

Department of Defense Nonappropriated Fund Health Benefits Program Privacy Notice

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.

I. GENERAL

- A. Law And Regulations.** The Department of Defense Health Benefits Program (DoD HBP) (hereinafter, referred to as "the Plan") is required by law and the regulations of the U.S. Department of Health and Human Services (HHS):
1. to maintain the privacy of information about your health (known as "protected health information"); and
 2. to provide you with notice of its legal duties and privacy practices with respect to that information.
- B. Protected health information.** Protected health information (hereinafter simply referred to as "health information") includes any information that identifies you and relates to your physical or mental health, to the health care you have received, or to the payment for your health care.
- C. Purpose Of Notice.** The purpose of this notice is to inform you of the Plan's legal duties and privacy practices related to your health information. In particular, it describes how the Plan may use your health information and how you can access this information.
- D. Applicability Of Notice.** This Privacy Notice applies to DoD Nonappropriated Fund (NAF) employees and former employees (and the dependents of the persons in each group) who participate in the Plan.
- E. Revisions Of Notice.** The DoD NAF HBP reserves the right to revise this Privacy Notice and to apply the revised Privacy Notice to any health information that the Plan maintains, including health information the Plan created or received prior to the effective date of the revised Privacy Notice. Revisions will be published within 60 days of such changes at the individual NAF benefit websites.

II. PLAN'S DUTY TO COMPLY WITH THIS NOTICE

The Plan and any third party who administers claims filed under the Plan is required to abide by the terms of this Privacy Notice.

III. PERMISSIBLE USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

A. Uses And Disclosures To Carry Out Treatment, Payment, And Health Care Operations. The Plan may use or disclose your health information for purposes of treatment, payment, or health care operations.

1. Treatment. The Plan may use or disclose your health information for purposes of treatment.
 - a. "Treatment" means the provision, coordination, or management of your health care by one or more health care providers, including consultation between providers and referrals from one provider to another.
 - b. For example, the Plan is permitted to give a health care provider health information about you that might assist him in his treatment of you.
2. Payment. The Plan may use or disclose your health information for purposes of payment.
 - a. "Payment" means activities undertaken by either:
 - (1) the Plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the Plan; or
 - (2) a health care provider or the Plan to obtain or provide reimbursement for the provision of health care.
 - b. For example, when the Plan receives a bill from a health care provider, the Plan may ask for information regarding your treatment in order to determine whether payment for such treatment is appropriate.
3. Health Care Operations. The Plan may use or disclose your health information for purposes of health care operations.
 - a. "Health care operations" means activities of the Plan which are related to the function of the Plan. These activities include:
 - (1) conducting quality assessment and improvement reviews;
 - (2) reviewing the competence or qualifications of health care providers;
 - (3) conducting or arranging for medical review, legal services, or auditing functions;

- (4) business planning and development; and
 - (5) business management and general administrative activities, including customer service and resolution of internal grievances.
- b. For example, the Plan is permitted to use your health information to evaluate the performance of health care providers used by the Plan.
4. Miscellaneous. The Plan may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits that may be of interest to you.

B. Other Uses And Disclosures.

1. Those Required By Law. The Plan may use or disclose your health information to the extent that such use or disclosure is required by law.
2. Those For Public Health Activities. The Plan may use or disclose your health information for public health activities. For example, the Plan may disclose your health information:
 - a. to a public health authority that is authorized to receive such information for the purpose of either controlling disease, injury or disability;
 - b. to a public health authority authorized to receive reports of child abuse or neglect;
 - c. to the Federal Drug Administration (FDA) for the purpose of activities related to the quality, safety, or effectiveness of an FDA-regulated product or activity; and
 - d. under limited circumstances, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
3. Those About Victims Of Abuse, Neglect, Or Domestic Violence. The Plan may use or disclose to a government authority (for example, a social service or a protective services agency) health information about you if the Plan reasonably believes that you are a victim of abuse, neglect, or domestic violence.
4. Those For Health Oversight Activities. The Plan may use or disclose your health information to a health oversight agency (for example, an agency authorized by law to oversee the health care system) for oversight activities, including audits; civil, administrative, or criminal investigations or proceedings; inspections; or licensure or disciplinary actions.

5. Those For Judicial Or Administrative Proceedings. The Plan may use or disclose your health information in the course of any judicial or administrative proceeding:
 - a. in response to an order of a court or administrative tribunal; or
 - b. in response to a subpoena, discovery request, or other lawful process.
6. Those for Law Enforcement. The Plan may use or disclose your health information for a law enforcement purpose to a law enforcement official (for example, a police officer or a prosecutor). That is, the Plan may disclose your health information to a law enforcement official:
 - a. as required by law, including laws that require the reporting of wounds or other physical injuries;
 - b. in response to the law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person;
 - c. if you are suspected to be the victim of a crime;
 - d. if you die and the Plan suspects that your death may have resulted from criminal conduct;
 - e. if the Plan believes, in good faith, that the information constitutes evidence of criminal conduct that occurred on Department of Defense premises.
7. Those About Decedents. The Plan may use or disclose your health information:
 - a. to a coroner or medical examiner for purposes of identifying a deceased person, determining cause of death, or other duties authorized by law; or
 - b. to a funeral director as necessary for the funeral director to carry out his duties.
8. Those For Organ, Eye, Or Tissue Donation Purposes. The Plan may use or disclose your health information to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation and transplantation.
9. Those For Research Purposes. The Plan may use or disclose your health information for research, subject to certain limitations.

10. Those To Avert A Serious Threat To Health And Safety. The Plan may use or disclose your health information if the Plan believes, in good faith, the use or disclosure:
 - a. is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; or
 - b. is necessary for law enforcement authorities to identify or apprehend an individual.
11. Those For Specialized Government Functions - Military Activities. If you are a member of the Armed Forces, the Plan may:
 - a. use or disclose your health information for activities deemed necessary by appropriate military command authority to assure proper execution of the military mission; and
 - b. upon your separation or discharge, disclose your health information to the Department of Veterans Affairs (DVA) for the purpose of a determination by the DVA of your entitlement to DVA benefits.
12. Those For Specialized Government Functions - National Security And Intelligence. The Plan may disclose your health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities.
13. Those For Specialized Government Functions - Protective Services For The President And Others. The Plan may disclose your health information to authorized federal officials:
 - a. for the provision of protective services to the President, foreign heads of state, and others; or
 - b. to conduct certain investigations.
14. Those For Specialized Government Functions - Correctional Institutions And Other Law Enforcement Custodial Situations. If you are an inmate in a correctional institution or in the custody of a law enforcement official, the Plan may, in certain situations, disclose your health information to the correctional institution or law enforcement official.
15. Those For Workers' Compensation. The Plan may disclose your health information as authorized by laws relating to workers' compensation.

C. Uses And Disclosures Requiring Your Written Authorization.

1. General Rule. Except as otherwise permitted by law, HHS regulations, and this Privacy Notice, the Plan will not use or disclose your health information without your written authorization.
2. Psychotherapy Notes. Normally, the Plan must obtain your authorization for any use or disclosure of psychotherapy notes. However, HHS regulations permit exceptions.
3. Marketing. Normally, the Plan must obtain your authorization for any use or disclosure of your health information for marketing. However, HHS regulations permit exceptions.
4. Valid Authorization. Your authorization is valid only if it meets the requirements of HHS regulations.
5. Revocation Of Authorization. You may revoke an authorization at any time, except to the extent that the Plan has taken action in reliance on your authorization. A revocation must be in writing.

IV. YOUR RIGHTS

- A. Restriction Of Disclosures.** You have the right to ask the Plan to restrict the uses and disclosures described in Sections II of this Privacy Notice. However, the Plan is not required to grant your request.
- B. Confidential Communications.** You have a right to ask the Plan to send communications of your health information by an alternative means or to an alternative location, provided that your request is in writing, and provided further that you clearly state that disclosure of all or part of that information could endanger you.
- C. Inspection And Copying.** You have the right to inspect and copy your health information, except for psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and health information to which you are denied access by law. If you want a copy of your health information, the Plan may impose a reasonable, cost-based fee.
- D. Amendment.** You have the right to ask the Plan to amend your health information maintained by the Plan. If the Plan grants your request, the amendment will be included as an addition to, and not a replacement of, already-existing records.
- E. Accounting Of Disclosures.** You have a right to receive from the Plan an accounting of disclosures of your health information made by the Plan during the six years prior to your request, except for:

1. disclosures to carry out treatment, payment and health care operations (see Section III.A above);
2. disclosures to you;
3. disclosures incident to a use or disclosure permitted or required by Section III above or by HHS regulations;
4. disclosures pursuant to your authorization;
5. disclosures to persons involved in your care or disclosures for notification purposes;
6. disclosures for national security or intelligence purposes (see Section III.B.12 above);
7. disclosures to correctional institutions or law enforcement officials (see Section III.B.14 above);
8. disclosures as part of a "limited data set" as defined by HHS regulations; or
9. disclosures that occurred prior to 14 April 2003.

F. Paper Copy of Privacy Notice. You have the right to obtain from the Plan, upon request, a paper copy of this Privacy Notice. You can also access the most current Privacy Notice at the individual NAF benefit website.

G. How To Exercise Your Rights. If you wish to exercise any right described in this Section IV, contact the person identified in Section VI below.

V. COMPLAINTS

A. Basis. If you believe that your privacy rights have been violated, you may file a complaint either with the Plan or the Secretary of HHS.

B. Where To File. You may file a complaint with either the Secretary of HHS or the Plan. If you wish to file it with the Plan, transmit it to the person identified in Section VI below.

C. No Reprisal. You will not be retaliated against for filing a complaint.

VI. EFFECTIVE DATE

This Privacy Notice is effective as of 14 April 2003.

Complaints

To file a complaint with the Plan, contact: NAF Health Benefits Program, c/o Privacy Official, DoD NAF Personnel Policy Division, 4800 Mark Center Drive, Suite 05G21, Alexandria, VA 22350-1100 or email dodhra.mc-alex.dcpas.mbx.naf@mail.mil. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.
