



NOTICE OF PRIVACY PRACTICES

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 AND KEEP ON FILE FOR REFERENCE.

LEGAL OBLIGATIONS

South Dakota Farm Bureau Health Plans (“SDFBHP”) is required by law to maintain the privacy of all medical information within its organization; provide this notice of privacy practices to all members; inform members of its legal obligations; advise members of additional rights concerning their medical information; and to notify affected members following a breach of unsecured Protected Health Information (“PHI”). SDFBHP must follow the privacy practices contained in this notice from its **effective date of September 1, 2021**, and continue to do so until this notice is changed or replaced.

SDFBHP reserves the right to change its privacy practices and the terms of this notice at any time, provided applicable law permits the changes. Any changes made in these privacy practices will be effective for all medical information that is maintained including medical information created or received before the changes were made. All members will be notified of any changes by receiving a new notice of privacy practices.

You may request a copy of this notice of privacy practices at any time by contacting [Ryan D. Brown, SDFBHP, Chief Compliance and Privacy Officer, P.O. Box 1424, Columbia, TN 38402-1424].

AFFILIATED ENTITIES COVERED BY THIS NOTICE

This notice applies to the privacy practices of the following affiliated covered entities that may share your Protected Health Information as needed for the purposes of treatment, payment, and health care operations: SDFBHP, its subsidiaries and affiliated entities and Members Health Insurance Company (“MHIC”), its subsidiaries and affiliated entities.

USES AND DISCLOSURES OF MEDICAL INFORMATION

Your medical information may be used and disclosed for treatment, payment and health care operations. For example:

TREATMENT: Your medical information may be disclosed to a doctor or hospital that requests it to provide treatment to you or for disease and case management programs.

PAYMENT: Your medical information may be used or disclosed to pay claims for services which are covered under your health care coverage.

HEALTH CARE OPERATIONS: Your medical information may be used and disclosed to determine premiums, conduct quality assessment and improvement activities, to engage in care coordination or case management, to pursue Right of Recovery and Reimbursement/Subrogation, accreditation, conducting and arranging legal services, underwriting and rating, and for other administrative purposes.

AUTHORIZATIONS: You may provide written authorization to use your medical information or to disclose it to anyone for any purpose. You may revoke this authorization in writing at any time but this revocation will not affect any use or disclosure permitted by your authorization while it was in effect. SDFBHP cannot use or disclose your medical information for marketing purposes or make any disclosures of your medical information that could constitute a sale of Protected Health Information unless you give written authorization. If you authorize use or disclosure by SDFBHP of your medical information for marketing purposes, we must also disclose to you if SDFBHP receives payment for your

medical information. In the following limited circumstances, SDFBHP may use or disclose your medical information to a family member, relative or close personal friend: insofar as relevant to that person's involvement with your care or payment for health care; or to notify a family member, your personal representative or other responsible person of your location, general condition or death. Except as noted, unless you give written authorization, we cannot use or disclose your medical information, including psychotherapy notes, for any reason other than those described in this notice.

PERSONAL REPRESENTATIVE: Your medical information may be disclosed to you or a personal representative designated by you by completing a Personal Representative Form. A designated personal representative acting within the scope of his authority will be entitled to disclosure of your medical information as you would be. Subject to certain exceptions, we may treat the parent, guardian or other person acting in loco parentis of individuals and minors as personal representatives with respect to disclosure of medical information.

Your medical information may be disclosed without your authorization for the purposes or under the circumstances described below:

UNDERWRITING: Your medical information may be used and disclosed for underwriting, premium rating or other activities relating to the creation, renewal, or replacement of health care coverage or benefits. However, SDFBHP is prohibited from and cannot use or disclose your genetic medical information for underwriting purposes unless you apply for long term care coverage. If SDFBHP does not issue that health care coverage, your medical information will not be used or further disclosed for any purpose, except as required by law.

RESEARCH: Your medical information may be used or disclosed for research purposes provided that certain established measures to protect your privacy are in place.

HEALTH RELATED COMMUNICATIONS WITH YOU: Your medical information may be used to contact you with information about health-related benefits, services or treatment alternatives that may be of interest to you. Your medical information may be disclosed to a business associate to assist us in these activities. Unless the information is provided to you by a general newsletter, in person, or is for products or services of nominal value, you may opt-out of receiving further information by telling us.

AS REQUIRED BY LAW: Your medical information may be used or disclosed as required by state or federal law. For example, we will use and disclose your PHI to comply with workers' compensation laws, to public health authorities acting within their authority, and for law enforcement purposes. We will disclose your PHI when required by the Secretary of Health and Human Services and state regulatory authorities.

COURT OR ADMINISTRATIVE ORDER: Medical information may be disclosed in the course of judicial or administrative proceedings pursuant to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances.

MATTERS OF PUBLIC INTEREST: Medical information may be released to appropriate authorities under reasonable assumption that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. Medical information may be released to the extent necessary to avert a serious threat to your health or safety or to the health or safety of others. Medical information may be disclosed when necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody. Medical information may be disclosed for purposes of child abuse reporting.

MILITARY AUTHORITIES: Medical information of Armed Forces personnel may be disclosed to Military authorities under certain circumstances. Medical information may be disclosed to federal officials as required for lawful intelligence, counterintelligence, and other national security activities.

BUSINESS ASSOCIATES: From time to time we engage third parties to provide various services for us. Whenever an arrangement with such a third party involves the use or disclosure of your medical information, we will have a written contract with that third party designed to protect the privacy of your medical information. For example, we may share your information with business associates who process claims or conduct disease management programs on our behalf.

HEALTH PLAN SPONSORS: SDFBHP may disclose limited medical information to the sponsor of your health plan as

follows: summary health information may be disclosed to the plan sponsor for the purpose of obtaining bids for coverage under the plan, or modifying or terminating the plan; information limited to whether you are enrolled or disenrolled from a health insurance issuer offered by the plan; and for administrative functions related to the plan provided the sponsor makes certain certifications to us.

INDIVIDUAL RIGHTS

You have the following rights. To exercise these rights, you must make a written request on our standard form. To obtain the form, call the [SDFBHP Privacy Office at 931-560-0041.] Forms are also available at [www.fbhealthplans.com.]

ACCESS: You have the right to receive or review copies of your medical information, with limited exceptions. You may request a format other than photocopies, which will be used unless SDFBHP cannot practicably do so. Any request to obtain access to your medical information must be made in writing. You may obtain a form to request access by using the contact information at the end of this notice or you may send us a letter requesting access to the address located at the end of this notice. If you request copies, there may be a charge of \$6.50 for staff time to copy and prepare paper copies of your medical information for transmittal to you, as well as postage costs if you want the copies mailed to you. If your PHI is maintained in an electronic health record (“EHR”) you also have the right to request that an electronic copy be sent to you or to another individual or entity. The fee for providing an electronic copy may not be greater than our labor costs in responding to your request for such a copy, plus the cost of electronic media (e.g., CD or USB drive) provided if you request an electronic copy on portable media. If you request an alternative format, the charge will be cost-based for providing your medical information in that format. For a more detailed explanation of the fee structure, please contact our office using the information at the end of this notice. SDFBHP requires advance payment before copying your medical information.

ACCOUNTING: You have the right to receive an accounting of the disclosures of your medical information made by SDFBHP or by a business associate of SDFBHP. This accounting will list each disclosure that was made of your medical information for any reason other than treatment, payment, health care operations, and other than disclosures made to you or as authorized by you, or certain other disclosures (e.g., for national security or law enforcement purposes). The accounting will cover each disclosure made for six years prior to the date on which the accounting was requested (unless you request a shorter period of time). This accounting will include the date the disclosure was made, the name of the person or entity the disclosure was made to, a description of the medical information disclosed, the reason for the disclosure, and certain other information. If you request an accounting more than once in a 12-month period, there may be a reasonable cost-based charge for responding to these additional requests. For a more detailed explanation of the fee structure, please contact our office using the information at the end of this notice.

DESIGNATION OF PERSONAL REPRESENTATIVE: You have the right to designate a family member, friend or other person as your personal representative to whom your medical information may be disclosed. You may obtain a form to designate a personal representative by using the contact information at the end of this notice.

RESTRICTIONS ON DISCLOSURES: You have the right to request restrictions on SDFBHP’s use or disclosure of your medical information. Generally, SDFBHP is not required to agree to these additional requests. Any agreement to restrictions on the use and disclosure of your medical information must be in writing and signed by a person authorized to make such an agreement on behalf of SDFBHP; such restrictions shall not apply to disclosures made prior to granting the request for restrictions. SDFBHP will not be bound unless the agreement is so memorialized in writing. If SDFBHP agrees to the restriction, we may not use or disclose medical information in violation of the restriction except to disclose medical information to a health care provider to provide emergency treatment.

CONFIDENTIAL COMMUNICATIONS: You have the right to request confidential communications about your medical information by alternative means or alternative locations. You must inform SDFBHP that confidential communication by alternative means or to an alternative location is required to avoid endangering you. You must make your request in writing and you must state that the information could endanger you if it is not communicated by the alternative means or to the alternative location requested. SDFBHP must accommodate the request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under your health plan.

AMENDMENT: You have the right to request that SDFBHP amend your medical information. Your request must be in writing and it must explain why the information should be amended. If SDFBHP accepts the request, we will notify you the request is accepted. SDFBHP may deny your request if the medical information you seek to amend was not created by SDFBHP or for certain other reasons. If your request is denied, SDFBHP will provide a written explanation of the denial within 60 days. You may respond with a statement of disagreement to be appended to the information you wanted amended. If SDFBHP accepts your request to amend the information, SDFBHP will make reasonable efforts to inform others, including the people you name, of the amendment and to include the changes in any future disclosures of that information.

BREACH NOTIFICATION: You have the right to receive notice of a breach. We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breaches of unsecured Protected Health Information (PHI) as soon as possible, but in any event, no later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the PHI unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:

- A brief description of the breach, including the date of the breach and the date of its discovery, if known;
- A description of the type of unsecured PHI involved in the breach;
- Steps you should take to protect yourself from potential harm resulting from the breach;
- A brief description of the actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
- Contact information, including a toll-free telephone number, e-mail address, web site, or postal address to permit you to ask questions or obtain additional information.

In the event the breach involves 10 or more patients whose contact information is out of date we will post a notice of the breach on the home page of our web site or in a major print or broadcast media. If the breach involves more than 500 individuals in the state or jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 individuals, we are required to immediately notify the Secretary of Health and Human Services. We also are required to submit an annual report to the Secretary of Health and Human Services of a breach that involves less than 500 individuals during the year and we will maintain a written log of breaches involving less than 500 patients.

If you receive this notice on the SDFBHP web site or by any other electronic means, you may request a written copy of this notice by using the contact information at the end of this notice.

COMPLAINTS, QUESTIONS AND CONCERNS

If you want more information concerning SDFBHP's privacy practices or you have questions or concerns, please contact our Privacy Office.

You may complain to us by using the contact information below if you are concerned that: (1) SDFBHP has violated your privacy rights; (2) you disagree with a decision made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information; or (3) to request that SDFBHP communicate with you by alternative means or at alternative locations. You may also submit a written complaint to the U.S. Department of Health and Human Services. The address to file a complaint with the U.S. Department of Health and Human Services will be provided upon request.

SDFBHP supports your right to protect the privacy of your medical information. There will be no retaliation in any way if you choose to file a complaint with SDFBHP or with the U.S. Department of Health and Human Services.

Privacy Office
South Dakota Farm Bureau Health Plans
[P.O. Box 1424, Columbia, TN 38402-1424
Phone (931) 560-0041
E-mail: privacyoffice@fbhealthplans.com]