



NOTICE OF PRIVACY PRACTICES

Privacy Policy Information - Participant Contacts

The Motion Picture Industry Health Plan (MPIHP) has designated its HIPAA Compliance Officer, Lori Brogin, as its contact for all issues regarding patient privacy and your privacy rights. Ms. Brogin may be contacted by phone at (855) 275-4674, ext. 2602, by e-mail at lbrogin@mpiphp.org or by mail at the following address:

Lori Brogin
HIPAA Compliance Officer
MPIHP
P.O. Box 1999, Studio City, CA 91614-0999

For all other health-related issues, contact the Participant Services Center at (855) ASK-4MPI, or by mail:

MPIHP
P.O. Box 1999
Studio City, CA 91614-0999

Duties of the Health Plan

The Motion Picture Industry Health Plan (MPIHP) is required by law to maintain the privacy of your health information as set forth in this HIPAA Privacy Notice, and to provide to you this notice of its duties and privacy practices. MPIHP is required to abide by the terms of this notice, which may be amended from time to time. MPIHP also reserves the right to change the terms of this notice and to make new provisions effective for all health information it maintains.

If MPIHP changes its policies and procedures, it will revise its HIPAA Privacy Notice and provide a copy of the revised notice to you within 60 days of the change. You have the right to express complaints to MPIHP and to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. MPIHP encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. Any complaints to MPIHP should be made via e-mail to lbrogin@mpiphp.org or by mail to:

Lori Brogin
HIPAA Compliance Officer
MPIHP
P.O. Box 1999
Studio City, CA 91614-0999

HIPAA Privacy Notice

Protection of your private health information has always been an extremely important aspect of the comprehensive services provided to participants by the Motion Picture Industry Health Plan.

We are pleased to provide you with a HIPAA Privacy Notice that describes your rights regarding your individually identifiable health information, effective September 23, 2013.

This HIPAA Privacy Notice details the Motion Picture Industry Health Plan's (MPIHP) practices and will govern its actions to guard you against unnecessary use and disclosure of your personal information. The policy and practices have been written to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act of 2009, the Genetic Information Nondiscrimination Act and regulations issued under these statutes.

This very detailed policy clearly defines acceptable circumstances for disclosure of personal participant health information, while still allowing MPIHP necessary access for business operations. Obviously, in order to provide your coverage and services, MPIHP staff must have day-to-day access to your health information. Without it, MPIHP could not complete quality-assessment and improvement activities or develop clinical guidelines and protocols, for example. Third parties must have operational access to your information as well, or MPIHP could not make payments to providers and other health plans.

Information Disclosure

Other than those specifically identified operational situations listed in this HIPAA Privacy Notice, however, MPIHP will not disclose your health information without your written authorization. Necessary forms may be requested by phone or mail or may be obtained at www.mpiphp.org.

In addition to confidentiality practices, this policy also spells out your rights to access and restrict use of your health information. It identifies steps you can take to review your personal information and to request amendments, as well as receive an accounting or copies of certain disclosures of your health information that MPIHP is required to keep. MPIHP hopes you will take the time to carefully review all the details included in this HIPAA Privacy Notice. It is important for you to understand how your information is being used and protected.

Questions About Privacy & Your Rights

If you have any questions regarding patient privacy and your privacy rights, please contact MPIHP's HIPAA Compliance Officer, Lori Brogin. Ms. Brogin can be reached by mail at MPIHP, P.O. Box 1999, Studio City, CA 91614-0999, or by e-mail at lbrogin@mpiphp.org. You may reach her by phone at (855) 275-4674, ext. 2602.

MPIHP values its participants' trust and is committed to responsible management, use and protection of your personal information. Of course, all health plans must, by nature of the business, collect a certain amount of personal information to service their customers and administer business for them. This notice of MPIHP's current policy and practices regarding use and disclosure of your confidential information is meant to assure you of the safekeeping of that information. It also spells out your rights with respect to your own health information. MPIHP encourages you to read this information thoroughly and keep it with your Summary Plan Description for future reference. Contact MPIHP's office if you have any questions or concerns. MPIHP offers many communication options for your convenience, including mail, e-mail, phone and fax. Contact information is listed on page 2 of this document.

Use and Disclosure of Health Information

The Motion Picture Industry Health Plan (MPIHP) may use your “health information” for purposes of making or obtaining payment for your care and conducting health care operations. “Health information” refers to protected, personally identifiable information as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). This policy is established to guard against unnecessary disclosure of your personal health information.

The following is a summary of the circumstances under which and purposes for which your health information may be used and disclosed.

To Make or Obtain Payment

MPIHP may use or disclose your health information to make payment to or collect payment from third parties, such as other health plans or providers, for the care you receive. For example, MPIHP may provide information regarding your coverage or health care treatment to other health plans in order to coordinate payment of benefits.

To Conduct Health Care Operations

MPIHP may use or disclose health information for its own operations to facilitate the administration of MPIHP, and as necessary to provide coverage and services to all of its participants. Health care operations include such activities as:

- Quality-assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Clinical-guideline and protocol development, case management and care coordination.
- Contacting health care providers and participants with information about treatment alternatives and other related functions.
- Health care professional competence or qualifications reviews and performance evaluations.
- Accreditation, certification, licensing or credentialing activities.
- Underwriting, premium rating or related functions to create, renew or replace health insurance or health benefits, provided, however, that MPIHP is prohibited from using or disclosing protected health information that is genetic information about an individual for underwriting purposes.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development, including cost-management and planning-related analyses and formulary development.
- Business management and general administrative activities of MPIHP, including customer service and resolution of internal grievances.

For example, MPIHP may use your health information to conduct case management, quality improvement and utilization review, and provider credentialing activities, or to engage in customer service and grievance resolution activities.

For Distribution of Health-Related Benefits and Services

MPIHP may use or disclose your health information to provide to you information on health-related benefits and services that may be of interest to you.

For Disclosure to the Plan Sponsor

MPIHP may disclose your health information to the Plan Sponsor (Plan Directors) for plan administration functions performed by them on behalf of MPIHP. In addition, MPIHP may provide summary health information to the Plan Sponsor so that they may solicit premium bids from health insurers or modify, amend or terminate the Plan. MPIHP also may disclose to the Plan Sponsor information on whether you are participating in MPIHP.

When Legally Required

MPIHP will disclose your health information when it is required to do so by any federal, state or local law.

- **To Conduct Health Oversight Activities:**

MPIHP may disclose your health information to a health-oversight agency for authorized activities, including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. MPIHP, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

- **In Connection with Judicial and Administrative Proceedings:**

As permitted or required by state law, MPIHP may disclose your health information in the course of any juridical or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order, or in response to a subpoena, discovery request or other lawful process. This will be permitted when MPIHP receives satisfactory assurance from the party seeking the information that reasonable efforts have been made either to notify you about the request or to obtain an order protecting your health information.

- **For Law Enforcement Purposes:**

As permitted or required by state law, MPIHP may disclose your health information to a law enforcement official for certain law enforcement purposes, including, but not limited to, circumstances where MPIHP has a suspicion that your death was the result of criminal conduct, or in an emergency, to report a crime.

- **In the Event of a Serious Threat to Health or Safety:**

MPIHP may, consistent with applicable law and ethical standards of conduct, disclose your health information if MPIHP, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety, or to the health and safety of the public.

- **For Specified Government Functions:**

In certain circumstances, federal regulations require MPIHP to use or disclose your health information to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the President of the United States and others, and correctional institutions and inmates.

- **For Worker's Compensation:**

MPIHP may release your health information to the extent necessary to comply with laws related to Worker's Compensation or similar programs.

We hope you will take the time to carefully review this HIPAA Privacy Notice. It is important for you to understand how your information is being used and protected.

Authorization To Use or Disclose Health Information

Other than as stated above, MPIHP will not disclose your health information other than with your written authorization. Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require authorization. If you authorize MPIHP to use or disclose your health information, you may revoke that authorization in writing at any time.

Your Rights Regarding Your Health Information

The information in this section defines your rights regarding your personal health information maintained by the Motion Picture Industry Health Plan (MPIHP). Please review this information carefully and note the forms available to help you with your requests. To obtain those forms or any additional information, contact MPIHP in one of the following ways.

E-Mail: service@mpihp.org

Phone: Call toll-free (855) ASK-4MPI

Fax: (818) 766-1229 (CA)

Website: www.mpihp.org

By Mail: MPIHPP.O. Box 1999 Studio City, CA 91614-0999

Right to Request Restrictions

You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on MPIHP's disclosure of your health information to someone involved in the payment of your care. However, MPIHP is not required to agree to your request.

If you wish to make a request for restrictions, you must do so in writing. To make a request, MPIHP recommends that participants complete and submit a Request for Restrictions on Use and/or Disclosure of Protected Health Information form; this form is available on MPIHP's website.

Right to Receive Confidential Communications

You have the right to request that MPIHP communicate with you by a certain method if you feel the disclosure of your health information by some other method could endanger you. For example, you may ask that MPIHP communicate with you only at a certain telephone number or only by e-mail. If you wish to receive confidential communications, you must submit a written request. To make a request, MPIHP recommends that participants complete and submit a Participant Request for Confidential Communications form; this form is available on MPIHP's website.

Right to Copy and Inspect Your Health Information

You have the right to inspect and copy your health information. A request to inspect and copy records containing your health information must be made in writing. To make a request, MPIHP recommends that participants complete and submit a Request for Access to Protected Health Information form; this form is available on MPIHP's website.

If you request a copy of your health information, MPIHP may charge a reasonable fee for copying, assembling costs and postage associated with your request.

Right to a Notice of Breach of Unsecured Protected Health Information

You have the right to be notified following a breach of unsecured protected health information. In the event of a breach requiring notice, you will be notified by MPIHP or, if applicable, the Business Associate responsible for the breach.

Right to Amend Your Health Information

If you believe that your health information records are inaccurate or incomplete, you may request that MPIHP “amend” its records. Amending a record does not mean that information is deleted. Amending adds information to the record to ensure that it is accurate and complete. That request may be made as long as the information is maintained by MPIHP.

A request for an amendment of records must be made in writing. To make a request, MPIHP recommends that participants complete and submit a Participant’s Request to Amend Protected Health Information form; this form is available on MPIHP’s website. MPIHP may deny the request if it does not include a reason to support the amendment.

The request also may be denied if:

- your health information records were not created by MPIHP,
- the health information you are requesting to amend is not part of MPIHP’s records,
- the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or
- MPIHP determines the records containing your health information are accurate and complete.

Right to An Accounting

You have the right to request a list of certain disclosures of your health information which, under the Privacy Rule, MPIHP is required to record. This includes disclosures for public purposes authorized by law, or disclosures that are not in accordance with MPIHP’s privacy policies and applicable law. The types of disclosures that are not required to be included in an accounting include any disclosures made:

- for the purposes of treatment, payment or health care operations, including those made to Business Associates (persons providing services to MPIHP) or the Plan Sponsors that perform such functions on behalf of MPIHP;
- to the participant or his or her personal representative;
- that are incidental to another permissible use or disclosure;
- pursuant to an authorization;
- for authorized national security or intelligence purposes;
- to correctional institutions or law enforcement officials for those purposes under the Privacy Rule for which an authorization or consent is not required;
- as part of a limited data set pursuant to a data use agreement, as permitted under the Privacy Rule; or
- for periods of time going back more than 6 years.

The request must be made in writing. To make a request, MPIHP recommends that participants complete and submit a Participant’s Request for an Accounting of Disclosures of Protection Health Information form; this form is available on MPIHP’s website. The request should specify the time period for which you are requesting the information.

MPIHP will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. MPIHP will inform you in advance of the fee, if applicable.