

**GROUP INSURANCE TRUST OF THE
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

GENERAL INFORMATION ABOUT THIS NOTICE

This Notice relates to the use and disclosure of your medical information by **Group Insurance Trust of the California Society of Certified Public Accountants** with respect to the group health plans (“Plans”) maintained by **Group Insurance Trust of the California Society of Certified Public Accountants** (“GIT”) is intended to comply with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the applicable regulations 45 CFR 160 and 162 (“HIPAA”).

Group Insurance Trust of the California Society of Certified Public Accountants

Please note that, depending on the circumstances, the term “Plans” as used in this Notice may mean multiple Plans or a single Plan.

GIT is committed to maintaining the confidentiality of your medical information for purposes of your Plan coverage. This Notice describes GIT’s legal duties and privacy practices with respect to that information. This Notice also describes your rights and GIT’s obligations regarding the use and disclosure of your medical information. You are entitled to a copy of this Notice.

This Notice applies to:

- All Plans offered through the Group Insurance Trust of the California Society of Certified Public Accountants
- Any GIT employee or other individuals acting on behalf of GIT; and
- Third parties (“business associates”) performing services for GIT.

GIT is required by law to:

- Make sure that medical information that identifies you is kept private in accordance with legal requirements;
- Give this Notice of GIT’s legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect.

GIT’S USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

GIT is required by law to maintain the privacy of your protected health information (“PHI”). PHI is the information that is created or received by or on behalf of GIT and includes:

- Information that relates to your past, present, or future physical or mental health or condition;
- The provision of health care to you;
- The past, present, or future payment for the provision of health care to you; and
- The information that either identifies you or with respect to which there is a reasonable basis to believe the information can be used to identify you.

This information may be maintained or transmitted either electronically or in another form or medium. If GIT needs to amend this Notice due to changes in its operation, then this Notice will be amended, and an updated privacy Notice will be made available to you.

GIT needs to use your PHI in certain ways that are described below in more detail.

Use or disclosure for treatment: GIT may use and disclose your PHI for treatment purposes. For example, GIT may coordinate or manage your health care with a health care provider.

Use or disclosure for payment: GIT may use and disclose your PHI so that GIT (on behalf of the Plans) can make proper payment for the services provided to you. For example, GIT may use your PHI to determine your benefit eligibility or coverage level, to pay a health care provider for your medical treatment, or to reimburse you for your direct payment to a health care provider.

Use or disclosure for health care operations: GIT may use and disclose your PHI to the extent necessary to review the competence or qualifications of health care professionals. For example, GIT may use your PHI in the process of deciding whether or not to keep a provider or practitioner within the network.

Uses or disclosure for promotion/marketing: GIT may use or disclose your PHI in order to promote the health-related products and services available to you as part of the GIT's plan of benefits. In the event GIT intends to use your PHI for any other promotion or for marketing purposes, however, GIT will first obtain your authorization prior to doing so, except where not required to do so under HIPAA.

Disclosure to the Employer: With respect to your Plan coverage, GIT may use and disclose your PHI to your employer as permitted or required by the Plan documents or as required by law. Any PHI disclosed to the employer by the Plans for other than treatment, payment or health care operations, or that does not fall within an exception under HIPAA, will require your written authorization.

Disclosures to Family or Close Friends: Under certain circumstances, GIT may release your PHI to either a family member or someone who is involved in your health care or payment for your care.

Disclosures to Business Associates: GIT may disclose your PHI to business associates such as Marsh Affinity Group Services, a service of Seabury & Smith and/or Blue Cross of California on behalf of BC Life & Health Insurance Company and may allow these entities to create or receive PHI on GIT's behalf.

YOUR WRITTEN AUTHORIZATION

Generally, GIT must have your written authorization to use or disclose your PHI in circumstances not covered by this Notice or the laws that apply to the Plans. If you provide GIT, or any of its business associates, with authorization to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your authorization, GIT will no longer use or disclose your PHI for the reasons covered by your written authorization. However, you understand that GIT is unable to take back any disclosures already made based on your prior authorization.

SPECIAL SITUATIONS

The following are examples of when GIT may disclose your PHI without your authorization:

Required by Law: GIT may use or disclose your PHI to the extent required by law.

Public Health Reasons: GIT may disclose your PHI for public health reasons. These reasons may include the following:

- Prevention or control of disease, injury or disability;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify individuals of recalls of medication or products they may be using; and
- To notify a person who may have been exposed to a disease, or may be at risk for contracting or spreading a disease or condition.

Victims of Abuse, Neglect or Domestic Violence: As permitted or required by law, GIT may disclose your PHI to an appropriate government authority if GIT reasonably believes you are the victim of abuse, neglect or domestic violence.

Health Oversight Activities: As required by law, GIT may disclose your PHI to health oversight agencies. Such disclosure will occur during audits, investigations, inspections, licensure, and other government monitoring and activities related to health care provision or public benefits or services.

Judicial Proceedings, Lawsuits and Disputes: GIT may disclose your PHI in response to an order of a court or administrative tribunal, provided that GIT discloses only the PHI expressly authorized by such order.

If you are involved in a lawsuit or a dispute, GIT may disclose your PHI when responding to a subpoena, discovery request, or other lawful process where there is no court order or administrative tribunal. Under these circumstances, GIT will require satisfactory assurance from the party seeking your PHI that such party has made reasonable efforts either to ensure that you have been given notice of the request or to secure a qualified protective order.

Government/Law Enforcement: In response to a court order, subpoena, warrant, summons or other appropriate legal or governmental request, or upon a law enforcement official's request, GIT may release your PHI to a law enforcement official. GIT may also release medical information about you to authorized government officials for purposes of public and national security.

Coroners, Medical Examiners and Funeral Directors: Upon your death, GIT may release your PHI to a coroner or medical examiner for purposes of identifying you or determining a cause of death, and to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: GIT may release medical information about you to authorized federal officials for intelligence, counterintelligence, and any other national security activities authorized by law.

Military and Veterans: If you are or were a member of the armed forces, GIT may release your PHI as required by military command authorities. GIT may also release PHI about foreign military personnel to the appropriate authority.

Workers' Compensation: GIT may release your PHI to comply with state workers' compensation or similar laws.

To the extent required under law, we use the minimum amount of your PHI as is necessary to perform these tasks.

State law may further limit the permissible ways GIT may use or disclose your PHI. If your state of residence imposes stricter restrictions on GIT, we will comply with those stricter restrictions.

YOUR RIGHTS

You have the following rights regarding your PHI maintained by GIT:

Right to request restrictions: You have the right to request a restriction or limitation on GIT's use or disclosure of your PHI for treatment, payment or health care operations purposes as set forth above. You also have the right to request a limit on the PHI GIT discloses about you to someone who is involved in your care or the payment of your care. **GIT is not required to agree to your request, and we may not be able to grant your request because it would impact on our ability to provide services to you.** If GIT agrees, it will comply with your request until you terminate the restriction or unless the information is needed to provide you with emergency treatment.

To request restrictions on the use and disclosure of your PHI, you must submit a completed Request for Restrictions on Use and Disclosure of Health Information Form to Ms. Judith Graziani at Group Insurance Trust of the California Society of Certified Public Accountants, 1800 Gateway Drive, Suite 201 San Mateo, CA 94404. Contact Ms. Judith Graziani for a copy of this form.

Right to receive confidential communications: You have the right to request that GIT communicate with you about your PHI in a certain manner or at a certain location. For example, you may request that GIT contact you only at home and not at work.

To request a specific manner to receive confidential communications, you must submit a completed Request for Confidential Communication of Health Information Form to Ms. Judith Graziani at Group Insurance Trust of the California Society of Certified Public Accountants, 1800 Gateway Drive, Suite 201 San Mateo, CA 94404. Contact Ms. Judith Graziani for a copy of this form.

Right to review and copy your PHI: You have the right to review and copy your PHI that is contained in records maintained, used, collected or disseminated by GIT. Usually, this includes the medical and billing records maintained by GIT but does not include psychotherapy notes, if any, to which GIT has access.

To review and copy your PHI maintained by GIT, you must submit a completed Request for Access to Health Information Form to Ms. Judith Graziani at Group Insurance Trust of the California Society of Certified Public Accountants, 1800 Gateway Drive, Suite 201 San Mateo, CA 94404. Contact Ms. Judith Graziani for a copy of this form. GIT may charge you fees for the costs of copying, mailing or other supplies directly associated with your request.

GIT may deny your request under certain circumstances. If your request is denied, you may have the ability to seek review of our denial.

Right to amend your PHI: You have the right to request an amendment to your PHI if you believe the PHI that GIT has about you is incorrect or incomplete. You have this right as long as your PHI is maintained by GIT.

To request an amendment, you must submit a completed Request for Amendment Form to Ms. Judith Graziani at Group Insurance Trust of the California Society of Certified Public Accountants, 1800 Gateway Drive, Suite 201 San Mateo, CA 94404. Contact Ms. Judith Graziani for a copy of this form. You should include evidence to support your request because we cannot amend PHI that we believe to be accurate and complete.

Right to receive an accounting of disclosures of PHI: You have the right to request a list of the disclosures of the PHI GIT has made about you, subject to certain exceptions.

In order to receive an accounting of disclosures, you must submit a completed Request for Accounting of Disclosures Form to Ms. Judith Graziani at Group Insurance Trust of the California Society of Certified Public Accountants, 1800 Gateway Drive, Suite 201 San Mateo, CA 94404. Contact Ms. Judith Graziani for a copy of this form.

Your first request within a 12-month period will be free. GIT may charge you for costs associated with providing you additional lists. GIT will notify you of the costs involved, and you may choose to withdraw or modify your request before you incur any costs.

Right to receive a paper copy of this Notice: You have the right to receive a paper copy of this Notice.

In order to receive a paper copy, you must submit a written request to Ms. Judith Graziani at Group Insurance Trust of the California Society of Certified Public Accountants, 1800 Gateway Drive, Suite 201 San Mateo, CA 94404. You may receive a paper copy of this Notice, even you previously agreed to receive this Notice electronically.

Right to file a complaint: If you believe your rights have been violated, please let us know immediately. We will take steps to remedy any violations of our privacy policy or this Notice.

You may file a formal complaint with our Privacy Officer and/or the United States Department of Health and Human Services at the addresses set forth below. You should include a brief description of how you believe your rights have been violated, and attach any documents or evidence that supports your belief (make sure to keep a copy). GIT takes complaints very seriously. **GIT's policy and federal law prohibit retaliation against any person filing such a complaint.** Please call Ms. Judith Graziani for additional information. Please send all complaints to:

Group Insurance Trust of the California
Society of Certified Public Accountants
Attn: Ms. Judith Graziani
1800 Gateway Dr., Suite 201
San Mateo, CA 94404
Tel: (650) 522-3255
Fax: (650) 522-3260

U.S. Department of Health and
Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

ADDITIONAL INFORMATION ABOUT THIS NOTICE

Changes to this Notice: GIT reserves the right to change its privacy practices as described in this Notice. These changes may affect the use and disclosure of your PHI already maintained by GIT, as well as any of your PHI that GIT may receive or create in the future. GIT will provide a copy of the current Notice to individuals currently covered under the Plans and to new Plan enrollees at the time of enrollment. A copy of the current Notice is also available during normal business hours upon request to Ms. Judith Graziani. Additionally, GIT will provide you with the revised Notice within sixty (60) days of a material revision to this Notice.

No Change to Plans: Except for the privacy rights described in this Notice, nothing contained in this Notice shall be construed to change any rights or obligations you may have under the Plans. You should refer to the Plan documents for complete information regarding any rights or obligations you may have under the Plans.

CONTACT INFORMATION

If you have any questions regarding this Notice, please contact:

Group Insurance Trust of the
California Society of Certified Public Accountants
Attn: Ms. Judith Graziani
1800 Gateway Drive, Suite 201
San Mateo, Ca 94404
(650) 522-3255