

NOTICE OF PRIVACY PRACTICES

I. 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.

This Notice explains how American Specialty Health Plans of California, Inc. and its affiliates (referred to as “ASH”) may collect, use and disclose your protected health information. It also explains your rights regarding your protected health information and the steps ASH takes to keep your protected health information secure. “Protected health information” is information about you, including demographic information, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health condition, the provision of care to you or the payment for that care. ASH also protects non-public personal financial information about you in the same manner as it protects protected health information.

ASH is required to provide you with this Notice by state and federal law. Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that are more stringent than the federal standards. ASH is legally required to maintain the privacy of protected health information and to follow the privacy practices that are described in this Notice. However, ASH reserves the right to change the terms of this Notice and our privacy policies at any time. Any changes will apply to all of the protected health information that ASH maintains, including any information ASH created or received prior to issuing any new Notice. When ASH makes an important change to our privacy policies, ASH will promptly change this Notice, send the new Notice to you if you are then covered by ASH, and post a new Notice on ashcompanies.com. You may also obtain any new Notice by contacting ASH's Privacy Officer.

II. Uses And Disclosures

ASH uses and discloses your protected health information for different reasons. ASH may collect and disclose protected health information from you and your healthcare provider for the purposes of coordinating treatment, payment or operating your health care plan.

- **Treatment:** ASH may use and disclose your protected health information to assist your health care providers in your diagnosis and treatment. For example, ASH may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Payment:** ASH may use and disclose your protected health information in order to bill and collect payment for the treatment and services provided to you. For example, ASH may provide your protected health information to our billing department and your health plan to get reimbursed for health care services paid by ASH. ASH may also provide your protected health information to our business associates, such as billing companies, claims processing companies, and others that participate in claims payment process.
- **Health Care Operations:** ASH may use and disclose your protected health information for activities necessary to operate your health care plan including quality management, utilization review, anti-fraud and claims payment, provider credentialing activities, underwriting or determining premiums. ASH may also collect and disclose your protected health information as required by industry or government

regulators such as the U.S. Department of Health and Human Services, the American Accreditation HealthCare Commission/URAC, and state insurance regulatory agencies.

With some exceptions, ASH may not use or disclose any more of your protected health information than is necessary to accomplish the purpose of the use or disclosure. As required, ASH may also disclose protected health information to the sponsor of your health plan (usually your employer). ASH must disclose protected health information about you when required by law. Examples of such disclosures include the following:

- **Avoid Threat to Health or Safety.** ASH may disclose protected health information to law enforcement personnel or persons able to prevent or lessen a serious threat to the health or safety of a person or the public.
- **Coroners, Funeral Directors, Organ Donation.** ASH may disclose protected health information to coroners, medical examiners, and funeral directors as is necessary for such persons to carry out their duties. Additionally, ASH may disclose protected health information relating to organ, eye, or tissue donations and transplants.
- **Health Oversight Activities.** ASH may disclose protected health information to assist the government agencies for activities allowed or required by law such as when it conducts an investigation or inspection of a health care provider or organization.
- **Health-Related Benefits or Services.** ASH may disclose protected health information to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits offered by ASH.
- **Law Enforcement, Judicial and Administrative Proceedings.** ASH may disclose protected health information when ordered to do so in a judicial or administrative hearing. ASH may disclose protected health information in response to a subpoena, discovery request or other lawful process. Finally, ASH may disclose protected health information in response to a warrant, to identify or locate a suspect, or to provide information about the victim of a crime.
- **National Security and Intelligence.** ASH may disclose protected health information as required by military officials for national security and military intelligence purposes.
- **Public Health Activities.** ASH may disclose protected health information to public health agencies for reasons such as preventing or controlling disease, injury or disability.
- **Research.** In certain circumstances, ASH may disclose protected health information in order to conduct medical research. Such circumstances include taking steps to protect your privacy.
- **Victims of Abuse, Neglect or Domestic Violence.** ASH may disclose protected health information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence
- **Workers' Compensation.** ASH may provide protected health information in order to comply with workers' compensation laws.

III. Authorization

Any uses or disclosures other than those described in Section II above will be made only with your prior written authorization, unless otherwise permitted or required by law. In the event you authorize ASH to use or disclose your protected health information in ways other than those described above, you have the right to revoke that authorization at any time by delivering a written revocation statement, except to the extent that ASH has already disclosed the information or is allowed by law to use the information to contest a claim or coverage.

IV. Statement Of Individual Rights Regarding Your Protected Health Information

- **Right To Request Restrictions On Uses And Disclosures of Protected Health Information:** You have the right to request restrictions on the use and disclosure of your protected health information. Requests for restrictions must be submitted in writing on ASH's designated form. To get a copy of ASH's Restriction Request form, contact ASH's Member Services department at 1-800-678-9133. Please note that while you may request a restriction, ASH has a right to refuse that request. If ASH accepts your request, ASH will put the limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that ASH is legally required to make.
- **Right To Receive Confidential Communications:** You have the right to receive confidential communications, including the right to direct where communications containing protected health information are sent. For example, you may request that information be sent to your work address rather than your home address. You also have the right to request that information be communicated to you via alternative means such as email or voicemail. For example, you may request that ASH leave eligibility and benefits information on your answering machine or with individuals who answer at the telephone number you have provided. Requests to receive confidential communications at an alternative address or via alternative means may be submitted verbally by contacting ASH's Member Services department at 1-800-678-9133 or in writing on ASH's designated form. To get a copy of ASH's Request for Confidential Communications form, contact ASH's Member Services department at 1-800-678-9133. ASH will accommodate all reasonable requests and will document all verbal requests. Unless requested otherwise, ASH will mail explanation of benefits forms and other mailings containing protected health information to the address we have on record for the subscriber of the health plan.
- **Right To Inspect And Copy Protected Health Information:** In most cases, you have the right to see and get copies of your protected health information that ASH maintains, but you must make the request in writing on ASH's designated form. To get a copy of ASH's Request for Access to Protected Health Information form, contact ASH's Member Services department at 1-800-678-9133. If ASH does not have your protected health information but knows who does, ASH will tell you how to get it. ASH will respond to you within 30 days after receiving your written request. In certain situations, ASH may deny your request. If ASH does deny your request, ASH will tell you, in writing, the reasons for the denial and explain your right to have the denial reviewed. If you request copies of your protected health information, ASH will charge you a copying fee for each page and mailing costs but will inform you of that fee in advance. Instead of providing the protected health information you requested, ASH may provide you with a summary or explanation of the protected health information as long as you agree to the summary and any applicable charges in advance.
- **Right To Amend Protected Health Information:** If you believe that there is a mistake in your protected health information or that a piece of important information is missing, you have the right to request that ASH correct the existing information or add the missing information. You must provide the request and your reasons for the request in writing on ASH's designated form. To get a copy of ASH's Request to Amend Protected Health Information form, contact ASH's Member Services department at 1-800-678-9133. ASH will respond within 60 days of receiving your request. ASH may deny your request in writing if the protected health information is (1) correct and complete, (2) not created by ASH, (3) not allowed to be disclosed, or (4) not part of our records. The ASH written denial will state the reason for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file a rebuttal, you have the right to request that your initial request and the ASH denial be attached to all future disclosures of your protected health information. If ASH approves your request, ASH will make the change to your protected health information, inform you when the change is completed, and inform others that need to know about the change to your protected health information.

- **Right To Receive An Accounting Of Disclosures Of Protected Health Information:** You have a right to receive an accounting of any disclosures of your protected health information that were made for purposes other than coordinating treatment, payment or other health care services plan operations. The accounting will not include uses or disclosures made for treatment, payment, or health care operations, disclosures made directly to you or your family, or disclosures that you have already authorized. Additionally, the accounting will not include uses and disclosures made for national security purposes, or to corrections or law enforcement that has lawful custody over you. ASH will respond within 60 days of receiving your written request. The accounting will include the date of the disclosure, to whom protected health information was disclosed (including their address, if known), a brief description of the information disclosed, and a brief statement of the purpose for the disclosure. ASH will provide the first accounting you request within a 12 month period at no charge. For additional accountings within the same time period, ASH may charge you a fee for each additional request but will inform you of that fee in advance. Requests for accountings must be submitted in writing on ASH's designated form. To get a copy of ASH's Request for Accounting form contact ASH's Member Services department at 1-800-678-9133. This time period requested for any accounting may not be longer than six years and may not include dates before April 14, 2003.
- **Right To Get A Paper Copy Of This Notice:** You have the right to get a paper copy of this Notice at any time even if you previously agreed to receive an electronic copy. To get a paper copy of this Notice contact ASH's Member Services department at 1-800-678-9133. You can also view a copy of the Notice at any time on our web site at ashcompanies.com.

V. Entity Requirements Under Law

ASH has a legal requirement to maintain the privacy of your protected health information. ASH also has a legal requirement to provide you with this Notice of its duties and privacy practices and to abide by the terms of this Notice.

VI. Complaint Procedures

If you believe that your protected health information has been improperly used or disclosed, or that your privacy rights have been violated you may file a complaint with ASH. Complaints must be filed in writing on ASH's designated form. To get a copy of ASH's Privacy Complaint form contact ASH's Member Services department at 1-800-678-9133. You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services (DHHS). ASH will take no retaliatory action against you if you file a complaint with ASH or the DHHS.

ASH's Privacy Officer may be contacted via regular mail at 10221 Wateridge Circle, San Diego, California 92121, via email at HIPAA@ashn.com, via facsimile at (877) 414-2746, or via telephone at 1-877-427-4766.

VII. Effective Date & List of Entities To Whom This Notice Applies

This Notice goes into effect on September 27, 2011. This Notice applies to all of the American Specialty Health (ASH) family of companies, including, but not limited to, the following: American Specialty Health, Inc., American Specialty Health Plans of California, Inc., American Specialty Health Networks, Inc., and American Specialty Health Systems, Inc. ASH and its family of companies will share your protected health information only for purposes of treatment, payment and health care operations.

IMPORTANT: If you are having trouble reading this document and have language needs other than English, we can have somebody help you. You may call 1-800-678-9133 Monday through Friday 5 a.m. to 6 p.m. Pacific Time. There is no fee for this service. Because this document may require action by you, you are encouraged to call as soon as possible.

END