



Notice of Privacy Practices

Long Term Care Plans

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 long term care plans.

***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 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 information that identifies you as an individual, such as your name and Social Security Number, as well as financial, health and other information about you that is nonpublic, and that we obtain so we can provide you with insurance coverage. By "health information," we mean information that identifies you and relates to your medical history (e.g., the health care you receive or the amounts paid for that care).

This notice became effective on June 24, 2013.

How Aetna Uses and Discloses Personal Information

In order to provide you with insurance coverage, 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 Administrator (TPAs), and health care providers. In administering your health benefits, we may use and disclose this information 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; performance measurement and outcomes assessment; health services research; and disease management, case management and care coordination. For example, we may use the information to provide disease management programs for members with specific conditions, such as diabetes, asthma, or heart failure. Other operational activities requiring use and disclosure include administration of reinsurance and stop loss; underwriting and rating; detection and investigation of fraud; 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.

¹ For purposes of this notice, "Aetna" and the pronouns "we," "us" and "our" refer to all of the HMO and licensed insurers subsidiaries of Aetna Inc. These 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 conducting utilization and medical necessity reviews; coordinating care; determining eligibility; collecting premiums; 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 if you have suffered a loss of functional capacity – and during the process, we may disclose information to your provider. We also mail notices of benefit determination, Explanation of Benefits forms and other information to the address we have on record for the member.

Treatment: We may disclose information to doctors, hospitals and other health care providers who take care of you. For example, doctors may request medical information from us to supplement their own records. We also may send certain information to doctors for patient safety or other treatment-related reasons.

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 information to government entities, if it has been arranged for us to do so, in order to assist in determining eligibility for state or federal benefit programs such as Medicaid.

Additional Reasons for Disclosure

We may use or disclose personal 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:

- **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, 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, or any other person you identify, provided the information is directly relevant to that person's involvement with your health care or 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 our toll-free hotline at **1-800-537-8521**.

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 by calling our toll-free hotline at **1-800-537-8521**.

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. For example, we will get your authorization:

- for marketing purposes that are unrelated to your benefit plan(s),
- before disclosing any psychotherapy notes,
- related to the sale of your health information, and
- for other reasons as required by law.

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 our toll-free hotline at **1-800-537-8521**.

Your Legal Rights

The federal privacy regulations give you several rights regarding your health information.

- You have the right to ask us to communicate with you in a certain way or at a certain location. For example, if you are covered as an adult dependent, you might want us to send health information (e.g. Explanation of benefits (EOB) and other claim information) to a different address from that of your subscriber. We will accommodate reasonable requests.
- You have the right to ask us to 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.
- You have the right to ask us to obtain a copy of health information that is contained in a “designated record set” – records maintained and used in making enrollment, payment, claims adjudication, medical management 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.
- You have the right to ask us to 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.
- You have the right to ask us to 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 have the right to be notified following a breach involving your health information.
- You have the right to know the reasons for an unfavorable underwriting decision. Previous unfavorable underwriting decisions may not be used as the basis for future underwriting decisions unless we make an independent evaluation of the basic facts.
- With very limited exceptions, not to be subjected to pretext interviews.²

You may make any of the requests described above, may request a paper copy of this notice, or ask questions regarding this notice by calling our toll-free hotline at **1-800-537-8521**.

You also have the right to file a complaint if you think your privacy rights have been violated. To do so, please send your inquiry to the following address:

HIPAA Member Rights Team
Aetna Inc.
P.O. Box 14079
Lexington, KY 40512-4079

² We do not participate in pretext interviews.

You may stop the paper mailing of your EOB and other claim information by visiting www.aetna.com and click "Log In/Register". Follow the prompts to complete the one-time registration. Then you can log in any time to view past copies of EOBs and other claim information.

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.

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 your personal information 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.

Your coverage is underwritten by Aetna Life Insurance Company.

Non-Discrimination Notice

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call 1-800-537-8521.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

Availability of Language Assistance Services

TTY: 711

For language assistance in your language call 1-800-537-8521 at no cost. (English)

Si necesita la asistencia de un representante que hable su idioma, llame sin costo al 1-800-537-8521. (Spanish)

如欲獲得以您的語言提供的語言協助，請致電免費電話 1-800-537-8521。 (Chinese)

Pour une assistance linguistique dans votre langue, composez le numéro sans frais 1 800 537-8521. (French)

Para sa tulong sa wika sa inyong wika tawagan ang 1-800-537-8521 nang walang bayad. (Tagalog)

Sprachliche Unterstützung in Ihrer Sprache erhalten Sie kostenfrei unter 1-800-537-8521. (German)

للحصول على مساعدة لغوية بلغتك، اتصل بالرقم 1-800-537-8521 مجاناً. (Arabic)

Pou w ka jwenn asistans nan lang ou rele nimewo sa a 1-800-537-8521 gratis. (French Creole)

Per assistenza linguistica chiami nella sua lingua al 1-800-537-8521 a costo zero. (Italian)

無料の日本語による援助をご希望の場合、1-800-537-8521までお電話ください。 (Japanese)

귀하가 구사하는 언어로 무료 도움을 받으려면 1-800-537-8521번으로 전화해 주십시오. (Korean)

برای دریافت کمک و راهنمایی به زبان خودتان، با شماره رایگان 1-800-537-8521 تماس بگیرید. (Persian)

W celu uzyskania pomocy w swoim ojczystym języku zadzwoń bezpłatnie pod numer 1-800-537-8521. (Polish)

Para assistência linguística em seu idioma, chame 1-800-537-8521 sem nenhum custo. (Portuguese)

Если вам нужна помощь переводчика, позвоните по телефону 1-800-537-8521; звонки бесплатные.

(Russian)

Để được trợ giúp ngôn ngữ bằng ngôn ngữ của quý vị, hãy gọi 1-800-537-8521 miễn phí. (Vietnamese)

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