

Island Group Administration, Inc.
H.I.P.P.A. Privacy Policies
Effective April 14th, 2003

This notice describes how medical information about you, and your dependents, may be used and disclosed. It also explains how you can get access to this information. Please read it carefully.

Introduction

Island Group Administration, Inc. understands the trust that you and your employer have placed in us. We pledge to protect that trust by continuing to respect the privacy of all our enrollees. Unlike some health plans, Island Group does not sell or market personal or health care information to any third party.

Your Privacy is Secure

Since some of the personal information that we obtain from or about you is not publicly available, we take great care to ensure that unauthorized users cannot access it.

Because Island Group respects your privacy and values your trust, the only employees or companies that can access your account or personal information are those who use it to administer or provide a service to you. Island Group has worked diligently to develop this system to maintain the physical, electronic and procedural security of your personal and health care information. This security system is in compliance with Federal and State standards to prevent any unauthorized access to personal information.

As required by Federal law, this notice is being provided to you to describe Island Group's health information privacy procedures and policies. You should review this notice carefully and keep it with other records relating to your health coverage. Island Group is required by law to abide by the terms of this notice while it is in effect.

How we use or share information

The following are ways we may use or share information about you:

- We may use the information to pay your medical bills that have been submitted to us for payment.
- We may share your information with your doctors or hospitals to assist them in providing medical care to you.
- We may use or share your information with others to help manage your health care.
- We may share your information with others who help us to conduct our business operations. **We will not share information with these outside groups unless they agree to keep it protected.**
- We may use or share your information for certain types of public health or disaster relief efforts.
- We may use or share information to give you information about medical treatments or programs.

There are also State and Federal laws that may require us to release your health information to others. We may be required to provide information for the following reasons:

- We may report information to State and Federal agencies that regulate us such as the New York State Department of Insurance.
- We may share information for public health activities.
- We may provide information to a court or administrative agency.
- We may report information to public health agencies.
- We may share information with a health oversight agency for certain oversight activities (for example, audits, inspections, etc.)
- We may report information for law enforcement purposes.
- We may report information to a governmental authority regarding child abuse, neglect or domestic violence.
- We may share information for procurement, banking or transplantation of organs, eyes, or tissue.
- We may share information relative to specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- We may report information on job related injuries.

Limitations on the release of health information

- We may not release health information about AIDS and HIV unless a State approved HIV release form is signed.
- We may not provide information concerning the treatment of a minor for sexually transmitted diseases to the parent or guardian of the minor.

If one of the above reasons does not apply, **we must get your written permission to use or disclose your health information.** If you give us permission and change your mind **you may revoke your written permission at any time.**

Your rights

The following are your rights with respect to your health information. If you would like to exercise the following rights, please contact office at 1-800-926-2306. We will send you a form to document your request. The form will contain instructions for submission.

- You have the right to ask us to restrict how we use or disclose your information for treatment, payment or health care operations. You also have the right to ask us to restrict information that we have been asked to give to family members or to others who are involved in your health care or payment for your health care. **Please note that while we will try to honor your request, we are not required to agree to these restrictions.**
- You have the right to ask to receive confidential communications for information. For example, if you believe that you would be harmed if we send your information to your current mailing address (for example, in situations involving domestic disputes or violence), you can ask us to send the information by alternative means (for example, by fax) or to an alternative address. We will accommodate your reasonable requests.

- You have the right to inspect and obtain a copy of information that we maintain about you in our records. The records maintained by Island Group Administration, Inc. that are used, in whole or part to make decisions about your coverage can be inspected or copied at your request. Requests for copies of records will be provided however, a fee for these copies will be charged to you. The records include enrollment data, claims adjudication files and case or medical management records.

However, you do not have the right to access certain types of information and we may decide not to provide you with copies of the following information.

- Contained in psychotherapy notes;
- Compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding; and
- Subject to Federal laws governing biological products and clinical laboratories.

In certain other situations, we may deny your request to inspect or obtain a copy of your information. If we deny your request, we will notify you in writing and may provide you with a right to have the denial reviewed.

- **You have the right to ask us to make changes** to information we maintain about you in the records we maintain about you. We require that your request be in writing and that you provide a reason for your request. We will respond to your request no later than 60 days after we receive it. If we are unable to respond within 60 days, we may extend that time by no more than an additional 30 days. If we need to extend this time, we will notify you of the delay and the date by which we will take action on your request.

If we make the change(s), we will notify you that it was made. In addition, we will provide the change(s) to any person that we know has received your health information. We will also provide the change(s) to other persons requested by you to receive the change(s).

If we deny your request to change(s), we will notify you in writing of the reason for the denial. The denial will explain your right to file a written statement of disagreement. We have a right to respond to your statement. However, you have the right to request that your written, our written denial and your statement of disagreement be included with your information for any future disclosures.

- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. Please note that we are not required to provide you with an accounting of the following information:
 1. Any information collected prior to April 14, 2003.
 2. Information disclosed or used for treatment, payment and health care operations purposes.
 3. Information disclosed to you or pursuant to your authorization.
 4. Information that is incident to a use or disclosure otherwise permitted.
 5. Information disclosed to a facility's directory or to persons involved in your care or other notification purposes.
 6. Information disclosed for national security or intelligence purposes.

7. Information disclosed to correctional institutions, law enforcement officials or health oversight agencies.
8. Information that was disclosed or used as part of a limited data set for research, public health, or health care operations purposes.

We require that your request be in writing. We will act on your request for an accounting within 60 days. We may need additional time to act on your request. In so, we may take up to an additional 30 days. You may receive an accounting of disclosures once every 12 months at no charge. We may charge you a reasonable fee for any additional requests during a 12-month period. We will inform you in advance of the fee and provide you with an opportunity to withdraw or modify your request.

Exercising your rights

You have a right to receive a copy of this notice upon request at any time. Should any of our privacy practices change, we reserve the right to change the terms of this notice and to make the new notice effective for all protected health information we maintain. Once revised, we will provide the new notice to you by mail.

If you have questions about this notice or about how we use or share information, please contact our office at 1-800-926-2306 from 9:00 AM to 5:00 PM (E.S.T) Monday through Friday.

If you believe your privacy rights have been violated, you may file a complaint with us by contacting our office at 1-800-926-2306 or notify us in writing. You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. We will not take any actions against you for filing a complaint.