

To: First Choice Members/First Choice Kids Members
From: Member Services
Subject: Notice of Privacy Practices

To offer benefits to First Choice and First Choice Kids members, Select Health of South Carolina shares your personal health information with your doctors, hospitals, and others involved in your health care. All who handle your information - our employees, your First Choice providers, and others - are dedicated to keeping your information private. We treat your personal health information as required by state and federal laws and National Committee on Quality Assurance standards.

The attached notice tells you about your privacy rights, about the ways we may use your personal health information and when we may share it with others. For instance, we use your health information to provide you with benefits. We share your information to help with your treatment or to help your doctors receive payment. We may share information with other insurance companies to receive payment. We may use the information within Select Health to measure and improve the quality of our service to you, as required by law or according to Select Health policies.

Please read the enclosed notice of privacy practices. If you have any questions about the notice, or if you would like more information about privacy laws, please call your member services representative toll-free at 1-888-276-2020 for First Choice Members; at 1-866-299-9594 for First Choice Kids Members; and 1-888-765-9586 for TTY for the hearing impaired and ask to speak with the Select Health Privacy Official. You may also learn more about privacy laws and the Health Insurance Portability and Accountability Act (HIPAA) at the web sites, www.hipaa.state.sc.us or www.hhs.gov/ocr/hipaa/privacy.html.

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NOTICE OF PRIVACY PRACTICES
Select Health of South Carolina, Inc.
PO Box 40849
Charleston, SC 29423-0849
(843) 569-1759

Effective date of this notice: **April 14, 2003**

If you have questions about this notice, please contact the person listed under “Whom to Contact” at the end of this 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.

SUMMARY

In order to provide you with benefits, SHSC will create and/or receive personal information about your health, from you, your physicians, hospitals, and others who provide you with health care services. We are required to keep this information confidential. This notice of our privacy practices is intended to inform you of the ways we may use your information and the occasions on which we may disclose this information to others.

Occasionally, we may use Members’ information when providing treatment. We use members’ health information to provide benefits. We disclose members’ information to health care providers to assist them to provide you with treatment or to help them receive payment, we may disclose information to other insurance companies as necessary to receive payment, we may use the information within our organization to evaluate quality and improve health care operations, and we may make other uses and disclosures of members’ information as required by law or as permitted by SHSC policies.

KINDS OF INFORMATION THAT THIS NOTICE APPLIES TO

This notice applies to any information in our possession that would allow someone to identify you and learn something about your health. It does not apply to information that contains nothing that could reasonably be used to identify you.

WHO MUST ABIDE BY THIS NOTICE

- SHSC.
- All employees, staff, interns, volunteers and other personnel whose work is under the direct control of SHSC.

We at SHSC have agreed to abide by its terms. We may share your information with each other for purposes of treatment, and as necessary, for payment and operations activities as described below.

OUR LEGAL DUTIES

- We are required by law to maintain the privacy of your health information
- We are required to provide this notice of our privacy practices and legal duties regarding health information to you.
- We are required to abide by the terms of this notice until we officially adopt a new notice.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION.

We may use your health information, or disclose it to others, for a number of different reasons. This notice describes these reasons. For each reason, we have written a brief explanation. We also provide some examples. These examples do not include all of the specific ways we may use or disclose your information. But any time we use your information, or disclose it to someone else, it will fit one of the reasons listed here.

1. Treatment. We may use your health information to provide you with medical care and services. This means that our employees, staff, interns, volunteers and others whose work is under our direct control, may read your health information to learn about your medical condition and use it to help you make decisions about your care. For instance, one of our nurses may take your blood pressure at a health fair. We will also disclose your information to others to provide you with medical treatment or services. For instance, we may use health information to identify members with certain chronic illnesses, and send information to them or to their doctors regarding treatment alternatives.

2. Payment. We may use your health information, and disclose it to others, as necessary to make payment for the health care services you receive. For instance, an employee in our claim processing department may use your health information to pay your claims. And we may send information about you and your claim payments to the doctor or hospital that provided you with health care services. We may also send you information about claims we pay and claims we do not pay (called an “explanation of benefits”). The explanation of benefits will include information about claims we receive for you or your family member. Under certain circumstances, you may receive this information confidentially (see the “Confidential Communication” section in this notice). We may also disclose some of your health information to companies with whom we contract for payment-related services. For instance, we may give information about you to a claims processing company that we contract with to help us pay claims. We will not use or disclose more information for payment purposes than is necessary.

3. Health Care Operations. We may use your health information for activities that are necessary to operate our organization. This includes, for example, reading your health information to review the performance of our staff. We may also use your information and the information of other members to plan what services we need to provide, expand, or reduce. We may disclose your health information as necessary to others who we contract with to

provide administrative services. This includes our lawyers, auditors, accreditation services, and consultants, for instance.

4. Legal Requirement to Disclose Information. We will disclose your information when we are required by law to do so. This includes reporting information to government agencies that have the legal responsibility to monitor the health care system. For instance, we may be required to disclose your health information, and the information of others, if we are audited by the state insurance or health department. We will also disclose your health information when we are required to do so by a court order or other judicial or administrative process.

5. Public Health Activities. We will disclose your health information when required to do so for public health purposes. This includes reporting certain diseases, births, deaths, and reactions to certain medications. It may also include notifying people who have been exposed to a disease.

6. To Report Abuse. We may disclose your health information when the information relates to a victim of abuse, neglect or domestic violence. We will make this report only if there are laws that require or allow such reporting (or with your permission).

7. Law Enforcement. We may disclose your health information for law enforcement purposes. This includes providing information to help locate a suspect, fugitive, material witness or missing person, or in connection with suspected criminal activity. We must also disclose your health information to a federal agency reviewing our compliance with federal privacy regulations.

8. Specialized Purposes. We may disclose your health information for a number of other specialized purposes. We will only disclose as much information as is necessary for the purpose. For example, we may disclose the health information of members of the armed forces as authorized by military command authorities. As another example, we may disclose your information to coroners, medical examiners and funeral directors; to organ procurement organizations (for organ, eye, or tissue donation); or for national security, intelligence, and protection of the president. We also may disclose health information about an inmate to a correctional institution or to law enforcement officials, to provide the inmate with health care, to protect the health and safety of the inmate and others, and for the safety, administration, and maintenance of the correctional institution.

9. To Avert a Serious Threat. We may disclose your health information if we decide that the disclosure is necessary to prevent serious harm to the public or to an individual. The disclosure will only be made to someone who is able to prevent or reduce such a threat.

10. Family and Friends. We may disclose your health information to a member of your family or to someone else who is involved in your medical care or payment for care. This may include telling a family member about the status of a claim, or what benefits you are eligible to receive. In the event of a disaster, we may provide information about you to a disaster relief organization so they can notify your family of your condition and location. We will not disclose your information to family or friends if you object.

11. Research. We may disclose your health information in connection with medical research projects. Federal rules govern any disclosure of your health information for research purposes without your authorization.

12. To Provide Information to You. We may use your health information to provide you with additional information. This may include sending appointment reminders to your address. This may also include giving you information about treatment options, alternative setting for care, or other services that we provide or can arrange for you.

YOUR RIGHTS

1. Authorization. We may use or disclose your health information for any purpose that is listed in this notice without your written authorization. We will not use or disclose your health information for any other reason without your authorization. If you authorize us to use or disclose your health information, you have the right to revoke that authorization at any time. For information about how to authorize us to use or disclose your health information, or about how to revoke an authorization, contact the person listed under “Whom to Contact” at the end of this notice. You may not revoke an authorization for us to use and disclose your information to the extent that we have taken action in reliance on the authorization. If the authorization is to permit disclosure of your information to an insurance company, as a condition of obtaining coverage, other law may allow the insurer to continue to use your information to contest claims or your coverage, even after you have revoked the authorization.

2. Request Restrictions. You have the right to ask us to restrict how we use or disclose your health information. We will consider your request. But we are not required to agree. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. We cannot agree to restrict disclosures that are required by law.

3. Confidential Communication. If you believe that the disclosure of certain information could endanger you, you have the right to ask us in writing to communicate with you at a special address or by a special means. For example, you may ask us to send explanations of benefits that contain your health information to a different address rather than to your home. Or you may ask us to speak to you personally on the telephone rather than sending your health information by mail. We will agree to any reasonable request.

4. Inspect And Receive a Copy of Health Information. You have a right to inspect the health information about you that we have in our records, and to receive a copy of it. This right is limited to information about you that is kept in records that are used to make decisions about you. For instance, this includes claim and enrollment records. If you want to review or receive a copy of these records, you must make the request in writing. We may charge you a fee for the cost of copying and mailing the records. To ask to inspect your records, or to receive a copy, contact the person listed under “Whom to Contact” at the end of this notice. We will respond to your request within 30 days. We may deny you access to certain information. If we do, we will give you the reason, in writing. We will also explain how you may appeal the decision.

5. Amend Your Health Information. You have the right to ask us to amend health information about you, which you believe is not correct, or not complete. You must make this request in

writing, and give us the reason you believe the information is not correct or complete. We will respond to your request in writing within 30 days. We may deny your request if we did not create the information, if it is not part of the records we use to make decisions about you, if the information is something you would not be permitted to inspect or copy, or if it is complete and accurate.

6. Accounting of Disclosures. You have a right to receive an accounting of certain disclosures of your information to others. This accounting will list the times we have given your health information to others. The list will include dates of the disclosures, the names of the people or organizations to whom the information was disclosed, a description of the information, and the reason. We will provide the first list of disclosures you request at no charge. We may charge you for any additional lists you request during the following 12 months. You must tell us the time period you want the list to cover. You may not request a time period longer than seven years. We cannot include disclosures made before April 14, 2003. Disclosures for the following reasons will not be included on the list: disclosures for treatment, payment, or health care operations; disclosures for national security purposes; disclosures to correctional or law enforcement personnel; disclosures in emergency situations; disclosures that you have authorized; and disclosures made directly to you. Requests for Accounting of Disclosure should be sent in writing to the person listed under “Whom to Contact” at the end of this notice.

7. Paper Copy of this Privacy Notice. You have a right to receive a paper copy this notice. If you have received this notice electronically, you may receive a paper copy by contacting the person listed under “Whom to Contact” at the end of this notice.

8. Complaints. You have a right to complain about our privacy practices, if you think your privacy has been violated. You may file your complaint with the person listed under “Whom to Contact” at the end of this notice. You may also file a complaint directly with the Secretary of the U. S. Department of Health and Human Services, at the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201. All complaints to the Secretary must be in writing. We will not take any action against you if you file a complaint.

OUR RIGHT TO CHANGE THIS NOTICE

We reserve the right to change our privacy practices, as described in this notice, at any time. We reserve the right to apply these changes to any health information which we already have, as well as to health information we receive in the future. Before we make any change in the privacy practices described in this notice, we will write a new notice that includes the change. The new notice will include an effective date. We will mail the new notice to our members within 60 days of the effective date.

WHOM TO CONTACT:

Contact the person listed below:

- For more information about this notice, or
- For more information about our privacy policies, or
- If you want to exercise any of your rights, as listed on this notice, or
- If you want to request a copy of our current notice of privacy practices.

**CONTACT MEMBER SERVICES AND ASK TO SPEAK WITH
The Select Health Privacy Official at**

1-888-276-2020 for First Choice Members

1-866-299-9594 for First Choice Kids Members

1-888-765-9586 for TTY for the hearing impaired

SELECT HEALTH OF SOUTH CAROLINA, INC.

PO BOX 40849

CHARLESTON, SC 29423-0849

This notice is also available by e-mail. Contact the Privacy Official, or send e-mail to:

privacyofficial@selecthealthofsc.com

This notice is also available on our Web site: **www.selecthealthofsc.com**