



## Notice of Privacy Practices

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*Effective May 2020*

This **Notice of Privacy Practices** describes how medical information about you may be used and disclosed and how you can get access to it. Please review it carefully.

### Who We Are:

For purposes of this Notice, “Amalgamated” and the terms “we”, “us” and “our” refer to The Amalgamated Family of Companies, which includes Amalgamated Employee Benefits Administrators, Inc., Amalgamated Medical Care Management, Inc., Amalgamated Life Insurance Company, and Amalgamated Agency (an insurance brokerage). The Amalgamated Companies are headquartered in New York State, but conduct business in all 50 states and the District of Columbia.

Amalgamated is a “business associate” under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). We perform services including claims processing or administration; data analysis, processing or administration; utilization review; quality assurance; billing; and benefit management services on behalf of health plans. Your health plan is a “covered entity” under HIPAA, and has its own separate Notice.

### Your Rights:

This section explains certain rights that you have under HIPAA and some of our responsibilities to help you exercise these rights.

#### **Obtain a copy of your health and claims records**

- You can ask to see or to obtain a copy of your health and claims records, and other health information that we have about you. You can request a specific format of the records.
- We can provide a copy or a summary of your health and claims records, usually within 30 days of your request. However, we may charge a reasonable, cost-based fee.
- If we deny any part of your request, we will provide a written explanation within 30 days.

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

- You can make a written request that we correct information in your health and claims records if you believe the information is incorrect or incomplete.
- We can only correct records that we created. You may have to make a request to your health care provider or plan, if the record was not created by us.
- If we deny your request, we will provide a written explanation within 60 days.



### **Request confidential communications**

- You can request limits on how we contact you (i.e. by telephone or email) or that we send mail to you at a specific address or post office box.
- We will make every attempt to comply with your request, or to provide other accommodation.
- If you believe that you are in danger, please let us know when making the request.

### **Request that we limit information we use or share**

- You can request that we not use or share your health information for certain treatment, payment, or health care operations, which are described in detail below.
- Certain states, including New York, provide you with additional rights to limit the information that we share with respect to family planning, reproduction, mental health and substance abuse services.
- We will consider every request, but are not required to agree. We may deny a request if it would affect your our ability to administer your care, and will provide you with a reason.

### **Get a list of disclosures of your health information**

- You can request a list (accounting) of the times that we have shared your health information during the prior six (6) years. The list will indicate who we shared it with, when and why.
- The list will not include disclosures made for purposes of treatment, payment, or health care operations. Disclosures that you requested and government requests will not be included.
- You are entitled to one (1) free accounting per year. We may charge a reasonable, cost-based fee for any additional requests made within the same 12 months.

### **Choose someone to act for you**

- We can communicate with a “personal representative” who is legally authorized to act on your behalf, and to access your health information and make choices about your care and coverage.
- Personal representatives include parents, legal guardians, attorneys, and other persons granted power of attorney under state law. Let us know if your personal representative changes.
- We must make sure that any person, including family members and friends, has the authority to act for you before we can communicate with them about your coverage or care.

### **Obtain a copy of this privacy notice**

This Notice is maintained on our website, where you can access it at any time. You can also request a paper copy of this notice at any time, even if you have agreed to receive the Notice electronically.

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



- You can complain to us if you feel that your rights have been violated by calling us at (866) 835-7659, emailing us at [ComplianceOfficer@Amalgamatedlife.com](mailto:ComplianceOfficer@Amalgamatedlife.com) or writing to us at Amalgamated, 333 Westchester Avenue, White Plains, NY 10604. Attn: Privacy Officer.
- You can file a complaint with the **U.S. Department of Health and Human Services Office for Civil Rights** by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-(877) 696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/>.
- We will never retaliate against you for filing a complaint.

## Your Choices

You can let us know if there is a family member, personal friend, or other person who you want to be involved in communications about your health care, including emergency notifications. We will make every effort to follow your instructions. If an emergency or your incapacity prevents us from communicating with you, we may determine, based on professional judgment, if communicating with a friend, family member, or other person is in your best interest. We will disclose only the information that is absolutely necessary and relevant to such person's involvement in your care, to lessen a serious and imminent threat to the health or safety of you or others, or to locate and notify a next of kin.

We will never share your information for the following purpose without written permission:

- Marketing of products and services by a third-party
- Sale of your information
- Fundraising

## Our Uses and Disclosures:

### How do we typically use or share your health information?

#### For Treatment, Payment and Health Care Operations

We can use and disclose your health information without authorization for the following purposes:

- **Treatment:** We can use your health information to help manage or coordinate your health care treatment and related services, including making prior authorization determinations, reviewing appeals, and performing other care management functions.
- **Payment:** We can use your health information to coordinate payment for your health services and to provide benefits under your plan. Payment activities include determining your eligibility or coverage under a plan, adjudicating claims, making medical necessity determinations, performing utilization review, and performing billing and collection activities.



- **Health Care Operations:** We disclose your health information to your health plan sponsor for purposes of plan administration and to perform case management and care coordination activities. We may also use your health information to perform the following activities that are necessary to run our business:
  - Underwriting and other activities concerning the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to health care claims
  - Conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs;
  - Business planning and development, such as conducting cost-management and planning analysis related to managing and operating the entity; and
  - Business management and general administrative activities, including creating de-identified health information or a limited data set of your information.

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

We are allowed or required to share your information in other ways that contribute to the public good, but we must meet certain legal conditions before we can share your information for these purposes.

### **To comply with public health and safety mandates:**

- Preventing and assisting in the tracking of disease
- Reporting adverse reactions to medications and helping with product recalls
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **For research**

We can use or share your information to perform or assist in a systematic investigation, including research development, testing, and evaluation, designed to contribute to generalized knowledge.

### **To comply with the law**

We will share your information if state or federal law requires it, including with the US Department of Health and Human Services if it wants to ensure our compliance with federal privacy law.

### **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **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 including verifying health coverage, and conducting audits and surveys
- For special government functions such as military and national security

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative agency order, subpoena or formal investigative demand.

### **Our Responsibilities:**

- We are required by law to maintain the privacy and security of your health information, including using physical, administrative and technical safeguards to protect it.
- We are required to execute agreements with third-parties with whom we share PHI to ensure that the information will be used or disclosed only as permitted and necessary.
- We will promptly notify you if a breach occurs that may have compromised the privacy or security of your information.
- We must adhere to privacy practices described in this notice, provide you with a copy of the notice, and notify you if this notice changes.
- We will not use or share your information other than as described here unless you authorize it in writing. If you give us authorization you may change your mind at any time by notifying us in writing.

### **Changes to the Terms of this Notice**

We may change the terms of this notice from time to time, and the changes will apply to all information we have about you. The new notice will be available on our website.