

**Verdegard Administrators, LLC (“the Plan”) is committed to protecting your health information and is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain the privacy of your medical information except as allowed or required by law.**

### **HIPAA Policy and Important Information**

This Notice of Privacy Practices is provided to you as required by law. It describes how the Plan may use or disclose your protected health information (PHI), with whom that information may be shared, and the safeguards the Plan has in place to protect it. This notice also describes your rights to access and amend your PHI. You have the right to approve or refuse the release of specific information outside of the Plan except when the release is required or authorized by law or regulation.

### **How the Plan May Use or Disclose Your Protected Health Information**

The following are examples of permitted uses and disclosures of your PHI. These examples are not exhaustive.

**Required Uses and Disclosures:** By law, the Plan must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. The Plan must also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of compliance with laws on the protection of your health information.

**Treatment:** The Plan will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, the Plan will disclose your PHI, as necessary, to a Provider who provides care to you.

**Payment:** Your PHI will be used, as needed, to make payment for your health care services. This may include certain activities the Plan might undertake before it approves or pays for the health care services recommended for you, such as determining eligibility or coverage for benefits.

**Health Care Operations:** The Plan may use or disclose, as needed, your PHI to support the daily activities related to health care. These activities include, but are not limited to: audits, investigations, communications about a product or service, and conducting or arranging for other health care related activities.

For example, the Plan will share your PHI with third-party “business associates” who perform various activities such as generating and mailing payments and explanation of benefits (EOB). The business associates will also be required to protect your health information.

### **Required By Law**

The Plan may use or disclose your PHI if law or regulation requires the use or disclosure.

### **Public Health**

The Plan may disclose your PHI to a public health authority that is permitted by law to collect or receive the information. The disclosure may be necessary to do the following:

- Prevent or control disease, injury, or disability;
- Report births and deaths;
- Report child abuse or neglect;
- Report reactions to medications or problems with products;
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or,
- Notify the appropriate government authority if your health plan believes a patient has been the victim of abuse, neglect, or domestic violence.

### **Health Oversight**

The Plan may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

### **Legal Proceedings**

The Plan may disclose PHI during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

### **Law Enforcement**

The Plan may disclose PHI for law enforcement purposes, including the following:

- Responses to legal proceedings;
- Information requests for identification and location;
- Circumstances pertaining to victims of a crime;
- Deaths suspected from criminal conduct;
- Crimes occurring at the office site of the Plan; or
- Medical emergencies believed to result from criminal conduct.

### **To Avert a Serious Threat to Health or Safety**

Under applicable Federal and State laws, the Plan may disclose your PHI if the Plan believes that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The Plan may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

### **Workers' Compensation**

The Plan may disclose your PHI to comply with workers' compensation laws and other similar legally established programs.

### **Disclosures by the Health Plan**

The Plan may also disclose your PHI. Examples of these disclosures include verifying your eligibility for health care and for enrollment in various health plan(s) and coordinating benefits for those who have other health insurance or are eligible for other government benefit programs. The Plan may use or disclose your PHI in appropriate healthcare sharing initiatives.

### **Parental Access**

Some state laws concerning minors permit or require disclosure of PHI to parents, guardians, and persons acting in a similar legal status. The Plan will act consistently with the law of the State where the treatment is provided and will make disclosures following such laws.

### **Uses and Disclosures of Protected Health Information Requiring Your Permission**

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your PHI. The following are examples in which your agreement or objection is required.

**Individuals Involved in Your Health Care:** The Plan may use or disclose PHI to notify or assist in notifying a family Member, personal representative, or any other person who is responsible for your care about your location, general condition, or death. Additionally, the Plan may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care. However, if you are able and available to agree or object, we will give you the opportunity to do so prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

**Your Rights Regarding Your Health Information**

You may exercise the following rights by submitting a written request to the Plan's Privacy Officer. Depending on your request, you may also have rights under the Privacy Act of 1974. The Plan's Privacy Officer can guide you in pursuing these options. Please be aware that the Plan might deny your request; however, you may seek a review of the denial.

**Right to Inspect and Copy:** You may inspect and obtain a copy of your PHI that is contained in a "designated record set" for as long as the Plan maintains the PHI. A designated record set contains medical and billing records and any other records that the Plan uses for making decisions about you. This right does not include inspection and copying of the following records:

- Psychotherapy notes;
- Information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and,
- PHI that is subject to law that prohibits access to PHI.

The Plan may charge a reasonable fee for the costs of producing and mailing or electronically sending the copies.

**Right to Request Restrictions:** You may ask the Plan not to use or disclose any part of your PHI for treatment, payment, or health care operations. Your request must be made in writing to the Plan's Privacy Officer where you wish the restriction instituted. Restrictions are not transferable across health plans or affiliated companies. If the restriction is to be throughout the Plan, the request may be made to the Plan's Privacy Officer. In your request, you must state:

- What information you want restricted;
- Whether you want to restrict our use, disclosure, or both;
- To whom you want the restriction to apply, for example, disclosures to your spouse; and,
- An expiration date.

If the Plan believes that the restriction is not in the best interest of either party, or the Plan cannot reasonably accommodate the request, the Plan is not required to agree. If the restriction is mutually agreed upon, the Plan will not use or disclose your PHI in violation of that restriction, unless it is needed to provide emergency treatment or is required by law. You may revoke a previously agreed upon restriction, at any time, in writing.

**Right to Request Confidential Communications:** You may request that the Plan communicate with you using alternative means or at an alternative location. The Plan will not ask you the reason for your request and will accommodate reasonable requests, when possible.

**Right to Request Amendment:** If you believe that the information the Plan has about you is incorrect or incomplete, you may request an amendment to your PHI as long as the Plan maintains this information. While the Plan will accept requests for amendment, the Plan is not required to agree to the amendment.

**Right to an Accounting of Disclosures:** You may request that the Plan provide you with an accounting of the disclosures it has made of your PHI. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after July 1, 2018 and no more than 6 years from the date of request. This right excludes disclosures made to you, to family Members or friends involved in your care, or for notification. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice.

**Right to Obtain a Copy of this Notice:** You may obtain a copy of this notice from the Plan or view it electronically at our website at [www.verdegard-hi.com/eutf](http://www.verdegard-hi.com/eutf).

**Changes to the Plan's Privacy Practices**

The Plan reserves the right to change the terms of this Notice of Privacy Practices and to make any new Notice provisions effective for all PHI that is maintained. If changes are made, an updated Notice of Privacy Practices will be posted on our website. You may request a copy of this Notice to be faxed or mailed to you at any time.

**Complaints**

If you believe your privacy rights have been violated, contact the Plan by phone at (808) 951-4643 or by mail to Verdegard Administrators, LLC Privacy Officer, 1440 Kapiolani Blvd., Suite 1000, Honolulu, HI 96814. If you are not satisfied with how the Plan handles your concern, 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., Room 509F HHH Building, Washington, D.C. 20201. No retaliation will occur against you for filing a complaint.

**Contact Information**

You may contact the Plan's Privacy Officer for more information about the complaint process, or for further explanation of this document. This notice is effective in its entirety as of July 1, 2024.

You may contact the Plan's Privacy Officer as follows:

Verdegard Administrators, LLC Privacy Officer  
1440 Kapiolani Boulevard, Suite 1000  
Honolulu, HI 96814  
Phone: (808) 951-4643  
Toll Free: (866) 437-1992