

**BI-STATE DEVELOPMENT**  
**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.**

The Health Insurance Portability and Accountability Act of 1996 and the regulations thereunder (“HIPAA”) require a health plan to notify participants about its privacy policies and procedures with respect to participants’ health information. This document is intended to satisfy HIPAA’s notice requirement.

This notice is effective as of September 1, 2023. If you have any questions about this notice, please contact:

Director of Benefits  
Bi-State Development  
211 North Broadway, Suite 700  
St. Louis, Missouri 63102-2759  
314-982-1400 ext. 3006

Bi-State Development and its Affiliates (the “Employer”) maintain the Bi-State Development Health Plan and the Bi-State Development Employee Assistance Program (individually and collectively referred to as the “Plan” and the “Plans” throughout this notice). The Plans have authorized certain employees of the Employer to have access to your health information (referred to as “employees with access”), so that they may perform certain administrative functions for the Plans. These administrative functions—treatment, payment, and health care operations—are described below. Employees with access also may use and disclose your health information for other purposes, which are outlined in this notice.

Third party “business associates” that perform various services for the Plans also may have access to your health information. However, the Plans’ business associates have agreed to safeguard your health information in accordance with HIPAA.

This notice will tell you about the ways in which employees with access to your health information and the Plans’ business associates may use and disclose such information. It also describes the Plans’ obligations and your rights regarding the use and disclosure of your health information.

The Plans are required by HIPAA to:

- make sure that your health information is kept private;
- give you this notice of the Plans’ legal duties and privacy practices with respect to your health information; and
- follow the terms of the notice that is currently in effect.

The Plans also are required to designate a Privacy Officer who is responsible for the development and implementation of the Plans’ Privacy Policies and Procedures. The Plans have designated the Director of Benefits as the Privacy Officer. The Privacy Officer may be contacted as follows:

Director of Benefits  
Bi-State Development  
211North Broadway  
St. Louis, Missouri 63102-2759  
314-982-1400 ext. 3006

## **How Employees With Access and Business Associates May Use and Disclose Your Health Information**

The following categories describe different ways in which employees with access and the Plans' business associates are permitted or required to use and disclose your health information. Not every use or disclosure in a category will be listed.

**For Treatment.** Employees with access and business associates may use and disclose your health information to facilitate medical treatment or services by health care providers. For example, if you are unable to provide your medical history as the result of an accident, a business associate may advise an emergency room physician about the types of prescription drugs you currently take.

**For Payment.** Employees with access and business associates may use and disclose your health information to make coverage determinations and payment in accordance with the terms of the Plan (this includes billing, claims management, subrogation, reviews for medical necessity and appropriateness of care, utilization review and preauthorization). For example, a business associate may tell your health care provider whether you are eligible for Plan coverage. Also, your health information may be shared with another health plan to coordinate benefit payments. Members of the Plan's Claims Review Committee will have access to any of your health information that is relevant to an appeal you file under the Plan.

**For Health Care Operations.** Employees with access and business associates may use and disclose your health information to enable the Plan to operate or to operate more efficiently. This includes: conducting quality assessment and improvement activities, submitting claims for stop-loss coverage, determining employee contributions, conducting or arranging for medical review, legal services, and audit services, disease management, case management, planning and development and general Plan administrative activities. For example, the Plan may use your claims information to refer you to a disease management program, project future benefit costs, or audit the accuracy of its claims processing functions. In addition, the Plan may contact you to provide you information about treatment alternatives or other health-related benefits that may be of interest to you.

### **Other Permitted Uses and Disclosures.**

- The Plan may be required by law to disclose your health information.
- The Plan will make your health information available to you, and to the Secretary of the Department of Health and Human Services for purposes of HIPAA enforcement.
- Your health information may be disclosed to a public health agency. This may include disclosing your health information to report certain diseases, death, abuse, neglect or domestic violence or reporting information to the Food and Drug Administration, if you experience an adverse reaction from any of the drugs, supplies or equipment that are involved in your care.
- Your health information may be disclosed to government agencies so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.
- Your health information may be disclosed as authorized by law to comply with workers' compensation laws.
- Your health information may be disclosed in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized); and in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- Your health information may be disclosed to law enforcement officials to report or prevent a crime, locate or identify a suspect, fugitive or material witness or assist a victim of a crime.
- Your health information may be used or disclosed to avert a serious threat to health or safety if the use or disclosure is necessary to prevent a serious and imminent threat to the health or safety of a person or to the public, and is disclosed to a person who is reasonably able to prevent or lessen the threat, including the target of the threat.

- Your health information may be used or disclosed for limited research purposes, provided that a waiver of the authorization required by HIPAA has been approved by an appropriate privacy board.
- If you are a member of the armed forces, the Plan may disclose your health information as required by military command authorities or to evaluate your eligibility for veteran's benefits. The Plan also may disclose health information about foreign military personnel to the appropriate foreign military authority.
- Your health information may be disclosed to coroners, health examiners and funeral directors so that they can carry out their duties or for purposes of identification or determining cause of death.
- Your health information may be disclosed to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.
- The Plan may disclose your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may release your health information to the correctional institution or law enforcement official.
- Your health information may be disclosed to your spouse, a family member or a close personal friend if the health information is directly relevant to your spouse's, family member's or close personal friend's involvement with payment related to your health care.

**Pursuant to an Authorization.** The following uses and disclosures of your Protected Health Information will only be made with your written authorization:

- Uses and disclosures of psychotherapy notes
- Disclosures that constitute a sale of your protected health information
- Uses and disclosures of your protected health information for marketing purposes
- Uses and disclosures of your protected health information beyond the uses and disclosures described in this notice

If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer. Disclosures that were made in reliance on your authorization before you revoked it will not be affected by the revocation.

### **Your Rights With Respect to Your Health Information**

You have the following rights with respect to your health information:

**Right to Inspect and Copy.** You have the right to inspect and copy your coverage, payment and claims record and other health information used by the Plan to make benefit determinations about you. To inspect and copy such information, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

The Plan may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information, you may file a complaint regarding the denial.

**Right to an electronic copy of electronic medical records.** If your protected health information is maintained in an electronic format (known as an electronic medical record or electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form or format that you request, if it is readily producible in such form or format. If the protected health information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a reasonable hard copy format. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured protected health information.

**Right to Amend.** You have the right to request that the Plan amend your coverage, payment and claims record and other health information used by the Plan to make benefit determinations about you. You have the right to request an amendment for as long as the information is maintained by or for the Plan.

To request an amendment, you must submit your request in writing to the Privacy Officer. In addition, you must provide a reason that supports your request.

If your request is denied in whole or in part, the Plan will provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosure of your health information.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting” of the Plan’s disclosures of your health information during a time period which may be no longer than six years prior to the date of your request. There are exceptions to the types of disclosures for which the Plan is required to account. For example, the Plan is not required to give you an accounting of disclosures of your health information for purposes of treatment, payment or health care operations, and is not required to account for disclosures made prior to April 14, 2003.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request should indicate in what form you want the accounting (for example, paper or electronic). The first accounting you request within a 12 month period will be free. For additional accountings, the Plan may charge you for the costs of providing the accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction on the health information that the Plan may use or disclose about you for treatment, payment or health care operations, or that the Plan may disclose to your spouse, a family member or a close personal friend who is involved with payment related to your health care.

We are not required to agree to your request.

Requests for restrictions must be made in writing to the Privacy Officer. In your request, you must provide: (1) what information you want to restrict; (2) whether you want to restrict use, disclosure or both; and (3) to whom you want the restrictions to apply.

**Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you in a certain way or at a certain location, such as only at work or by mail.

Requests for confidential communications must be made in writing to the Privacy Officer. The Plan will attempt to honor all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

You also may obtain a copy of this notice on our Metro Web Intranet site.

### **Changes to This Notice**

The Plan reserves the right to change the terms of this notice. The Plan reserves the right to make the revised notice effective with respect to all of your health information already maintained by the Plan, as well as any of your health information maintained by the Plan in the future. In the event of a material change to the notice, a revised version of the notice will be provided by mail.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact the Director of Benefits listed at the beginning of this notice. All complaints must be submitted in writing.

You will not be retaliated against for filing a complaint.