

## NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

---

*This Notice describes how health information about you may be used or disclosed by CEBT and how you can get this information. Please review this Notice carefully.*

---

If you have questions or need further information about this Notice, you should call CEBT's Privacy Officer at (303) 773-1373.

The effective date of this Notice is April 14, 2003.

CEBT is required by law to maintain the privacy of your health information and to provide you with this Notice of its legal duties and privacy practices. CEBT is required to abide by the terms of this Notice while it is in effect. CEBT can change any part of this Notice and apply the new Notice to health information we already have and that we receive in the future. We will make a copy of the current Notice available to you when you enroll. You have a right to obtain a paper copy of this Notice whenever you request one. You can also read this notice on our website.

We may be required or may need to release health information about you in the following circumstances:

1. **Treatment:** We will release health information about you to health care professionals who are providing you treatment. For example, a doctor or nurse would need to know if you have diabetes because diabetes can slow healing. We may also give information about you to a doctor treating you at another location.
2. **Payment:** We will use health information about you in seeking payment for the care you receive. For example, we may need to give information about the services you received to a billing company.
3. **Health Care Operations:** We will use health information about you to assist us in running our health benefits practice. For example, we may review information about treatments you receive in order to evaluate the benefits we offer.
4. **Information about Benefits:** We will mail you information about additional benefits and services unless you tell us not to.
5. **Required by Law:** We will disclose information about you to local, state, or federal officials if required to do so.
6. **Preventing Serious Threats to Your Health:** We may need to use your health information to protect you or others from a serious risk of harm.
7. **Military:** If you are, or were, a member of the armed forces, we may release health information about you as directed by military authorities or the Department of Veterans Affairs.

8. **Workers' Compensation:** We may release your health information as required by workers' compensation or similar programs that provide treatment and benefits to injured workers.

9. **Public Health Risks:** We may be required or may need to release your health information: 1) to prevent or control disease; 2) to report births or deaths; 3) to report reactions or other problems with medicines or medical products; 4) to notify you about drug recalls; 5) to notify you that you may have been exposed to a contagious disease or may be at risk for getting or spreading a disease; or 6) to notify authorities that you have been the victim of abuse, neglect, or domestic violence.

10. **Health Oversight:** We may be required to release your health information to an agency conducting an audit, investigation, inspection, or certification.

11. **Lawsuits:** We may release health information about you in response to a court order, such as a subpoena. Before we did so, we would try to let you know about the order so that you may seek court protection from it if you wish to do so.

12. **Law Enforcement:** We may be required to release your health information on the order of a law enforcement officer; to identify a suspect, fugitive, witness or missing person; to report that you have been the victim of a crime; to report an injury or death that we believe may have been caused by criminal conduct; or, in an emergency, to report a crime.

13. **Coroners, Health Examiners, and Funeral Directors:** We may release your health information to these professionals in the course of their duties.

#### **YOU HAVE THE FOLLOWING RIGHTS:**

1. You have the right to inspect and copy your own health information that we keep on file, including treatment and billing records, but not psychotherapy notes. To inspect or copy your health information, you need to fill out a form we will give you and submit it to our Privacy Officer. We may charge you a fee for copying your records. We may also deny your request in some very limited circumstances. You may then have a right to have our decision reviewed by a licensed health care professional.

2. You may ask us to amend your health information by filling out a form we will give you and submitting it to our Privacy Officer. In limited circumstances, we may deny your request.

3. You may request a list of the times we disclosed your health information by filling out a form we will give you and submitting it to our Privacy Officer. Your request cannot include information from before April 14, 2003. We will give you one list each twelve months for free if you request it. We may charge you a fee for additional lists. If you make a request, we will mail you a list within 60 days, although we will try to get it to you within 30 days.

4. You may request that we not to disclose your health information to someone involved in your care or in paying for your care. We will give you a form to fill out and submit to our Privacy Officer. Although we will try to comply with your request, we are not required to do so. We will also release your health information to anyone who needs to take care of you in an emergency.

5. You can let us know if you want us to contact you at a particular place or phone number. We will comply with your request if we can.

6. You can file a written complaint with our Privacy Officer if you feel we have violated the rights explained in this Notice. You may also file a complaint with the Secretary of the United States Department of Health and Human Services. **WE WILL NOT PUNISH YOU OR TREAT YOU DIFFERENTLY IF YOU FILE A COMPLAINT.**

---

*We will not release your health information in a way not listed in this Notice without your permission. If you give us your permission to release your health information, you can withdraw your permission, in writing, at any time. We cannot, however, take back any information that we released before you withdrew your permission.*

---