

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 it carefully.



This Notice describes the privacy practices of the Southeastern Freight Lines, Inc. Health Insurance Plan and the Southeastern Freight Lines Healthcare Flexible Spending Account Plan (collectively, the “Health Plans”) which provide group health benefits to participants and beneficiaries pursuant to an organized healthcare arrangement.

Protected Health Information

Under federal law, your health information is protected and confidential. Protected health information includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing, and insurance information.

How the Health Plans Use Your Protected Health Information

The Health Plans use your health information to pay your health claims and conduct health care operations, including administrative functions. The Health Plans also may disclose your health information for treatment purposes. Under some circumstances, the Health Plans may be required to use or disclose the information even without your permission.

Examples of Treatment, Payment, and Health Care Operations

Treatment: The Health Plans may disclose your health information to your health care providers for its provision, coordination, or management of your health care and related services. For example, the Health Plans may disclose your health information to enable your physicians to manage your health care with the Health Plans or to refer you to another provider for care.

Payment: The Health Plans will use and disclose your health information for payment purposes. This includes eligibility or coverage for benefits, billing, claims, collection activities, review of services provided, utilization review, disclosures to consumer reporting agencies, and fulfillment of the Health Plans’ responsibility to provide health benefits. For example, the Health Plans may use and disclose your health information to make coverage determinations, administer claims and coordinate benefits with other coverage you may have. The Health Plans also may disclose your health information to another health plan – for example, for the other health plan to determine your eligibility or coverage. Finally, the Health Plans may disclose your health information to a health care provider for its payment activities, including, for example, obtaining payment for health care services provided to you.

Health Care Operations: The Health Plans will use and disclose your health information to:

- Conduct quality assessment and improvement activities;
- Review the competence or qualification of health care professionals, evaluate practitioner performance, conduct training programs for students, trainees, practitioners or non-health care professionals;

- Conduct accreditation, certification, licensing or credentialing activities;
- Conduct activities related to the creation, renewal, or replacement of a contract of health insurance or benefits;
- Conduct or arrange for medical review, legal services, and auditing functions;
- Provide for business planning and development; and
- Provide for business management and administration.

For example, the Health Plans may use or disclose your protected health information to do business planning, arrange for medical review and conduct quality assessment and improvement activities.

Other Uses and Disclosures Permitted Without Authorization

- ***Required by Law:*** The Health Plans may be required by law to report the availability of health insurance coverage, gunshot wounds, suspected abuse or neglect, or similar injuries and events.
- ***Public Health Activities:*** As required by law, the Health Plans may disclose vital statistics, diseases, information related to recalls of dangerous products, and similar information to public health authorities.
- ***Health Oversight:*** The Health Plans may be required to disclose information to assist in investigations and audits, eligibility for government programs, and similar activities.
- ***Judicial and Administrative Proceedings:*** The Health Plans may disclose information in response to an appropriate subpoena or court order.
- ***Law Enforcement Purposes:*** Subject to certain restrictions, the Health Plans may disclose information required by law enforcement officials.
- ***Deaths:*** The Health Plans may report information regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies.
- ***Serious Threat to Health or Safety:*** The Health Plans may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- ***Military and Special Government Functions:*** If you are a member of the armed forces, the Health Plans may release information as required by military command authorities. The Health Plans may also disclose information to correctional institutions or for national security purposes.
- ***Workers Compensation:*** The Health Plans may release information about you for workers compensation or similar programs providing benefits for work-related injuries or illness.

You have the right to obtain a paper copy of this Notice upon request.

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- **Disclosures to Your Employer:** The Health Plans may disclose your health information to certain employees or other individuals under the control of the Health Plan Sponsor as necessary for them to carry out the Health Plan Sponsor's responsibilities to administer payment and health care operations activities. The Health Plan Sponsor is not permitted to use your health information disclosed by or on behalf of the Health Plans for any other purpose. The Health Plan documents identify by position and job code the specific employees or other individuals under the control of the Health Plan Sponsor who are authorized to have access to or receive your health information for the purpose of administering the Health Plans. The Health Plans also may disclose to the Plan Sponsor information about whether or not you are enrolled in the Health Plans and summary health information for purposes of obtaining premium bids from other health plans or insurers or modifying, amending or terminating its plan.

In any other situation, the Health Plans will ask for your authorization before using or disclosing any of your protected health information. For example, the Health Plans must obtain your authorization prior to using or disclosing your protected health information for marketing or selling your protected health information or using or disclosing psychotherapy notes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures. The Health Plans are not permitted to use or disclose protected health information that is genetic information for underwriting purposes.

Individual Rights

You have the following rights with regard to your protected health information. Please contact the person listed below to exercise these rights.

Request Restrictions: You may request restrictions on certain uses and disclosures of your protected health information. The Health Plans are not required to agree to such restrictions.

Confidential Communications: You may request that the Health Plans communicate with you confidentially; for example, asking us to send notices to a special address.

Inspect and Obtain Copies: In most cases, you have the right to obtain a copy of your protected health information in paper or electronic formats. You also have the right to direct the Health Plans to transmit the requested protected health information to a clearly, conspicuously and specifically identified entity or person. There will be a charge for the copies.

Amend Information: If you believe that your protected health information is incorrect, or if information is missing, you have the right to request that the Health Plans amend the existing information.

Accounting of Disclosures: You may request a list of certain disclosures of your protected health information.

Notice of Breaches: You have the right to receive notice of breaches of your unsecured protected health information.

Our Legal Duty

The Health Plans are required by law to protect and maintain the privacy of your protected health information, to provide this Notice about our legal duties and privacy practices regarding protected health information, and to notify affected individuals following a breach of unsecured protected health information.

Changes in Privacy Practices

The Health Plans reserve the right to change the terms of this Notice and to make the new Notice effective for all the protected health information the Health Plans maintain. Before making a significant change in the privacy practices, The Health Plans will change and post the new Notice. You may request a copy of our Notice at any time. For more information about our privacy practices, contact the person listed below.

Limitation on Applicability of Notice

This Notice does not apply to information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual. In addition, the Health Plans may use or disclose "summary health information" to the Health Plan Sponsor for its purposes of obtaining premium bids or modifying, amending or terminating the Health Plans. Summary health information is information that summarizes claims history, claims expenses or types of claims experienced by individuals for whom the Health Plan Sponsor provides benefits under the Health Plan and from which the individual identifying information, except for five-digit zip codes, has been deleted.

Complaints

If you are concerned that the Health Plans have violated your privacy rights, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

Contact Person

If you have any questions, requests, or complaints, please contact: Sr. Benefits Analyst, (800) 637-7335, 420 Davega Road, Lexington, SC 29073.

Effective Date:

The effective date of this Notice is April 6, 2017.

You have the right to obtain a paper copy of this Notice upon request.