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**YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.**

This notice describes how Blue Cross and Blue Shield of Illinois can use or disclose your medical information and how you can get access to this information. Our contact information can be found at the end of the notice. **Please review this notice carefully.**

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**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.

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**Get a copy of your health and claims records**

- \* You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this by using the contact information at the end of this notice.
- \* We will provide a copy or a summary of your health and claims records usually within 30 days of the request. We may charge a reasonable, cost-based fee.

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**Ask us to correct health and claims records**

- \* You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this by using the contact information at the end of this notice.
- \* We may say “no” to your request. We’ll tell you why in writing within 60 days.

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**Request confidential communications**

- \* You can ask us to contact you in a specific way or to send mail to a different address. Ask us how to do this by using the contact information at the end of this notice.
- \* We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

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**Ask us to limit what we use or share**

- \* You can ask us **not** to share or use certain health information for treatment, payment or our operations. Ask how to do this by using the contact information at the end of this notice.
- \* We are not required to agree to your request, and we may say “no” if it would affect your care.

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**Get a list of those with whom we’ve shared information**

- \* You can ask for a list (accounting) for six years prior to your request date of when we shared your information, who we shared it with and why. Ask us how to do this by using the contact information at the end of this notice.
- \* We will include all the disclosures except for those about treatment, payment, and our operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but we may charge a reasonable, cost-based fee if you ask for another one within 12 months.

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**Get a copy of this notice**

- \* You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. To request a copy of this notice, use the contact information at the end of this notice and we will send you one promptly.

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**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. Ask us how to do this by using the contact information at the end of this notice.
- \* We confirm the person has the authority and can act for you before we share your information.



**YOUR RIGHTS (continued)**

**File a complaint if you feel your rights are violated**

- \* You can complain if you feel we have violated your privacy rights by using the contact information at the end of this notice.
- \* You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775; or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/) or by sending a letter to them at: 200 Independence Ave., SW, Washington, D.C. 20201.
- \* We will not retaliate against you for filing a complaint.

**YOUR CHOICES. For certain health information, you can tell us your choices about what we share.**

If you have a clear preference on how you want us to share your information in the situations described below, tell us and we will follow your instructions. Use the contact information at the end of this notice.

**In these cases, you have both the right and choice to tell us to:**

- \* Share information with your family, close friends, or others involved in payment for your care
- \* Share information in a disaster or relief situation
- \* Contact you for fundraising efforts

*If you cannot share your preference, for example, if you are unconscious, we can share your information if we think it is in your best interest. We may share information when needed to lessen a serious or imminent threat to health or safety.*

**We never share your information in these situations unless you give us written permission**

- \* Marketing purposes
- \* Sale of your information

**OUR USES AND DISCLOSURES. How do we use or share your health information?**

We typically use or share your health information in the following ways.

**Help manage the health care treatment you receive**

- \* We can use your health information and share it with professionals who are treating you.

*\* Example: A doctor sends us information about our diagnosis and treatment plan so we can arrange additional services.*

**Run our organization**

- \* We can use and disclose your information to run our organization and contact you when necessary.

*\* Example: We use health information to develop better services for you.*

***We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.***

**Pay for your health services**

- \* We can use and disclose your health information since we pay for your health services.

*\* Example: We share information about you with your dental plan to coordinate payment for your dental work.*



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**Administer  
your plan**

\* We may disclose your health information to your health plan sponsor for plan administration purposes.

*\*Example: If your company contracts with us to provide a health plan, we may provide them certain statistics to explain the premiums we charge.*

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**How else can we use or share your health information?**

We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information go to:

**[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)**

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**Help with public health  
and safety issues**

- \* We can share your health information for certain situations such as:
  - \* Preventing disease
  - \* Helping with product recalls
  - \* Reporting adverse reactions to medications
  - \* Reporting suspected abuse, neglect or domestic violence
  - \* Preventing or reducing a serious threat to anyone’s health or safety
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**Do research**

\* We can use or share your information for health research.

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**Comply with the law**

\* We will share information about you when state or federal law requires it, including the Department of Health and Human Services if they want to determine that we are complying with federal privacy laws.

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**Respond to organ/tissue  
donation requests and work  
with certain professionals**

- \* We can share health information about you with an organ procurement organization.
  - \* We can share information with a medical examiner, coroner or funeral director.
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**Address workers’  
compensation, law  
enforcement, and other  
government requests**

- \* We can use or share health information about you:
  - \* For workers’ compensation claims
  - \* For law enforcement purposes or with a law enforcement official
  - \* With health oversight agencies for activities authorized by law
  - \* For special government functions such as military, national security, and presidential protective services or with prisons regarding inmates.
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**Respond to lawsuits and  
legal actions**

\* We can share health information about you in response to an administrative or court order, or in response to a subpoena.

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**Certain health  
information**

\* State law may provide additional protection on some specific medical conditions or health information. For example, these laws may prohibit us from disclosing or using information related to HIV/AIDS, mental health, alcohol or substance abuse and genetic information without your authorization. In these situations, we will follow the requirements of the state law.

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**BlueCross BlueShield  
of Illinois**

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**OUR RESPONSIBILITIES. When it comes to your information, we have certain responsibilities.**

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- \* We are required by law to maintain the privacy and security of your protected health information.
- \* We will let you know promptly if a breach occurs that compromises 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.

You may change your mind at any time. Let us know in writing if you change your mind.

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

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**CHANGES TO THE TERMS OF THIS NOTICE**

We can change the terms of this notice, and the changes we make will apply to all information we have about you. The new notice will be available upon request or from our website. We will also mail a copy of the new notice to you if there are material changes to our privacy practices.

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**CONTACT INFORMATION**

If you would like general information about your privacy rights or would like a copy of this notice, go to: [http://www.bcbsil.com/important\\_info/index.html](http://www.bcbsil.com/important_info/index.html). If you have specific questions about your rights or about this notice, you may contact us in one of the following ways:

- \* Call us at the toll-free number on the back of your member identification card.
- \* Call us at 1-877-361-7594.
- \* Write us at:

Divisional Vice President, Privacy Office  
Blue Cross and Blue Shield of Illinois  
P.O. Box 804836  
Chicago, IL 60680-4110

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**EFFECTIVE DATE OF THIS NOTICE**

September 23, 2013

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