



# SAMBA Federal Employee Benefit Association

## NOTICE OF PRIVACY PRACTICES

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***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.***

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### Company Statement

The Special Agents Mutual Benefit Association (referred to as SAMBA in this document) recognizes the importance of protecting the privacy and security of the confidential personal information we maintain about you and your family in our files. It is our commitment to you that the personal information will remain confidential as explained in this notice. We will notify you in accordance with federal law following a breach of your unsecured protected health information.

SAMBA, as the carrier of the SAMBA Health Benefit Plan, the SAMBA Employee Health Benefit Plan, and the SAMBA Dental and Vision Plan, has formed an Organized Health Care Arrangement

(referred to as SAMBA OHCA, we, our, or us in this document). SAMBA has also structured itself as a hybrid entity. The health care related components are affiliated with SAMBA OHCA and the non-health care related components are affiliated with SAMBA's general office.

This notice applies to the privacy practices related to the SAMBA OHCA plans. As affiliated (related) entities, we may share your protected health information and the protected health information of your covered dependents as needed for our payment or health care operations purposes.

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### Definitions

**Contact** – SAMBA Privacy Official, 11301 Old Georgetown Road, Rockville, MD 20852; Telephone: (800) 638-6589, (301) 984-1440; TDD: (301) 984-4155; FAX: (301) 984-6224; E-mail: insurance@SambaPlans.com.

**Protected Health Information (PHI)** – Individually identifiable health information (communicated electronically, on paper or orally) that is created or received by covered health care entities that transmit or maintain information in any form.

**OPM** – U.S. Office of Personnel Management

**Rule** – The Privacy Rule issued by the **Secretary** under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended.

**Secretary** - The Secretary of the U.S. Department of Health and Human Services

**Website** - [www.SambaPlans.com](http://www.SambaPlans.com)

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### Our Legal Duty

We are required by **Rule** to maintain the privacy of PHI and to provide individuals with notice of our legal duties and privacy practices. The **Rule** requires that we abide by the terms of the notice currently in effect.

We reserve the right to change our privacy policies and practices and the terms of this notice at any time, as long as law permits the changes. This reserved right applies to all PHI that we maintain, including PHI

that we created or received before the changes were made. If we make a significant change in our privacy practices, we will change this notice and send the new notice to our plan members within 60 days of the effective date of the change.

You may request a copy of this notice at any time. Send your written request to the **Contact** or print a copy from our **Website**.

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### Uses and Disclosures

#### How We Use and Disclose Your Protected Health Information (PHI)

The **Rule** allows us to use and disclose your and your covered dependents' PHI for treatment, payment, or health care operations purposes and for certain other reasons. Here are examples of the major types of uses and disclosures we can make. These examples do not cover all possibilities. In this notice, we refer to your own PHI and your covered dependents' PHI as "your PHI".

**Treatment:** Although we do not provide health care, we may disclose your PHI to a health care provider if he or she tells us that this information is required for your medical care.

**Payment:** We use your PHI to determine your eligibility, make benefit pre-authorization decisions, and process your medical, dental, and pharmacy claims. We will follow our practice of sending Explanation of Benefit (EOB) statements and other payment-related correspondence to the enrollee, for example, the SAMBA member or employee, even if

the EOB concerns a dependent. We may request additional information from your doctor or hospital to support the medical necessity of the treatment that you or your dependent is receiving. This information may be in the form of all or part of your medical records pertaining to your medical claim or a letter from your provider outlining your treatment plan. We may disclose your PHI to other health plans for coordination of benefits purposes. We may disclose your PHI for our subrogation purposes. We may disclose your PHI to health care providers for their payment purposes. We may disclose your PHI to the **OPM** if you dispute a claim.

**Health Care Operations:** We use and disclose your PHI for our health care operations purposes, including:

- 1) Quality assessment and improvement activities;
- 2) Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, and conducting training programs;

- 3) Medical review, legal services, and auditing, including fraud and abuse detection and compliance, including disclosures to the **OPM** Inspector General;
- 4) Business planning and development; and
- 5) Business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified medical information or a limited data set.

We generally limit uses and disclosures for payment and health care operations purposes to the minimum necessary to achieve our purpose.

#### **Parties with Whom We May Share Information About You**

We share your PHI with our third party business associates, such as our prescription drug benefit manager, in order to provide for your coverage or services related to your coverage. We will have a written contract with each business associate containing provisions to protect your PHI.

We share enrollment information with SAMBA's general office and with federal government agencies. SAMBA's general office is entitled to use this information for our own membership purposes.

We share your PHI with **OPM** for its Federal Employees Health Benefits ("FEHB") Program Claims Data Warehouse (System of Records OPM Central – 18).

#### **When We May Share Your Information Without Your Authorization or Opportunity to Object**

We may disclose your PHI to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care. We may use or disclose your name, location, and general condition or death to notify or assist in the notification of (including identifying or locating) a person involved in your care. We may disclose necessary information to an authorized public or private entity (such as disaster relief agencies) that is coordinating such notification activities.

#### **If You Are Present and Able to Agree or Object to the Disclosure of Your PHI**

Before we disclose your PHI to a person involved in your health care or payment for your health care, we will provide you with an opportunity to object to such uses or disclosures if you are present. For example, if you are present with a representative who calls us on your behalf, we will ask to speak with you and obtain your permission before speaking with the representative about your PHI.

#### **If You Are Not Present or Able to Agree or Object to the Disclosure of Your PHI**

We may disclose only what is necessary to the person who is involved in your health care (such as a member of your family). We will limit these disclosures to claim status information unless you have or designate a personal representative following state law or submit an Authorized Representative form to us. You may request the Authorized Representative form from the **Contact** or print a copy from our **Website**.

#### **Other Instances When We May Share Your Information Without Authorization or Opportunity to Object**

**Required by Law:** We may disclose your PHI as required by law, but this information will be limited to only the relevant requirements of the law.

**Public Health:** We may disclose your PHI to a public health authority for the purposes of controlling disease, injury or disability.

**Health Oversight:** We may disclose your PHI to a health oversight agency, such as government agencies that oversee the health care system and government benefit programs, including the FEHBP.

**Food and Drug Administration (FDA):** We may disclose your PHI to the FDA to report adverse events, such as a product defect or recall.

**Legal Proceedings:** We may disclose your PHI if you are involved in a lawsuit or dispute. We may disclose your PHI in response to a subpoena, if it is accompanied by a court order; or if efforts have been made to tell you about the subpoena.

**Law Enforcement:** We may also disclose your PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include:

- 1) legal processes and as otherwise required by law;
- 2) limited information requests for identification and location purposes;
- 3) pertaining to victims of a crime;
- 4) suspicion that death has occurred as a result of criminal conduct; and
- 5) in the event that a crime occurs on our premises.

**Research:** We may disclose your PHI to researchers as long as the researchers have established protocols to ensure your privacy.

**Military Activity and National Security:** We may disclose your PHI if you are a member of the Armed Forces in order to determine your Department of Veterans Affairs benefit eligibility or for activities deemed necessary by appropriate military command authorities or in the interest of national security or intelligence.

**Workers' Compensation:** We may disclose your PHI to comply with workers' compensation laws.

**Secretary of HHS:** We must disclose your PHI to the **Secretary** to investigate or determine our compliance with the **Rule**.

Other uses and disclosures that have not been described in this notice will only be made with your written authorization. We will not use or disclose your PHI for marketing purposes or disclose your PHI in a manner that constitutes a sale of PHI without your written authorization. We have no plans to seek your written authorization for these purposes. You may authorize us to use or disclose your PHI for your own reasons. You will need to give us a completed Authorized Use and Disclosure form. If you give us an Authorized Use and Disclosure form, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect.

To request either the Authorized Use and Disclosure form or the Revocation Authorization form, use the **Contact**. Both forms may also be printed from our **Website**.

## Individual Rights

The following is a brief description of your rights with respect to your PHI and how you may exercise these rights. The individual who is the subject of the PHI has the right to use these rights unless he or she has a personal representative. In that case, the personal representative can use the rights. A personal representative for an adult or emancipated minor must be designated in accordance with state law (e.g., a power of attorney). The personal representative for an unemancipated minor is a parent, guardian or other person with authority to make health care decisions for the child. Parents and legal guardians generally are considered the personal representative of their unemancipated minor children except in certain circumstances described in the **Rule** that we must follow. Please inform us if you have an agreement with your child to respect his or her health care privacy. Except in certain states, a person is an adult at age 18 and entitled to their own privacy rights, even if they remain covered as a dependent child. We reserve the right to refuse to accept personal representative designations in certain circumstances described in the **Rule**. In this section, we use the word "you" to refer to the individual who is the subject of the PHI or his or her personal representative.

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### Explanation of Your Individual Rights

**Access:** An individual has the right to request to inspect and obtain a copy of their PHI in a designated record set, with limited exceptions. All requests must be made in writing to the **Contact**. The requested information will be provided in the form or format that is readily producible and agreed to by us and the individual. If the individual requests a copy or agrees to a summary or explanation of such information, then we may impose a reasonable cost-based fee for copying, including the cost of supplies and labor for copying, postage and preparing a summary or explanation.

If we deny the request for access to the PHI, then we will provide the individual with a written statement explaining the basis for the denial, a statement of the individual's review rights (if applicable) and a description how the individual may file a complaint with us or the **Secretary**.

**Accounting of Disclosures:** An individual has the right to request an accounting of disclosures of PHI for purposes other than those identified below. We will provide the date of the disclosure, the name of the person or entity to which the information was disclosed, a description of the PHI disclosed, the reason for the disclosure and certain other information.

The following are not included as part of accounting of disclosures:

- 1) Disclosures to an individual or an individual's personal representative;
- 2) Disclosures that the individual or his or her representative authorized;
- 3) Disclosures that were made to a person involved in your care;
- 4) Disclosures related to national security and intelligence;
- 5) Disclosures that were made for treatment, payment and health care operations;
- 6) Disclosure that we made to law enforcement officials or correctional institutions regarding inmates; and
- 7) Disclosures made before April 14, 2003.

There are certain instances where we may deny your request or temporarily suspend your right to an accounting.

We may impose a reasonable cost-based fee if you request more than one accounting for the same individual within the same 12-month period provided that we inform the individual in advance of the fees. No fee will be imposed for the initial request.

All requests are to be made in writing to the **Contact**. The request may be for disclosures made up to 6 years before the date of the request.

**Restriction Requests:** An individual has the right to request that we restrict the use and disclosure of their PHI. We generally are not required to agree to these restrictions, but if we do, we will abide by our agreement (except in an emergency).

Requests must be made in writing to the **Contact**. All requests must include (1) the information that is to be limited for use and disclosure; and (2) how you want the information limited for use and disclosure. We are permitted to end the agreement for a requested restriction by providing the individual with written notification.

**Confidential Communication:** An individual has the right to request the receipt of confidential communications of PHI by alternate means or locations if the individual clearly states that the disclosure of all or part of that information could endanger that individual. Requests must be made in writing to the **Contact**.

**Amendment:** An individual has the right to request that we amend their PHI held in a designated record set. The request must explain the reason why the information should be amended. We may deny the request if we did not create the information that is to be amended or for certain other reasons. If we deny the request, we will provide you with a written explanation. You may respond with a statement of disagreement to be appended to the information you want amended. If we grant the request to amend the information, then with the individual's agreement, we will notify relevant parties of the changes and to include the changes in any future disclosures of that information.

All requests for amendments are to be made in writing to the **Contact**.

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## General Information

**Complaints:** If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about your individual rights, you may file a complaint with the **Contact** or with the **Secretary**. All complaints are taken seriously and each is handled with the utmost confidentiality. We will not retaliate in any way if you choose to file a complaint.

**Questions:** If you would like more information about our privacy practices or have other questions or concerns, please notify the **Contact**.

**Effective Date:** This notice, and all information included in this notice, is effective as of May 1, 2013, and will remain in effect until such time that we change it.

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## **Contact**

**Special Agents Mutual Benefit Association  
Attn: SAMBA Privacy Official  
11301 Old Georgetown Road  
Rockville, MD 20852**

**Telephone: (800) 638-6589, (301) 984-1440  
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