

**HEALTH BENEFIT PLAN
FOR MEMBERS OF THE KANSAS BANKERS ASSOCIATION
NOTICE OF PRIVACY PRACTICES**

Effective August 1, 2014

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.

PURPOSE OF THE NOTICE OF PRIVACY PRACTICES

We provide this Notice of Privacy Practices (“Notice”) to you to describe how we may use and disclose your protected health information for purposes of payment or health care operations, and for other purposes that are permitted or required by law. This Notice also describes your rights with respect to your protected health information and how you can exercise those rights. We do so consistent with the Health Insurance Portability and Accountability Act of 1996, and its regulations (the “Privacy Rule”). Throughout this document, the terms “you” or “your” refer to each individual who is covered by the Plan. The terms “we,” “us,” and “our” refer to the Plan. “Protected health information” or “PHI” is individually identifiable health information relating to your past, present, or future physical or mental health, treatment, or payment for health care.

HOW WE USE AND DISCLOSE YOUR PHI

We use and disclose your PHI for the following purposes:

For Treatment: We may use and disclose your PHI for the coordination or management of your health care and related services with your health care providers. For example, we may disclose your PHI to your health care provider to assist in the provider’s development of an appropriate treatment plan for you.

For Payment: We may use and disclose your PHI to determine eligibility for benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility, to coordinate benefits, to manage claims, to obtain payment under a contract of reinsurance, or to collect premiums. For example, we may use PHI in the form of your medical history from your provider to determine whether a particular treatment is medically necessary, or to determine whether a treatment is covered. Other examples include disclosure of information to a third party to assist with the subrogation of claims, or to another plan to coordinate benefit payments.

For Health Care Operations: We may use and disclose your PHI in connection with our health care operations, including quality assessment, customer service, legal and auditing functions, fraud and abuse detection and compliance programs, business planning and development, and general administrative activities. For example, we may share your PHI with a private investigator to help detect potential fraud or abuse. To the extent that we use or disclose your PHI for underwriting purposes, however, we are prohibited from using or disclosing any of your genetic information for such purposes.

To Your Personal Representative: We may disclose your PHI to your personal representative. A person is your personal representative only if he or she has legal authority to act on your behalf in making decisions related to health care. We may require your personal representative to produce evidence of his or her authority to act on your behalf. We may choose not to recognize a person as your personal representative if we have a reasonable belief that treating that person as your personal representative could put you in danger and we decide that it is not in your best interest to treat him or her as such. In the event of your death, we will treat an executor, administrator, or other person authorized under the law to act on behalf of you or your estate, as your personal representative.

To Others Involved in Your Care: Unless you object, we may disclose your PHI to a member of your family, a relative, a close friend, or any other person you identify, who is involved in your care or the payment for your care. We will disclose only PHI that directly relates to that person's involvement in your care or payment for care. If you are not present, or in the event of your incapacity or an emergency, we may disclose your PHI based on our professional judgment of whether the disclosure would be in your best interest. Additionally, we 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, of your location, general condition, or death. We may also use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts.

Following your death, we may disclose your PHI to family members and others who, prior to your death, were involved in the care or payment for care provided to you, unless doing so would be inconsistent with any prior expressed preference of yours that is known to us.

For the Public Interest: We may disclose your PHI, to the extent the disclosure is:

- Required by law;
- Pursuant to a state or other law that requires a school to have proof of immunization prior to admitting a student;
- Pursuant to a judicial or administrative order;
- Pursuant to a subpoena, discovery request, or other lawful process, provided we obtain satisfactory assurances that reasonable efforts have been made to either notify you of the request or to obtain a protective order;
- To a public health authority, for the purpose of controlling disease, reporting vital statistics, the conduct of public health investigations, or reporting child abuse or neglect;
- To a governmental authority, for the purpose of reporting suspected abuse, neglect, or domestic violence;
- To a health oversight agency, for purposes of oversight activities authorized by law, including audits, investigations, inspections, licensure, and disciplinary actions;
- To law enforcement officials for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, or if you are suspected to be a victim of a crime;
- To a coroner or medical examiner, for purposes of identification or to determine cause of death;
- To funeral directors, as necessary to carry out their duties with respect to a decedent;
- To organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation or transplantation;

- To prevent serious threats to health or safety;
- To military command authorities to assure the proper execution of a military mission;
- To authorized federal officials for national security and intelligence activities;
- For protective services for the President and others;
- To correctional institutions and law enforcement officials if you are an inmate or in custody, for purposes of the health and safety of you and others; and
- To comply with laws relating to workers' compensation or other similar programs.

For Required Uses and Disclosures: Under the law, we must disclose your PHI to you when you request it as part of your right to inspect and copy or your right to receive a list of disclosures. We also must disclose your PHI when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Privacy Rule.

To the KBA or KBA Insurance, Inc.: We may share PHI with the Kansas Bankers Association (the "KBA") or KBA Insurance, Inc. for purposes of obtaining premium bids from other health plans or modifying, amending, or terminating the Plan. We may also disclose PHI to KBA Insurance, Inc. to carry out plan administration functions, but only if KBA Insurance, Inc. certifies that the plan documents have been amended to establish the permitted and required uses and disclosures of such information by KBA Insurance, Inc. We may not disclose PHI to the KBA or KBA Insurance, Inc. for any employment-related actions or decisions, or in connection with any other benefit or employee benefit plan of the KBA.

For Fundraising Purposes: We may use or disclose to a business associate or to an institutionally related foundation certain PHI for the purpose of fundraising without your authorization if certain conditions are met. Specifically, with each fundraising communication made to you, we must provide you with a clear and conspicuous opportunity to opt out of receiving any further fundraising communications.

With Your Authorization: We may not use or disclose your PHI other than as described in this Notice unless we have your written authorization. For example, we may not use or disclose your PHI when it relates to psychotherapy notes or for marketing purposes without your written authorization. We also must obtain your written authorization before making any disclosure of PHI that constitutes a sale of PHI. You may revoke an authorization at any time in writing, except to the extent that we have taken action in reliance on the authorization.

YOUR INDIVIDUAL RIGHTS

You have certain rights with respect to the PHI that we maintain about you. These are:

Right to request restrictions: You have the right to request that we not use or disclose any part of your PHI. You also have the right to request that any part of your PHI not be disclosed to family members or friends who may be involved in your care. We are not required to agree to a restriction that you request. If we do agree to the requested restriction, we will not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment to you. You must send a request in writing to us, and tell us what PHI you want restricted and to whom the restriction applies.

Right to receive confidential communications: You have the right to request that we communicate with you regarding your PHI by alternative means or at alternative locations. We will accommodate reasonable requests if you tell us that the disclosure of all or part of that information could put you in danger. You must send a request in writing to us, and tell us what alternative method of contact or address you want us to use.

Right to inspect and copy: You have the right to inspect and obtain either a paper or electronic copy of PHI about you that is contained in a designated record set. A “designated record set” includes the enrollment, medical, and payment records and any other records that we use for making decisions about you. We may charge a reasonable fee for copying and postage. This right does not apply to psychotherapy notes or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. If we deny your request, you may have a right to have this decision reviewed by an independent health care professional chosen by us. You must send a request in writing to us, and tell us what PHI you are requesting and in what format you would like to receive it. In most cases, we will provide the requested information within 30 days. An additional 30-day extension may be necessary if the information is maintained offsite or where other constraints prevent us from providing the requested information within 30 days. In all situations in which we are unable to provide the requested information within 30 days, we will notify you in writing of the reasons for the delay and the date by which we expect to fulfill your request.

Right to amend: You have the right to request an amendment of your PHI in a designated record set if you believe it is incomplete or incorrect. We may deny your request if we determine that the PHI or record that is the subject of the request was not created by us, would not be available for inspection, or is accurate and complete. In most cases, we will act upon your request within 60 days. If we deny your request, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. You must send a request in writing to us, and tell us the reason for your request.

Right to receive a list of disclosures: You have the right to request a list of disclosures of your PHI that we have made. This right does not apply to disclosures we have made for purposes related to treatment, payment or health care operations, disclosures we have made to you, to family members or friends involved in your care, or to a personal representative, or any disclosures you have specifically authorized. This right is limited to disclosures that occur after April 14, 2003, and for a specified period of time up to six years. In most cases, we will act upon your request within 60 days. If you make more than one request in a 12-month period, we may charge you a reasonable fee for responding to the additional requests. You must send a request in writing to us, and tell us the time period and format in which you want the list.

Right to obtain a copy of this Notice: You have the right to obtain an additional paper copy of this Notice upon request.

OUR LEGAL DUTIES REGARDING YOUR PHI

We are required by law to maintain the privacy of your PHI and give you this Notice of our legal duties and privacy practices. We are required to notify you following any breach of your unsecured PHI.

We are required to follow the terms of the Notice that is currently in effect. We reserve the right to change the terms of our Notice at any time, and to make the new notice provisions effective for all PHI that we maintain, including PHI created or received prior to the effective date of the revision. We will distribute a revised Notice of Privacy Practices to you within 60 days if there is a material change in our privacy practices.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with us. You may also file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services, 601 East 12th Street, Room 248, Kansas City, Missouri 64106. We will not retaliate against you for filing a complaint.

CONTACT

You may contact the Privacy Officer for further information about the complaint process, or for further information about matters covered by this Notice. The Privacy Officer can be reached by mail at Becky Iams, Privacy Officer, KBA Insurance, Inc., P.O. Box 4407, Topeka, KS 66604-0407; by e-mail at biam@ksbankers.com; or by phone at (785) 232-3444.