



Aetna International

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 (the “Notice”) applies to plans underwritten or administered by Aetna International, Inc., Aetna Life Insurance Company, and/or any of their subsidiaries, hereinafter referred to as Aetna International.

***This Notice describes
how information about you
may be used and disclosed and how
you can get access to this information.***

Please review it carefully.

Aetna International considers personal information to be confidential. We protect the privacy of that information in accordance with applicable privacy laws and regulations, as well as our own company privacy policies. These laws and regulations include, but are not limited to, the Health Insurance Portability and Accountability Act Privacy Rules (HIPAA Privacy Rules), the European Data Protection Directive (Directive 95/46/EC), and the UK Data Protection Act 1998.

This Notice describes how we may use and disclose information about you and your eligible dependents, as applicable, in administering your benefits, and it explains your legal rights regarding the information.

When we use the term “protected information,” (the “Information”), we mean information that can directly or indirectly identify you as an individual, as well as health information that identifies you and relates to, among other things, your medical history (i.e., the health care you receive or the amounts paid for that care). We obtain this Information in order to provide you with, or administer, your healthcare plan.

This Notice will become effective September 3, 2013.

How Aetna International Uses and Discloses Personal Information

In order to administer or provide your insurance coverage, and/or any related services in connection with your contract, we need to collect Information about you. We obtain this Information from many different sources – particularly your employer or benefits plan sponsor, other insurers, brokers, third-party administrators (TPAs), and health care providers. In administering your health benefits, we may use and disclose Information about you in various ways, including, but not limited to:

Health Care Operations: We may use and disclose your 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; and preventive health, 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 including administration of reinsurance and stop loss; underwriting and rating; 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 International with another entity (including due diligence related to such activity); and other general administrative activities, including data and information systems management, and customer service.

Payment: To help pay for your covered services, we may use and disclose your Information in a number of ways – in conducting utilization and medical necessity reviews; coordinating care; determining eligibility; determining formulary compliance; collecting premiums; 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 decide whether a particular treatment is medically necessary and what the payment should be – and during the process, we may disclose information to your provider. We also mail Explanation of Benefits forms and other information to the address we have on record for the subscriber (i.e., the primary insured). This may be the address of the subscriber’s Employer, as applicable. In addition, we make claims information available to the subscriber (the primary insured) and all covered dependents on our member health and telephonic claims status websites, including Aetna Navigator™. We also use Information to obtain payment for any health care provider in the world for services provided to you.

Treatment: We may disclose Information to doctors, dentists, pharmacies, 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 use Information in providing mail order pharmacy services and by sending certain information to doctors for patient safety or other treatment-related reasons.

Disclosures to Other Covered Entities: We may disclose Information to other insurers, healthcare providers, or business associates of those entities for treatment, payment and certain health care operations purposes. For example, we may disclose 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 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:

- **Plan Administration** (Group Plans)– to your employer, as applicable, 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 Government agencies that regulate us (different countries and U.S. state insurance departments).
- **Law Enforcement** – to Government 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 employer, 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 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 the Member Services number on your ID 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 the country or U.S. state law. You can contact us using the Member Services number on your ID 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 information about you. For example, we will get your authorization:

- For marketing purposes that are unrelated to your benefit plans(s),
- Before disclosing any psychotherapy notes,
- Related to the sale of your 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 the Member Services number on your ID card.

Your Legal Rights

You have the right to make certain requests regarding your 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 restrict the way we use or disclose Information about you in connection with health care operations, administration, 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 request information held about you that is contained in a “designated record set” - medical records and other 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 and may charge a reasonable fee for producing and mailing the copies.
- You have the right to request to amend Information that is incorrect. We may require that this request be in writing, validated, and include the reason for the request. If we deny the request, you may file a written statement of disagreement.
- You have the right to obtain a list of certain disclosures we have made about you, such as disclosures of health information to government agencies that license us, where permitted by law. Your request must be in writing.
- Opt out of advertising and marketing campaigns.
- 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. Your genetic information cannot be used for underwriting purposes.
- You have the right with very limited exceptions, not to be subjected to pretext interviews.¹

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 the Member Services number on your ID card.

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

¹ 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 may also have the right to take your complaint to the applicable data protection agency. You will not be penalized for filing a complaint.

Aetna's Legal Obligations

Privacy regulations require us to keep Information about you private, confidential, and secure, 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.

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 Information about you when you terminate your coverage with us. It may be necessary to use and disclose this information, for legal and regulatory reasons, 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.

For Plan Compliant with United States Federal Affordable Care Act (ACA) legislation

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 the number on your ID card.

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).

TTY: 711

For language assistance in your language call the number listed on your ID card at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación. (Spanish)

欲取得繁體中文語言協助，請撥打您 ID 卡上所列的號碼，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le numéro indiqué sur votre carte d'identité sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang nakalistang numero sa iyong ID card nang walang bayad. (Tagalog)

Benötigen Sie Hilfe oder Informationen auf Deutsch? Rufen Sie kostenlos die auf Ihrer Versicherungskarte aufgeführte Nummer an. (German)

للمساعدة في (اللغة العربية)، الرجاء الاتصال على الرقم المجاني المذكور في بطاقتك التعريفية. (Arabic)

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo a yo endike nan kat idantifikasyon ou gratis. (French Creole)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente il numero riportato sulla Sua scheda identificativa. (Italian)

日本語で援助をご希望の方は、IDカードに記載されている番号まで無料でお電話ください。
(Japanese)

한국어로 언어 지원을 받고 싶으시면 보험 ID 카드에 수록된 무료 통화번호로 전화해 주십시오.
(Korean)

برای راهنمایی به زبان فارسی، بدون هیچ هزینه ای با شماره ای که بر روی کارت شناسایی شما آمده است تماس بگیرید. انگلیسی
(Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer podany na karcie ID. (Polish)

Para obter assistência linguística em português ligue para o número grátis listado no seu cartão de identificação. (Portuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру, указанному в вашей ID-карте удостоверения личности. (Russian)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số được ghi trên thẻ ID của quý vị.
(Vietnamese)