

Effective Date: 4/14/03 (revised 10/12/07, 10/13/08, 3/4/09, 11/2/09)

VIVA HEALTH NOTICE OF HEALTH INFORMATION PRACTICES

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

Our Pledge Regarding Protected Health Information: This notice describes the health information practices of VIVA Health, Inc. and VIVA Health Administration, L.L.C. (VIVA Health). We understand that your health information is personal and we are committed to protecting this information as required by law. This notice will summarize the ways in which we may use and disclose protected health information about you. It will also describe your rights and certain obligations we have regarding the use and disclosure of such information. We are generally required by law to: (1) make sure that such information that identifies you is kept private, (2) give you notice of our privacy practices with respect to such information about you, and (3) follow the terms of the notice that is currently in effect.

How We May Use And Disclose Protected Health Information About You. The categories below describe different ways that we use and disclose protected health information. Not every use or disclosure in a category will be listed. We have provided a few examples of the types of uses and disclosures we are permitted to make without your authorization. Any other uses and disclosures will be made only with your written authorization.

- **For Treatment and Treatment Alternatives.** For example, we may disclose protected health information about you to your doctor for your treatment by him or use your protected health information to tell you about health-related benefits or services that may be of interest to you.
- **For Payment.** For example, we may use and disclose protected health information about you to process claims for covered health care services, to coordinate benefits with other benefit plans, to pursue recoveries from third parties (subrogation), or to provide eligibility information to a health care provider.
- **For Health Care Operations.** For example, we may use and disclose protected health information about you to conduct quality assessment and improvement activities, for underwriting, premium rating, or other activities relating to the issuing, renewal or replacement of a Group Policy, to engage in care coordination or case management, and for business management and general administrative activities related to our organization and the services we provide such as customer service and other activities that help us run our business.
- **Individuals Involved in Your Care or Payment for Your Care.** For example, we may disclose protected health information about you to the Subscriber, to a friend or family member who is involved in your medical care or with payment for your health care and to your personal representatives appointed by you or designated by applicable law.
- **Business Associates.** There are some services provided by VIVA Health through contracts with business associates. Examples include subrogation companies, consultants, accountants, and lawyers. When services are contracted, we may disclose your protected health information to our business associate so that they can perform the job we've asked them to do. We require the business associate to appropriately safeguard your health information.
- **Employers.** VIVA Health may disclose to the Employer (if any), in summary form, claims history and other similar information. Such summary information does not disclose your name or other distinguishing characteristics. VIVA Health may also disclose to the Employer the fact that you are enrolled in, or disenrolled from, VIVA Health. VIVA Health may disclose your protected health information to the

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Employer for administrative functions that the Employer provides to VIVA Health (for example, if the Employer assists its employees in resolving complaints) if the Employer agrees in writing to ensure the continuing confidentiality and security of your protected health information. The Employer must also agree not to use or disclose your protected health information for employment-related activities.

- **As Required By Law.** We will disclose protected health information about you when required to do so by federal, state or local law.
- **Certain Marketing Activities.** We may use protected health information about you to forward promotional gifts of nominal value, to communicate with you about services offered by VIVA Health, to communicate with you about case management and care coordination and to communicate with you about treatment alternatives.
- **Other Permitted Uses and Disclosures:**
 - To public health or legal authorities charged with preventing or controlling disease, injury, or disability.
 - To a governmental agency authorized to oversee the health care system or government programs.
 - To comply with legal proceedings, such as a court or administrative order or subpoena.
 - To law enforcement officials for law enforcement purposes as required by law.
 - To a coroner, medical examiner, or funeral director about a deceased person.
 - To an organ procurement organization in limited circumstances.
 - For research purposes in limited circumstances.
 - To avert a serious threat to your health or safety or the health or safety of others.
 - To appropriate military authorities, if you are a member of the armed forces.
 - To federal officials for lawful intelligence, counterintelligence and other national security purposes and so they may provide protection of the President or other authorized persons or foreign heads of state or conduct special investigations.
 - To workers' compensation or similar programs providing benefits for work-related injuries or illness.
 - To the correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official.

Your Rights Regarding Protected Health Information About You. You may make a written request to the Privacy Officer at the address at the end of this notice to do one or more of the following concerning your protected health information we maintain:

- **Right to Inspect and Copy** protected health information that may be used to make decisions about your care. In limited cases VIVA Health does not have to agree to your request. We may charge a fee for the costs of copying, mailing or other supplies.
- **Right to Amend** if you feel that protected health information we have about you is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by VIVA Health. You must provide a reason that supports your written request. We may deny your request if you ask us to amend information that: was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the protected health information we keep; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.
- **Right to an Accounting of Disclosures.** This is a list of the disclosures we made of protected health information about you for reasons other than treatment, payment, or health care operations. Your written request must state a time period not longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge

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you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions** or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. In your written request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- **Right to Request Confidential Communications** with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate reasonable requests to the extent possible. Your request must specify how or where you wish to be contacted. Even though you requested that we communicate with you in confidence, VIVA Health may give the Subscriber cost and payment information.
- **Right to Revoke Authorization** to use or disclose your protected health information except to the extent that action has already been taken in reliance on your authorization.
- **Right to a Paper Copy of This Notice.** You may ask us to give you a paper copy of this notice at any time.

Your Responsibilities Regarding Protected Health Information. As a member you are expected to help us safeguard your protected health information. For example, you are responsible for letting us know if you have a change of address and for keeping your member ID card safe. If you have on-line access to Plan information, you are responsible for establishing a password and protecting it. If you suspect someone is trying to access your records or those of another member without approval, let us know as soon as possible so we can work with you to determine if additional precautions are needed.

Changes To This Notice. We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. If we make a material change to this notice, VIVA Health will send a new notice to all Subscribers covered by VIVA Health at that time. **The currently effective notice will be posted on VIVA Health's web site at www.vivahealth.com at all times.**

For More Information or To Report A Problem. If you have questions or would like additional information, you may contact VIVA Health's Privacy Officer at 1222 14th Avenue South, Birmingham, AL 35205 or by e-mail at vivamemberhelp@uabmc.edu or by telephone at 1-800-294-7780. For TTY services, please call the Alabama Relay Service at 1-800-548-2546. Office hours are Monday-Friday, 8:00 a.m.– 5:00 p.m. If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer in writing at the address above or the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

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VIVA HEALTH NOTICE OF FINANCIAL INFORMATION PRACTICES

VIVA Health is committed to maintaining the confidentiality of your personal financial information. We may collect and disclose non-public financial information about you to assist us in providing your health care coverage or to help you apply for financial assistance from federal and state programs. Examples of personal financial information may include your:

- name, address, phone number (if not available via a public source)
- date of birth
- social security number
- income and assets
- premium payment history
- bank routing/draft information (for the collection of premiums)

We do not disclose personal financial information about you (or former members) to any third party unless required or permitted by law.

We maintain physical, technical and administrative safeguards that comply with federal standards to guard your personal financial information.