



Banner Health®

Notice of Privacy Practice for Banner Health and Dental Plans.

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.

INTRODUCTION

Banner is committed to protecting the confidentiality of information about you, and is required by law to do so. This Notice describes how we may use information about you within Banner Health as Plan Administrator of the Banner Health and Dental Plans (the “Plan”) and how we may disclose it to others outside Banner. This Notice also describes the rights you have concerning your own member information. Please review it carefully and let us know if you have questions.

HOW WILL THE PLAN AND BANNER HEALTH USE AND DISCLOSE INFORMATION ABOUT YOU?

Payment: Banner may use and disclose your information to obtain payment for the medical services rendered to you and the supplies you have received. For example, the Plan may request to see parts of your medical record before it will pay Banner or other providers for your treatment and related supplies. The Plan may need information regarding treatment and services you are going to receive to meet prior approval/pre-certification requirements or to determine whether the treatment will be covered under the Plan.

Health and Dental Plan Operations: The Plan may use your medical information to conduct quality improvement activities relating to care provided, to obtain audit, accounting or legal services, or to conduct business management and planning. For example, the Plan may review your record to evaluate the care provided by your doctors or other health care professionals.

Required by Law: Federal, state, or local laws sometimes require the Plan to disclose patients’ medical information. For example, the Plan is required to report child abuse or neglect. Banner is also required to give information to the state workers’ compensation program for work-related injuries.

Public Safety: The Plan may disclose information about you for public safety purposes in limited circumstances. The Plan may disclose to law enforcement officials or to the court in response to a search warrant or other court order. The Plan may disclose medical information about you to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct at the hospital. The Plan also may disclose information about you to law enforcement officials and others to prevent a serious threat to health or safety.

Health Oversight Activities: The Plan may disclose information about you to a government agency that oversees the Plan or its employees. Examples include the state’s department of health services, or other federal agencies that oversee Medicare, or licensing agencies governing physicians and other healthcare professionals.

Military Veterans, National Security and Other Government Purposes: If you are a member of the armed forces, the Plan may release information about you as required by military command authorities or to the Department of Veterans Affairs. The Plan may disclose information about you to federal officials for intelligence and national security purposes, for Presidential Protective Services, or to the Department of State for its security clearances.

Judicial Proceedings: The Plan may disclose information about you in a lawsuit where your health status is an issue. For example, the Plan may be ordered to do so by court order or search warrant.

Information with Additional Protection: Certain types of medical information about you may have additional protection under state or federal law. For instance, information about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and court-ordered mental evaluation may be treated differently than other types of information about you. For those types of information, the Plan may be required to get your permission before disclosing that information to others.

Other Uses and Disclosures: The Plan will honor your written authorization to disclose information about you to others.

WHAT ARE YOUR RIGHTS?

Right to Request Information From Your Health Plan Records: You have the right to look at your own Plan records and to get a copy of that information. (The law requires the Plan to keep the original record.) This includes records that the Plan uses to make decisions about payment for services. To request your health plan records, submit a written request to the Health Plan Administrator. If you request a copy of your information, the Plan may charge you for our costs to copy the information. The Plan will tell you in advance what this copying will cost. You can look at your record at no cost.

Right to Request to Amend or Supplement Information About You That You Believe Is Incorrect or Incomplete: As you review information about you and believe that some of the information is wrong or incomplete, you may ask the Plan to amend your record. You may submit a written request to the Health Plan Administrator to amend your information.

Right to Get a List of Certain Disclosures of Your Health Plan Information: You have the right to request a list of certain disclosures the Plan makes of your information. If you would like to receive such a list, submit a written request to the Health Plan Administrator. The Plan will provide the first list to you free, but the Plan may charge you for any additional lists you request during a twelve month period. The Plan will tell you in advance what the cost will be.

Right to Request Confidential Communications: You have the right to request the Plan to communicate with you in a way that you feel is more confidential. We will accommodate reasonable requests including alternative addresses or alternative means. For example, you can ask the Plan not to call your home, but to communicate only by mail. To do this, submit your request in writing to the Banner Plan Administration.

CHANGES TO THIS NOTICE

The Banner Health and Dental Plans may amend or revise its practices in accordance with state and federal regulations, concerning how the Plan uses or discloses information about you, or how the Plan will implement member rights. The Plan reserves the right to change this Notice and to make the provisions in its new Notice effective for all information we maintain.

If the Plan changes these practices, the Plan will publish a revised Notice of Privacy Practices according to state and federal regulations.

WHO IS GOVERNED BY THIS NOTICE?

This Notice of Privacy Practices applies to Banner Health and Dental Plan Members.

DO YOU HAVE CONCERNS OR COMPLAINTS?

Please tell us about any problems or concerns you have with your privacy rights or how the Plan uses or discloses information about you. If you have a concern, please contact your Plan Administrator. If for some reason the Plan personnel cannot resolve your concern, you may also file a complaint with the federal government. To file a complaint against Banner Health and Dental Plan, contact the Secretary, U.S. Department of Health and Human Services. We will not penalize you or take any retaliatory action against you in any way for filing a complaint with the federal government.

Do you have questions?

Banner Health is required by law to give you this Notice and to follow terms of the Notice that is currently in effect. If you have any questions about this Notice, or have further questions about how the Plan may use and disclose your medical information, please contact Banner Plan Administration.

DEAR BANNER HEALTH PLANS MEMBER

In reading this Notice you will note the commitment Banner Health has made to protect your confidentiality and the rights you have concerning your own member information. Please review this information and let us know if you have any questions. For questions, please feel free to call the Customer Service Center at (480) 684-7070 in Arizona or (800) 827-2464 outside of Arizona.

Sincerely, Banner Plan
Administration
P.O. Box 16423
Mesa, AZ 85211