



# Notice of Privacy Practices

*Para recibir esta notificación en español por favor llamar al número gratuito de Member Services (Servicios a Miembros) que figura en su tarjeta de identificación.*

This Notice of Privacy Practices applies to Aetna's FSA Debit Card.

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***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.***

Aetna<sup>1</sup> considers personal information to be confidential. We protect the privacy of that information in accordance with federal and state privacy laws, as well as our own company privacy policies.

This notice describes how we may use and disclose information about you in administering your benefits, and it explains your legal rights regarding the information.

When we use the term "personal information," we mean financial, health and other information about you that is nonpublic, and that we obtain so we can provide you with FSA Debit Card services. By "health information," we mean information that identifies you and relates to your medical history (i.e., the health care you receive or the amounts paid for that care).

This notice became effective on October 25, 2006.

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## **How Aetna Uses and Discloses Personal Information**

In order to provide you with FSA Debit Card services, we need personal information about you, and we obtain that information from many different sources – particularly your employer or benefits plan sponsor, other insurers, HMOs or third-party administrators (TPAs), and health care providers. In administering your FSA Debit Card, we may use and disclose personal information about you in various ways, including:

**Health Care Operations:** We may use and disclose personal information during the course of running our health business – that is, during operational activities such as quality assessment and improvement; licensing; accreditation by independent organizations; performance measurement and outcomes assessment; health services research; detection and investigation of fraud; administration of pharmaceutical programs and payments; transfer of policies or contracts from and to other health plans; facilitation of a sale, transfer, merger or consolidation of all or part of Aetna with another entity (including due diligence related to such activity); and other general administrative activities, including data and information systems management, and customer service.

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<sup>1</sup> For purposes of this notice, "Aetna" and the pronouns "we," "us" and "our" refer to Aetna Inc., Aetna Life Insurance Company and our mail order pharmacy. These and other Aetna entities have been designated as a single affiliated covered entity for federal privacy purposes.

**Payment:** To help pay for your covered services, we may use and disclose personal information in a number of ways – in calculating cost-sharing amounts; and responding to complaints, appeals and requests for external review. For example, we may use your medical history and other health information about you to determine what the payment should be – and during the process, we may disclose information to your provider. We also mail Explanation of Payment forms and other information to the address we have on record for the cardholder. In addition, we make claims information contained on our Aetna Navigator™ health site and telephonic claims status sites available to the cardholder and all covered dependents. We also use personal information to process payment for any mail order pharmacy services provided to you.

**Treatment:** The FSA Debit Card program's function is solely for payment of health related expenses. While the FSA Debit Card program does not involve authorization for treatment or making treatment related decisions, there may be instances in which it is appropriate or necessary for us to disclose information to doctors, dentists, pharmacies, hospitals and other health care providers who take care of you. For example, in the event of a natural catastrophe, disaster or other emergency, the information we have about you in delivering services under this program could be a source of information about your health and health history which may be relevant to current or future treatment.

**Disclosures to Other Covered Entities:** We may disclose personal information to other covered entities, or business associates of those entities for treatment, payment and certain health care operations purposes. For example, we may disclose personal information to other health plans maintained by your employer if it has been arranged for us to do so in order to have certain expenses reimbursed.

## **Additional Reasons for Disclosure**

We may use or disclose health information about you in providing you with treatment alternatives, treatment reminders, or other health-related benefits and services. We also may disclose such information in support of:

- **Plan Administration** – to your employer, when we have been informed that appropriate language has been included in your plan documents, or when summary data is disclosed to assist in bidding or amending a group health plan.
- **Research** – to researchers, provided measures are taken to protect your privacy.
- **Business Partners** – to persons who provide services to us and assure us they will protect the information.
- **Industry Regulation** – to state insurance departments, boards of pharmacy, U.S. Food and Drug Administration, U.S. Department of Labor and other government agencies that regulate us.
- **Law Enforcement** – to federal, state and local law enforcement officials.
- **Legal Proceedings** – in response to a court order or other lawful process.
- **Public Welfare** – to address matters of public interest as required or permitted by law (e.g., child abuse and neglect, threats to public health and safety, and national security).

## **Disclosure to Others Involved in Your Health Care**

We may disclose health information about you to a relative, a friend, the subscriber of your health benefits plan or any other person you identify, provided the information is directly relevant to that person's involvement with your payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure by calling the toll-free Member Services number on the back of your FSA Debit Card.

If you are a minor, you also may have the right to block parental access to your health information in certain circumstances, if permitted by state law. You can contact us using the toll-free Member Services number on the back of your FSA Debit Card – or have your provider contact us.

## **Uses and Disclosures Requiring Your Written Authorization**

In all situations other than those described above, we will ask for your written authorization before using or disclosing personal information about you. If you have given us an authorization, you may revoke it at any time, if we have not already acted on it. If you have questions regarding authorizations, please call the toll-free Member Services number on the back of your FSA Debit Card.

## **Your Legal Rights**

The federal privacy regulations give you the right to make certain requests regarding health information about you. You may ask us to:

- Communicate with you in a certain way or at a certain location. For example, if you are not the primary cardholder, you might want us to send health information to a different address from that of your primary cardholder. We will accommodate reasonable requests.
- Restrict the way we use or disclose health information about you in connection with health care operations, payment and treatment. We will consider, but may not agree to, such requests. You also have the right to ask us to restrict disclosures to persons involved in your health care.
- Obtain a copy of health information that is contained in a “designated record set” – medical records and other records maintained and used in making enrollment, payment, claims adjudication, and other decisions. We may ask you to make your request in writing, may charge a reasonable fee for producing and mailing the copies and, in certain cases, may deny the request.
- Amend health information that is in a “designated record set.” Your request must be in writing and must include the reason for the request. If we deny the request, you may file a written statement of disagreement.
- Provide a list of certain disclosures we have made about you, such as disclosures of health information to government agencies that license us. Your request must be in writing. If you request such an accounting more than once in a 12-month period, we may charge a reasonable fee.

You may make any of the requests described above, or may request a paper copy of this notice, by calling the toll-free Member Services number on the back of your FSA Debit Card.

You also have the right to file a complaint if you think your privacy rights have been violated. To do so, please follow the complaint procedures described in your plan documents or on our Web site at [www.Aetna.com](http://www.Aetna.com). You also may write to the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

## **Aetna's Legal Obligations**

The federal privacy regulations require us to keep personal information about you private, to give you notice of our legal duties and privacy practices, and to follow the terms of the notice currently in effect.

## **Safeguarding Your Information**

We guard your information with administrative, technical, and physical safeguards to protect it against unauthorized access and against threats and hazards to its security and integrity. We comply with all applicable state and federal law pertaining to the security and confidentiality of personal information.

## **This Notice is Subject to Change**

We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of the information that we already have about you, as well as any information that we may receive or hold in the future.

Please note that we do not destroy personal information about you when you terminate your coverage with us. It may be necessary to use and disclose this information for the purposes described above even after your coverage terminates, although policies and procedures will remain in place to protect against inappropriate use or disclosure.

If you have questions regarding this notice, please contact Aetna's Legal Support Services Department by mail at 151 Farmington Avenue, W121; Hartford, CT 06156; by phone at 860-952-8600; or by fax at 860-907-3017. Include your name, phone and fax number.