



Sandia National Laboratories

Operated for the U.S. Department of Energy by
Sandia Corporation

P.O. Box 5800
Albuquerque, NM 87185-1022

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Dear Sandia Health Care Participant:

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires that Sandia provide a Notice of Privacy Practices for its self-insured health plans. This Notice, effective January 1, 2006, summarizes the plans' legal duties and privacy practices with respect to your health information. This Notice replaces the Notice of Privacy Practices, dated April 14, 2003. Please take some time to review this Notice so that you are familiar with the uses and disclosures of your health information under the plans, as well as your individual rights.

This is a very important document and should be kept for permanent reference. You can also find this document on the Web at <http://www.sandia.gov/resources/emp-ret/spd/index.html>.

Sincerely,

Mary Romero Hart
Benefits Department, 3332

Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices

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.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information, known as protected health information (PHI), includes virtually all individually identifiable health information held by the plan – whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of the following plans: UHC Premier Preferred Provider Organization (PPO) Plan; UHC Standard PPO Plan; UHC Senior Premier PPO Plan; UHC High Deductible Health Plan; CIGNA Premier PPO Plan; CIGNA In-Network Plan; CIGNA Senior Premier PPO Plan; Sandia Dental Expense/Deluxe Plans; Sandia Vision Care Plan; and the Sandia Reimbursement Spending Accounts Plan (Health Care Spending Account only). The plans covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. Under HIPAA, these plans are collectively known as an Organized Health Care Arrangement. For the purposes of this notice, unless otherwise specified, they are referred to as the Plan. If you participate in an insured plan option (Kaiser, Lovelace Senior Plan, Presbyterian Medicare PPO Plan), you will receive any notices directly from the insurer.

The Plan's Duties with Respect to Health Information About You

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. It's important to note that these rules apply to the Plan, not Sandia Corporation as an employer – that's the way the HIPAA rules work. Different policies may apply to other Sandia Corporation programs or to data unrelated to the health plan.

Uses and Disclosures of Medical Information Without Your Written Authorization

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. *For example, the Plan may share health information about you with physicians who are treating you.*
- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations and provide reimbursement for health care. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, and billing; as well as “behind the scenes” plan functions such as risk adjustment, collection, or reinsurance. *For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan in order to coordinate payment of benefits.*

- **Health care operations** include activities by this Plan (and in limited circumstances other plans or providers) such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include vendor evaluations, credentialing, training, accreditation activities, underwriting, premium rating, arranging for medical review and audit activities, and business planning and development. *For example, the Plan may use information about your claims to project future benefit costs.*

The amount of health information used or disclosed will be limited to the minimum necessary for these purposes. The Plan may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

The Plan may share your health information with Sandia

The Plan may disclose your health information **without** your written authorization to Sandia Corporation for plan administration purposes. Sandia Corporation may need your health information to administer benefits under the Plan. Sandia Corporation agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law.

Here's how health information may be shared between the Plan and Sandia Corporation, as allowed under the HIPAA rules:

- The Plan may disclose "summary health information" to Sandia Corporation if requested, for purposes of obtaining premium bids to provide coverage under the Plan, or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants' claims information, but from which names and other identifying information has been removed.
- The Plan may disclose to Sandia Corporation information on whether an individual is participating in the Plan, or has enrolled or disenrolled in an insurance option offered by the Plan.

In addition, you should know that Sandia Corporation cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by Sandia Corporation from other sources, for example under the Family and Medical Leave Act, Americans with Disabilities Act, or worker's compensation is *not* protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed **without** authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information describing your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made, for example, if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

The Plan is also allowed to use or disclose your health information **without** your written authorization for the following activities:

Worker's compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with such laws
Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (including disclosures to the target of the threat); includes disclosures to assist law enforcement officials in identifying or apprehending an individual because the individual has made a statement admitting participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)
Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request, or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
Law enforcement purposes	Disclosures to law enforcement officials required by law or pursuant to legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosure about a death that may have resulted from criminal conduct; and disclosure to provide evidence of criminal conduct on the Plan's premises
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
Research purposes	Disclosures subject to approval by institutional or private privacy review boards, and subject to certain assurances and representations by researchers regarding necessity of using your health information and treatment of the information during a research project
Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
Specialized government actions	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
HHS investigations	Disclosures of your health information to the Department of Health and Human Services (HHS) to investigate or determine the Plan's compliance with the HIPAA privacy rule

Uses and Disclosures of Medical Information With Your Written Authorization

Except as described in this notice, other uses and disclosures will be made only with your written authorization. You may revoke your authorization in writing as allowed under the HIPAA rules. However, you can't revoke your authorization if the Plan has taken action relying on it. In other words, you can't revoke your authorization with respect to disclosures the Plan has already made.

Your Individual Rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the information at the end of this notice on how to submit requests.

Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death – or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, you must make this request to the Plan in writing.

This Plan is not required to agree to a requested restriction. And if the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

Right to receive confidential communications of your health information

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, you must make this request to the Plan in writing and the request must include a statement that disclosure of all or part of the information could endanger you.

Right to inspect and copy your health information

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a “designated record set.” This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do **not** have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. In addition, the Plan may deny your right to access, although in certain circumstances you may request a review of the denial.

If you want to exercise this right, you must make this request to the Plan in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible onsite), the Plan will provide you with:

- The access or copies requested;
- A written denial that explains why the request was denied and any rights you may have to have the denial reviewed or file a complaint; or
- A written statement that the time period for reviewing the request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address the request.

The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan may also charge reasonable fees for copies or postage.

If the Plan doesn’t maintain the health information but knows where it is maintained, you will be informed of where to direct your request.

Right to amend your health information that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, the request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, you must make this request to the Plan in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of the request, the Plan will:

- Make the amendment as requested;
- Provide a written denial that explains why the request was denied and any rights you may have to disagree or file a complaint; or
- Provide a written statement that the time period for reviewing the request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address the request.

Right to receive an accounting of disclosures of your health information

You have the right to a list of certain disclosures the Plan has made of your health information. This is often referred to as an “accounting of disclosures.” You generally may receive an accounting of disclosures if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information going back for six years from the date of the request, but not earlier than April 14, 2003 (the general date that the HIPAA privacy rules are effective). You do **not** have a right to receive an accounting of any disclosures made:

- For treatment, payment, or health care operations;
- To you about your own health information;
- Incidental to other permitted or required disclosures;
- Where authorization was provided;
- To family members or friends involved in your care (where disclosure is permitted without authorization);
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances; or
- As part of a “limited data set” (health information that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, you must make this request to the Plan in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address the request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You will be notified of the fee in advance and have the opportunity to change or revoke the request.

Right to obtain a paper copy of this notice from the Plan upon request

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

Changes to the Information in this Notice

The Plan must abide by the terms of the privacy notice currently in effect. This notice took effect on April 14, 2003 and has been updated effective January 1, 2006. However, the Plan reserves the right to change the terms of its privacy policies as described in this notice at any time, and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If material changes are made to the Plan’s privacy policies described in this notice, you will be provided with a revised privacy notice.

Complaints

If you believe your privacy rights have been violated, you may complain to the Plan or the Secretary of the U.S. Department of Health and Human Services.

You may complain to the Plan in care of the following officer:

HIPAA Privacy Officer (Health Plans)
Sandia National Laboratories
P.O. Box 5800
Albuquerque, New Mexico 87185-1022
Mail Stop 1022
505-844-8345
hipaapo@sandia.gov

You won't be retaliated against for filing a complaint.

Contacts

If you have any questions regarding this notice or the subjects addressed in it, or for more information on the Plan's privacy policies or your rights under HIPAA, please contact the following individual:

HIPAA Privacy Officer (Health Plans)
Sandia National Laboratories
P.O. Box 5800
Albuquerque, New Mexico 87185-1022
Mail Stop 1022
505-844-8345
hipaapo@sandia.gov

Contacts For Individual Rights

To request restrictions on the use/disclosure of your health information or request that communications be handled in a different manner or sent to a different place (confidential communications), please contact the following individual:

HIPAA Privacy Officer (Health Plans)
Sandia National Laboratories
P.O. Box 5800
Albuquerque, New Mexico 87185-1022
Mail Stop 1022
505-844-8345
hipaapo@sandia.gov

To request access to or copies of your health information, to request an amendment of your health information, and/or to request an accounting of disclosures for the different benefit plans offered by Sandia Corporation, please contact the individual health plans directly as noted below.

UHC Premier PPO Plan/UHC Standard PPO Plan UHC Senior Premier PPO Plan/UHC High Deductible Health Plan

For requests relating to medical:
UnitedHealthcare Customer Service – Privacy Unit
P.O. Box 740815
Atlanta, GA 30374-0815

For requests relating to outpatient prescription drugs:

PharmaCare
Pharmacy Benefit Plan
P.O. Box 38115
Pittsburgh, PA 15238
866-329-7592
privacy@pharmacare.com

CIGNA Premier PPO Plan/CIGNA In-Network Plan

CIGNA Senior Premier PPO Plan

CIGNA HealthCare – Privacy Office
P.O. Box 5400
Scranton, PA 18503
800-762-9940

Sandia Dental Expense/Deluxe Plans

Delta Dental Plan of Michigan
Privacy Office
P.O. Box 30416
Lansing, MI 48909-7916
800-264-2818

Sandia Vision Care Plan

Superior Vision Services
Operations HIPAA Privacy Officer
Kimberley Hess
11101 White Rock Road, Suite #150
Rancho Cordova, CA 95670
800-923-6766, ext. 219
khess@superiorvision.com

Sandia Reimbursement Spending Accounts Plan

PayFlex Systems USA
Office of Chief Privacy Officer
100 Blackstone Centre
Omaha, NE 68131
402-345-0666

