



Cook Group Health Plan and Cook Group Cafeteria Plan

Cook Family Health Center

Notice of Privacy Practices

Overview

This Notice of Privacy Practices is provided by the Cook Group (“Cook”), to participants of our Group Health Plan or Group Cafeteria Plan (“Health Plans”), and to patients who receive treatment at the Cook Family Health Center (“Health Center”) by healthcare staff or physicians. It describes how your health information (called “Protected Health Information” or “PHI”) may be collected, used and disclosed by the Health Plans and/or Health Center, as well as your rights in relation to, and to access, that information. Please review this Notice of Privacy Practices carefully and use the contact information contained in this Notice if you have any questions or would like to contact us.

How We Protect Your Privacy

The Cook Health Plans and the Health Center are required to comply with federal and state privacy, security and genetic information protection laws in connection with your health information. This means that they can collect, maintain, and use your health information only for purposes that are allowed under those laws, and must take steps to safeguard your data in accordance with the legal requirements. The Cook Health Plans and Health Center are required to provide you with this Notice of our legal duties and privacy practices and to follow this Notice as currently in effect. With respect to the privacy of your genetic information, it also means that the Health Plans, the Health Center and the third parties assisting them (Business Associates or subcontractors) are specifically prohibited from using your genetic information for purposes of insurance underwriting (i.e., setting rates or insurance coverage terms based upon genetic data).

How We Use and Disclose Your Protected Health Information

This section describes the ways that the Health Plans and the Health Center may use and disclose your protected health information without first seeking written authorization from you. Please note that for any of these disclosures, only the *minimum necessary* information (i.e., that which is necessary and relevant) from your medical record is disclosed.

Treatment

Your information may be used or disclosed in connection with treatment, such as sharing relevant information with other healthcare providers involved in your care.

Payment

Your information may be used or disclosed in connection with obtaining payment for your healthcare services or administering your insurance coverage.

Healthcare Operations

Your information may be used or disclosed for certain types of approved administrative purposes, such as to conduct an audit.

Public Health Activities

Your information may be used or disclosed in connection with public health activities that are authorized by law, such as to prevent or control disease, injury or disability.

Health or Safety

Your information may be used or disclosed to prevent or lessen a serious threat to your health or safety or that of the general public.

Health Oversight Activities

Your information may be used or disclosed in connection with government or regulatory oversight or compliance, such as to health authorities to report adverse events or product defects, to enable recalls or for similar safety reasons. It may also be accessible to agencies that evaluate billing, legal or healthcare matters.

Judicial, Administrative, Government and Legal Obligations

Your information may be disclosed to the police, other law enforcement officials, or the government in connection with legal proceedings, compliance with a court order, or for other legal or judicial or law enforcement processes as authorized or required by law.

Certain Limited Research Purposes

Your information may be used or disclosed in connection with certain limited research purposes, as authorized by law.

Workers Compensation

Your information may be used or disclosed in connection with complying with workers’ compensation laws and regulations.

Victims of Abuse, Neglect, or Domestic Violence

Your information may be used or disclosed in connection with reporting to government agencies authorized by law to receive reports of abuse, neglect or domestic violence.

Outside Service Providers (Business Associates)

Your information may be used or disclosed in connection with outside service providers (“Business Associates”) retained by the Health Plans or Health Center.

Uses and Disclosures With Your Written Authorization

Other than the uses and disclosures described in this Notice, the Health Plans and Health Center may not use or disclose your information without your written authorization. This includes, for example, any proposed use or disclosure of your information for a marketing or sales purpose. You may revoke any such authorization in writing except to the extent that the Health Plans and Health Center have already taken action in reliance on your authorization.

Your Individual Rights

- **Right to Request Additional Restrictions**

You have the right to request additional restrictions on certain uses and disclosures of your PHI to carry out treatment, payment or healthcare operations functions as described in this Notice. For example, you can request that your PHI be disclosed to certain family members or others who may assist with your medical care, and not be disclosed to others. While the Health Plans and Health Center will consider all requests carefully, they are not always required to agree to the requested restriction. If they agree to honor your request, the Health Plans/Health Center will not use or disclose your protected health information in the way you specified unless the information is needed to provide emergency treatment. If they are required to disclose restricted information due to an emergency, they will request assurances from the service provider that the service provider will not further disclose your protected health information.

- **Right to Avoid Disclosures to Health Plans for Payment or Healthcare Operations**

You have the right to request that your PHI not be provided to the Health Plans in situations where the disclosure (1) is related to payment or healthcare operations, and (2) you paid for the service in full yourself, without any insurance reimbursement. This right must generally be exercised in advance of any treatment, and there are certain requirements to do so. Please ask the Benefits Department or Health Center medical staff for additional information.

- **Right to Receive Confidential Communications**

In certain circumstances, you may ask to receive confidential communications of PHI in a manner outside of the Health Plans' or Health Center's normal procedures. While all reasonable requests will be carefully considered, those entities are regrettably not able to agree to all requests.

- **Right to Inspect and Obtain a Copy of Your Personal Health Information**

You may ask to inspect or to obtain a copy of your protected health information that is included in certain records maintained by the Health Plans or Health Center. Under limited circumstances, they may deny you access to a portion of your records. In addition, this right does not apply to certain types of information – psychotherapy notes; information that may be used in a civil, criminal, or administrative action or proceeding; and information that is not part of the records they maintain. You have the right to request your information in electronic format, provided that it is maintained in that format.

- **Right to Amend Your Records**

You have the right to ask the Health Plans and/or Health Center to amend your protected health information that is included in certain records that they maintain. If it is determined by authorized representatives of those entities that the record is inaccurate, and the law permits the Health Plans/Health Center to amend the record, they will amend it. If your doctor or another person created the information that you want to change, you should ask that person to amend the information.

- **Right to Receive an Accounting of Disclosures**

Upon request, you may obtain an accounting of disclosures of your protected health information made by the Health Plans, the Health Center or their respective business associates. The accounting will not include disclosures made earlier than six years before the date of your request, and certain other disclosures that are excluded by law. If you request an accounting more than once during any 12-month period, you will be charged a reasonable fee for each accounting statement after the first one. If you request an accounting relating to disclosures by business associates, the Health Plans/Health Center will either provide you with such an accounting directly, or they may choose to provide you with the contact information for those business associates, such that you may request an accounting directly from them.

- **Right to be Notified of Security Breaches Involving Your Information**

In accordance with the federal and state breach notification laws and requirements, you have the right to receive notification in the event that the Health Plans, Health Center or their respective Business Associates or subcontractors suffer a security breach, as defined by law, involving your personal information.

- **Right to Receive a Paper Copy of this Notice**

You may contact the Cook Benefits Department or the Health Center to obtain an additional copy of this Notice at any time.

- **Copying Fees**

You may be charged a reasonable fee to cover costs related to copying or preparing your information, in connection with requests for copies of your health records.

Revisions to this Notice

The terms of this Notice may be changed from time to time. If so, the additional protections contained in the updated Notice terms may be made effective for all of your PHI maintained by the Health Plans/Health Center, including any information that was created or received before the new Notice was issued. If this Notice is revised, the revised notice will be promptly delivered to all enrollees.

Amendment to The Health Plans

This Notice is also intended to serve as an amendment to the Health Plans. It is also a summary of material modifications to update your summary plan descriptions for the Health Plans. To the extent of these changes, this summary of material modifications takes precedence over your summary plan descriptions. You may inspect copies of the Health Plan documents themselves during normal business hours by contacting the Cook Group Benefits Department. As always, the Health Plan sponsor retains the right to terminate the Health Plans at any time and may amend or otherwise modify the Health Plans at any time.

Complaints

If you believe the Health Plans or Health Center has violated your privacy rights, you may file a complaint with the Health Plans, Health Center, or with the U.S. Secretary of Health and Human Services. Complaints to the Health Plans or Health Center should be filed in writing with the Cook Group Global Data Privacy Office, P.O. Box. 1608, Bloomington, Indiana, 47402. The Health Plans and Health Center have put in place a process for handling all complaints. Cook Group also has a process for ensuring there is no retaliation against anyone who files a complaint based upon a legitimate belief that their privacy or security has been violated by these entities.

Contact Information to Exercise Your Rights

If you want to exercise any of your rights from the Health Plans or Health Center as described in this Notice, the contact information is as follows:

CATEGORY	EXAMPLES OF INFORMATION	COOK DEPARTMENT	CONTACT INFORMATION
Data Privacy And Security	<ul style="list-style-type: none">• Privacy or security question• Protection of genetic data• Complaint	Cook Group Global Data Privacy Office	Megan J. Charlesworth Privacy Officer Cook Group Health Plan Trust P.O. Box 1608 Bloomington, Indiana 47402 (812) 331-1025 megan.charlesworth@cookgroup.com
Benefits Coverage	<ul style="list-style-type: none">• Benefits question	Cook Group Benefits Department	Cook Benefits Department Cook Group Health Plan Cook Group Cafeteria Plan P.O. Box 1608 Bloomington, Indiana 47402 (800) 593-2080 or (812) 355-2528.
Changes	<ul style="list-style-type: none">• Individual access request• Request for amendment• Request for disclosures• Change of address, name	Cook Family Health Center	Cook Family Health Center 402 North Rogers Street Bloomington, IN 47404 (812) 330-9944
Copies	<ul style="list-style-type: none">• Copies of records		

Effective Date

This Notice is effective as of August 1, 2020