

*** Important Privacy Information ***

Notice Of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY. THEN, KEEP IT ON FILE FOR REFERENCE.

LEGAL OBLIGATIONS

BlueCross BlueShield of Tennessee, Inc., is required to maintain the privacy of all medical information as required by applicable laws and regulations (hereafter referred to as “legal obligations”); provide this notice of privacy practices to all members; inform members of the company’s legal obligations; and advise members of additional rights concerning their medical information. BlueCross BlueShield of Tennessee must follow the privacy practices contained in this notice from its effective date of April 14, 2003, until this notice is changed or replaced.

BlueCross BlueShield of Tennessee reserves the right to change its privacy practices and the terms of this notice at any time, as permitted by the legal obligations. Any changes made in these privacy practices will be effective for all medical information that is maintained, including medical information created or received before the changes are made. All members will be notified of any changes by receiving a new notice of the company’s privacy practices.

You may request a copy of this notice of privacy practices at any time by contacting BlueCross BlueShield of Tennessee at the address on the back of this notice.

ORGANIZATIONS COVERED BY THIS NOTICE

This notice applies to the privacy practices of BlueCross BlueShield of Tennessee and all subsidiaries or affiliates (including **Volunteer State Health Plan, Inc.**). Medical information about members may be shared among these organizations as needed for treatment, payment or health care operations.

USES AND DISCLOSURES OF MEDICAL INFORMATION

Your medical information may be used and disclosed for treatment, payment, and health care operations. For example:

TREATMENT: Your medical information may be disclosed to a doctor or hospital that asks for it to provide treatment.

PAYMENT: Your medical information may be used or disclosed to pay claims for services, which are covered under your health insurance policy.

HEALTH CARE OPERATIONS: Your medical information may be used and disclosed to determine premiums, conduct quality assessment and improvement activities, to engage in care coordination or case management, accreditation, conducting and arranging legal services, and for other similar administrative purposes.

AUTHORIZATIONS: You may provide written authorization to use your medical information or to disclose it to anyone for any purpose. You may revoke your authorization in writing at any time. That revocation will not affect any use or disclosure permitted by your authorization while it was in effect. The company cannot use or disclose your medical information for any reason except those described in this notice, without your written authorization.

PERSONAL REPRESENTATIVE: Your medical information may be disclosed to a family member, friend or other person as necessary to help with your health care or with payment for your health care. You must agree that the company may do so, as described in the Individual Rights section of this notice.

PLAN SPONSORS: Your medical information, and the medical information of others enrolled in your group health plan, may be disclosed to your plan sponsor in order to perform plan administration functions. Please see your plan documents for a full description of the uses and disclosures the plan sponsor may make of your medical information in such circumstances.

UNDERWRITING: Your medical information may be received for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a health insurance or benefits contract. If the company does not issue that contract, your medical information will not be used or further disclosed for any other purpose, except as required by law.

MARKETING: Your medical information may be used to provide information about health-related benefits, services or treatment alternatives that may be of interest to you. Your medical information may be disclosed to a business associate assisting the company in providing that information to you. You may opt-out of receiving further information (see the instructions for opting out at the end of this notice), unless the information is provided to you in a newsletter or in person, or concerns products or services of nominal value.

RESEARCH: The company’s legal obligations permit your medical information to be used or disclosed for research purposes. If you die, your medical information may be disclosed to a coroner, medical examiner, funeral director or organ procurement organization.

AS REQUIRED BY LAW: Your medical information may be used or disclosed as required by state or federal law.

COURT OR ADMINISTRATIVE ORDER: Medical information may be disclosed in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances.

(over)

VICTIM OF ABUSE: If you are reasonably believed to be a victim of abuse, neglect, domestic violence or other crimes, medical information may be released to the extent necessary to avert a serious threat to your health or safety or to the health or safety of others. Medical information may be disclosed, when necessary, to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

MILITARY AUTHORITIES: Medical information of Armed Forces personnel may be disclosed to Military authorities under certain circumstances. Medical information may be disclosed to authorized federal officials as required for lawful intelligence, counterintelligence, and other national security activities.

INDIVIDUAL RIGHTS

You have the right to look at or get copies of your medical information, with limited exceptions. **You must make a written request, using a form available from the Privacy Office, to obtain access to your medical information. If you request copies of your medical information, you will be charged 25¢ per page, \$10 per hour for staff time required to copy that information, and postage if you want the copies mailed to you. If you request an alternative format, the charge will be based upon the cost of providing your medical information in the requested format. If you prefer, the company will prepare a summary or explanation of your medical information for a fee. For a more detailed explanation of the fee structure, please contact the Privacy Office. The company requires advance payment before copying your medical information.**

You have the right to receive an accounting of any disclosures of your medical information made by the company or a business associate for any reason, other than treatment, payment, or health care operations purposes after April 14, 2003. This accounting will include the date the disclosure was made, the name of the person or entity the disclosure was made to, a description of the medical information disclosed, the reason for the disclosure, and certain other information. If you request an accounting more than once in a 12-month period, there may be a reasonable cost-based charge for responding to those additional requests. Please contact the Privacy Office for a more detailed explanation of the fees charged for such accountings.

You have the right to request restrictions on the company's use or disclosure of your medical information. The company is not required to agree to such requests. **The company will only restrict the use or disclosure of your medical information as set forth in a written agreement that is signed by a representative of the Privacy Office on behalf of the company.**

If you reasonably believe that sending confidential medical information to you in the normal manner will endanger you, you have the right to make a written request that the company communicate that information to you by a different method or to a different address. **If there is an immediate threat, you may make that request by calling a BlueCross BlueShield of Tennessee Customer Service Representative or the Privacy Officer at 1-888-455-3824. Follow up with a written request when feasible.** The company must accommodate your request if it is reasonable, specifies how and where to communicate with you, and continues to permit collection of premium and payment of claims under your health plan.

You have the right to make a written request that the company amends your medical information. **Your request must explain why the information should be amended.** The company may deny your request if the medical information you seek to amend was not created by the company or for other reasons permitted by its legal obligations. If your request is denied, the company will provide a written explanation of the denial. If you disagree, you may submit a written statement that will be included with your medical information. If the company accepts your request, reasonable efforts will be made to inform the people that you designate about that amendment. Any future disclosures of that information will be amended.

If you receive this notice on the company's Web site or by electronic mail (e-mail), you may request a written copy of this notice by contacting the Privacy Office.

QUESTIONS AND COMPLAINTS

If you want more information concerning the company's privacy practices or have questions or concerns, please contact the Privacy Office.

If you are concerned that: (1) the company has violated your privacy rights; (2) you disagree with a decision made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information; (3) to request that the company communicate with you by alternative means or at alternative locations; please contact the Privacy Office. You may also submit a written complaint to the U.S. Department of Health and Human Services. The company will furnish the address where you can file a complaint with the U.S. Department of Health and Human Services upon request.

The company supports your right to protect the privacy of your medical information. There will be no retaliation in any way if you choose to file a complaint with BlueCross BlueShield of Tennessee or with the U.S. Department of Health and Human Services.

The Privacy Office
Phone: (888) 455-3824
Fax: (423) 535-1976
E-mail: privacy_office@bcbst.com



**BlueCross BlueShield
of Tennessee**

**801 Pine Street
Chattanooga, TN 37402**

Stock Code (03/03)