



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 Spending Account Debit Card Program.

***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.***

Aetna¹ protects the privacy of personal information in accordance with federal and state privacy laws, as well as our own company privacy policies. 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.

When we use the term "personal information," we mean financial, health, and other information about you that is non-public, which we obtain in order to provide you with Aetna Spending Account Debit Card services. Information we collect can include Social Security number and employment information, account balances and account transactions, account contribution and reimbursement history, and the type of health service received (i.e. medical, dental, vision, pharmacy).

This notice became effective on March 1, 2011

Use and Disclosure of Personal Information

Health Care Operations: The information we collect about you allows us to process your Aetna Spending Account Debit Card transactions. Other examples of use include: detection and investigation of fraud, data processing and information systems management, and customer service.

Payment: We mail Explanation of Payment forms to the address we have on record for the cardholder. In addition, we make debit card transaction information available online to the cardholder and all covered dependents.

¹ 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.

Treatment: Aetna Spending Account Debit Card program's function is solely for payment of health related expenses. We may disclose information regarding the health service provided (e.g. medical, dental, pharmacy, or vision treatment; the date of that service; and the amount paid), when responding to fraud investigations, as an example. 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.

Additional Reasons for Disclosure

We may use or disclose health information about you 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 Associates** – 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.

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 Aetna Spending Account 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 Aetna Spending Account Debit Card – or have your provider contact us.

Uses and Disclosures Requiring Your Written Authorization

In 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 Aetna Spending Account Debit Card.

Your Legal Rights

The federal privacy regulations give you the right to make certain requests regarding your personal health information. You may ask Aetna 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 the 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 Aetna Spending Account 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. 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.

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.

If you have questions regarding this notice, please contact Aetna’s Legal Support Services Department by mail at: 151 Farmington Avenue, RT65, Hartford, CT 06156; by phone at 860-273-8600; or by fax at 860-907-3017. Include your name, phone and fax number.