

**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.**

**FRIDAY HEALTH PLANS**  
**NOTICE OF PRIVACY PRACTICES**

At Friday Health Plans (“Friday”), we respect the confidentiality of your health information. As an essential part of our commitment to you, we maintain the privacy of certain confidential health care information about you, known as Protected Health Information (“PHI”). PHI is individually identifiable information about a person’s health, health care or payments, including demographic information collected from you. We are required by law to protect this health care information and to provide you with a Notice of Privacy Practices.

This Notice of Privacy Practices (“Notice”) explains how we use PHI about you and when we can share that information with others. It also informs you of your rights with respect to your health information and how you can exercise those rights.

**HOW WE SHARE INFORMATION**

We may collect, use and share your Protected Health Information for the following reasons and others as allowed or required by law:

- **For payment:** We use and share PHI to manage your account or benefits, or to pay claims for health care. For example, we keep information about your premium and deductible payments. We may give information to a doctor’s office to confirm your benefits.
- **For approval:** We may use PHI to review and determine approval of referrals and authorizations to health care providers before you receive services.
- **For treatment activities:** We do not provide treatment. This is the role of a health care provider, such as your doctor or a hospital. But we may share PHI with your health care provider to help them provide medical care to you.
- **To manage/improve your health:** We may use or share your PHI with others to help manage your health care. For example, we might suggest a disease management or wellness program, or we might send you information about programs to manage conditions such as diabetes, congestive heart disease, asthma, smoking cessation or weight loss.
- **For health care operations:** We may share your PHI with others who help us conduct our business operations. For example, we may use PHI to review the quality of care and services you get, or actuaries may use information to develop rates. We are not allowed to use genetic information for to decide whether we will give you coverage and the price of that coverage.
- **For research:** We may share your PHI for research purposes subject to specific rules.
- **To administer your plan:** If you are enrolled with us through an employer-sponsored group health plan, we may share PHI with your group health plan sponsor for plan administration. For example, we may provide your company with certain statistics to explain the premiums we charge.
- **As allowed or required by law:** We are allowed or required to share your information in other ways – usually, if there are state or federal laws requiring us to do so. We have to meet many conditions in the law before we can share your information for these purposes. 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 U.S. Department of Health and Human Services and/or the state specific Division of Insurance.
  - We may share information for public health activities and safety issues, such as preventing disease, reporting adverse reactions to medications, or helping with a product recall.
  - We may provide information to a court or administrative agency. For example, pursuant to a court or administrative order, or in response to a subpoena.
  - We may report information regarding suspected abuse, neglect or domestic violence.
  - We may use or share information with organ procurement organizations.
  - We may share information relative to specialized government functions, such as military, national security and presidential protective services.
  - We may report information because of requirements for workers’ compensation claims.
  - We may report information for law enforcement purposes or with a law enforcement official.
  - We may release information to a coroner, medical examiner, or funeral director for the purpose of identifying a deceased person, determining a cause of death or other duties as required by law.
  - We may use or share information for health research.
  - We may use or share information with health oversight agencies for activities authorized by law.

**YOUR CHOICES**

Before we can use or disclose your PHI for reasons other than those mentioned above, we must get your permission in writing first. You always have the right to revoke any written permission you provide. But, if we have already used or shared your PHI based on your consent, we cannot undo any actions we took before you revoked permission. Some instances in which we may request your authorization to share your PHI are:

- You may tell us in writing that it is permissible for us to give your PHI to someone else for any reason. If you are present and tell us it is acceptable, we may give your PHI to a family member, friend, or other person so that they can be involved in your current treatment or payment for your treatment. If you are not present, or if it is an emergency and you are not able to tell us it is acceptable, we may give your PHI to a family member, friend or other person if sharing your PHI is in your best interest.
- We must ask for your written authorization in order to provide information about products and services you may be interested in purchasing or using.
- We can only sell your PHI if we receive your written authorization to do so.

### **YOUR RIGHTS**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- You have the right to inspect and obtain a copy of your PHI. Subject to certain exceptions, you can ask to inspect or obtain a copy of your health and claims records and other health information we have about you. You must submit this request in writing. In certain situations, we may deny your request to inspect or obtain a copy of your PHI. If we deny your request, we will notify you in writing and explain your rights, if any, to have the denial reviewed.
- You have the right to ask us to make changes to your PHI. If you think your PHI is incorrect or incomplete, you can ask us to correct it. We require that your request be in writing and that you provide a reason for your request. If we deny your request, we will notify you in writing of the reason for the denial and explain your right to file a written statement of disagreement. You have the right to request that your written request, our written denial and your statement of disagreement be included with your PHI for any future disclosures.
- You have the right to ask to receive confidential communications of PHI. You can ask us to contact you in a specific way. For example, if you believe that you would be harmed if we send your PHI to your current mailing address. You can ask us to send the PHI by alternative means or to an alternative address. We will consider and accommodate all reasonable requests.
- You have the right to ask us to limit how we use or disclose your PHI. You have the right to ask us to limit our uses or disclosures of your PHI for treatment, payment, or our health care operations. We will try to honor your request, but we are not required to agree to these restrictions. If we deny your request, we will notify you in writing.
- You have the right to receive an accounting of disclosures of your PHI. You may request a list (accounting) of our disclosures of your PHI. We require that your request be in writing. We will provide one list of our disclosures in any 12-month period at no charge. If you request another accounting less than 12 months later, we may charge a reasonable, cost-based fee. Please note the list of disclosures does not include certain disclosures, such as:
  - PHI disclosed or used for treatment, payment, and health care operations purposes;
  - PHI disclosed to you or pursuant to your authorization;
  - PHI that is incident to a use or disclosure otherwise permitted;
  - PHI disclosed to persons involved in your care or other notification purposes;
  - PHI disclosed to correctional institutions, law enforcement officials or health oversight agencies;
  - PHI disclosed for national security or intelligence purposes; or
  - PHI that was disclosed or used as part of a limited data set for research, public health, or health care operations purposes.
- You have the right to get a copy of this Notice. You can ask for a paper copy of this Notice at any time. We will provide you with a paper copy promptly.
- You have the right to choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- You have the right to complain if you feel we have violated your rights. You can contact us using the information in this notice. You may also file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT WITH US OR THE SECRETARY.

### **OUR RESPONSIBILITIES**

By law we are required to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **NOTICE DISTRIBUTION AND CHANGES**

If you have any questions about this Notice, want to request a copy, or want to file a complaint, please contact our Privacy Officer by sending a letter to Friday Health Plans, Attention: Compliance, 700 Main Street, Alamosa, CO 81101, or by email at [compliance@fridayhealthplans.com](mailto:compliance@fridayhealthplans.com), or by calling 1-888-533-3696 (toll-free).

Friday sends this Notice to our subscribers upon enrollment in any of our health benefit plans, when our confidentiality practices are materially changed, and at other times as required by law. We may change the terms of this Notice at any time. Changes to the Notice will apply to PHI we already have about you, as well as any PHI we receive in the future. The new notice will be available upon request, on our website, and we will mail a copy to you.

This Notice applies to all products and services that are provided by or through operating subsidiaries of Friday Health Plans, Inc., including Friday Health Plans of Colorado, Inc., Friday Health Plans of Georgia, Inc., Friday Health Plans of Nevada, Inc., Friday Health Insurance Company, Inc., Friday Health Plans of North Carolina, Inc., Friday Health Plans of Oklahoma, Inc., and Friday Health Plans Management Services Company, Inc.

This Notice is effective on November 1, 2020.

#### **Colorado**

All products, services and policies are issued or administered by or through operating subsidiaries of Friday Health Plans, Inc., including Friday Health Plans of Colorado, Inc., and Friday Health Plans Management Services Company, Inc.

#### **Georgia**

All products, services and policies are issued or administered by or through operating subsidiaries of Friday Health Plans, Inc., including Friday Health Plans of Georgia, Inc., and Friday Health Plans Management Services Company, Inc.

#### **Nevada**

All products, services and policies are issued or administered by or through operating subsidiaries of Friday Health Plans, Inc., including Friday Health Plans of Nevada, Inc., and Friday Health Plans Management Services Company, Inc.

#### **New Mexico**

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#### **North Carolina**

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#### **Oklahoma**

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#### **Texas**

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