond those listed that may require your authorization if the use or disclosure is not permitted or required by law. You have the right to revoke your authorization in writing at any time except to the extent that we have already used or disclosed your health information based on that initial authorization.

OUR USES AND DISCLOSURES.

HOW DO WE USE OR SHARE YOUR HEALTH INFORMATION?

We typically use or share your health information in the following ways:

HELP MANAGE THE HEALTH CARE TREATMENT YOU RECEIVE

We may use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

RUN OUR ORGANIZATION

We may use and disclose your information to run our organization, to contact you when necessary, and for other operational purposes.

Example: We use health information to develop better services for you.

We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

PAY FOR YOUR HEALTH SERVICES

We may use and disclose your health information as needed to pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

ADMINISTER YOUR PLAN

We may disclose your health information to your health plan sponsor for plan administration purposes.

Example: If your company contracts with us to provide a health plan, we may provide them with certain statistics to explain premiums we charge.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways; usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information go to:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

HELP WITH PUBLIC HEALTH AND SAFETY ISSUES

We may share your health information for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

DO RESEARCH

We may use or share your information for health research.

COMPLY WITH THE LAW

We will share information about you when state or federal law requires it, including with the Department of Health and Human Services if they want to determine that we are complying with federal privacy laws.

RESPOND TO ORGAN/TISSUE DONATION REQUESTS AND WORK WITH CERTAIN PROFESSIONALS

- We may share health information about you with an organ procurement organization.
- We may share health information with a medical examiner, coroner or funeral director when an individual dies.

ADDRESS WORKER'S COMPENSATION, LAW ENFORCEMENT, AND OTHER GOVERNMENT REQUESTS	<p>We may use or share health information about you:</p> <ul style="list-style-type: none">• For workers' compensation claims• For certain law enforcement purposes or with a law enforcement official• With health oversight agencies for activities authorized by law• For special government functions such as military, national security, and presidential protective services
RESPOND TO LAWSUITS AND LEGAL ACTIONS	<p>We may share health information about you in response to an administrative or court order. We may be required to disclose your health information to respond to a subpoena, discovery request, or other similar request.</p>
BUSINESS ASSOCIATES	<p>We may disclose health information about you to a Business Associate which is an entity or person that performs activities or services on our behalf that involve the use, disclosure, access, creation or storage of health information. We require a Business Associate to execute appropriate agreements before they initiate these activities or services.</p>
CERTAIN HEALTH INFORMATION	<p>State law provides additional protection on some specific medical conditions or health information. For example, state laws prohibit us from disclosing or using, and/or limit how we use or disclose, information related to HIV/AIDS, mental health, or alcohol or substance abuse without your authorization. In these situations, we will follow the requirements of the state law.</p>

OUR RESPONSIBILITIES.

WHEN IT COMES TO YOUR INFORMATION, WE HAVE CERTAIN RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that compromises the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind about this at any time. Let us know in writing if you change your mind.

For more information:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes we make will apply to all information we have about you. The new notice will be available upon request or from our website. We will also mail a copy of the new notice to you if there are material changes to our privacy practices.

CONTACT INFORMATION

If you would like general information about your privacy rights go to: <http://www.cnchealthplan.com>. If you have specific questions about your rights or about this notice, you may contact us in one of the following ways:

- Call us at 817-529-9230 and ask to speak with the Privacy Officer
- Write us at: Care N' Care Insurance Company, Inc.
Attention: Privacy Officer
1603 Lyndon B Johnson Freeway, Suite 300
Farmers Branch, TX 75234

EFFECTIVE DATE OF THIS NOTICE

August 10, 2023