

**SPIRA CARE  
JOINT NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW PERSONAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**

**Organizations Covered by this Notice**

This notice applies to the privacy practices of the organizations participating in the organized health care arrangement for the provision of services through the Spira Care program (collectively “We” or “Spira Care”). The Spira Care program includes a health plan offered to you by your employer. Through your enrollment in the Spira Care program, you are provided health coverage through Blue Cross and Blue Shield of Kansas City and access to certain Spira Care health care clinics where health care and other associated services are provided by third-party professionals such as physicians and/or physician groups, laboratory providers, pharmacies and mental health professionals (the “Professional Service Providers”). Blue Cross and Blue Shield of Kansas City and the Professional Service Providers listed on the Spira Care website at [www.spiracare.com](http://www.spiracare.com) have formed an organized health care arrangement to facilitate the Spira Care program. Each organization participating in the organized health care arrangement has agreed to abide by this joint notice of privacy practices.

**Contact Information**

The complete Notice of Privacy Practices is available on our website [www.spiracare.com](http://www.spiracare.com) and is posted in each Spira Care clinic. For more information about our privacy practices, to discuss questions or concerns, or to get additional copies of this notice or copies in other languages, please contact our Privacy Officer or the Spira Care Clinic where you receive services.

Privacy Office:           Spira Care Privacy Office  
                                  P. O. Box 417012  
                                  Kansas City, MO 64141  
                                  Telephone: 816-395-3784 or toll free at 1-800-932-1114  
                                  Fax: 816-395-2862 [E-mail: privacy@spiracare.com](mailto:privacy@spiracare.com)

Spira Care Clinic:       Please inquire at the front desk of your Spira Care clinic for the privacy coordinator.

**Our Legal Duty**

We are required by applicable federal and state law to maintain the privacy of your personal and medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information.

We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect January 1, 2018 and will remain in effect unless we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make any change

in our privacy practices and the new terms of our notice applicable to all personal and medical information we maintain, including medical information we created or received before we made the change. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to our health plan subscribers/patients at the time of the change.

### **Uses and Disclosures of Your Medical Information**

**Treatment:** We may disclose your medical information, without your permission, to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, technicians, or other health care professionals involved in your care. Health care professionals may share information about you in order to coordinate the different services you need, such as prescriptions, lab work and x-rays.

**Payment:** We may use and disclose your medical information, without your permission, to pay claims from physicians, hospitals and other health care providers for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate your benefits with other payers, to determine the medical necessity of care delivered to you, to obtain premiums for your health coverage, to issue explanations of benefits to the subscriber of the health plan in which you participate, and the like. We may disclose your medical information to a health care provider or another health plan for that provider or plan to obtain payment or engage in other payment activities.

**Health Care Operations:** We may use and disclose your medical information, without your permission, for health care operations. Health care operations include:

- health care quality assessment and improvement activities;
- reviewing and evaluating health care provider and health plan performance, qualifications and competence, health care training programs, health care provider and health plan accreditation, certification, licensing and credentialing activities;
- conducting or arranging for medical reviews, audits, and legal services, including fraud and abuse detection and prevention;
- underwriting and premium rating our risk for health coverage, and obtaining stop-loss and similar reinsurance for our health coverage obligations (although we are prohibited from using or disclosing any genetic information for these underwriting purposes); and
- business planning, development, management, and general administration, including customer service, grievance resolution, claims payment and health coverage improvement activities, de-identifying medical information, and creating limited data sets for health care operations, public health activities, and research.

**Organized Health Care Arrangement:** We may use and disclose your medical information among the organizations participating in the organized health care arrangement for purposes of the organized health care arrangement and operation of the Spira Care program. For example, the Spira Care coordinators are available to assist you both with scheduling appointments and coordinating medical services through the Spira Care clinics as well as providing information regarding satisfaction of your health plan deductibles or coverage of services. We may electronically connect the medical information we receive regarding you and documented in medical claims and medical records of the the Professional Service Providers providing care at the Spira

Care clinics, including, at minimum, available information regarding your demographics, insurance, problem list, visit history, medication list, radiology reports, lab reports, and provider documentation. The sharing of this information is for the purpose of promoting the efficiency and quality of your medical care. All of the individuals and organizations participating in the organized health care arrangement have agreed to only use this information as permitted under this Notice of Privacy Practices.

**Your Authorization:** You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. The following types of uses and disclosures of medical information will be made only with your written permission, unless required by law:

- **Psychotherapy Notes**. Psychotherapy notes are notes that your mental health professional maintains separate and apart from your medical record. These notes require your written authorization for disclosure unless the disclosure is required or permitted by law, the disclosure is to defend the mental health professional in a lawsuit brought by you, or the disclosure is used to treat you or to train students.
- **Marketing**. We must get your permission to use your medical information for marketing unless we are having a face-to-face talk about the new health care product or service, or unless we are giving you a gift that does not cost much to tell you about the new health care product or service. We must also tell you if we are getting paid by someone else to tell you about a new health care item or service.
- **Selling Medical Information**. We are not allowed to sell your medical information without your permission and we must tell you if we are getting paid. However, certain activities are not viewed as selling your medical information and do not require your consent. For example, we can sell our business, we can pay our contractors and subcontractors who work for us, we can participate in research studies, we can get paid for treating you, we can provide you with copies or an accounting of disclosures of your medical information, or we can use or disclose your medical information without your permission if we are required or permitted by law, such as for public health purposes.

If you provide us with authorization to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the services that we provided to you.

**Family, Friends, and Others Involved in Your Care or Payment for Care:** We may disclose your medical information to a family member, friend or any other person you involve in your care or payment for your health care. We will disclose only the medical information that is relevant to the person's involvement.

We may use or disclose your name, location, and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your care in appropriate situations, such as a medical emergency or during disaster relief efforts.

We will provide you with an opportunity to object to these disclosures, unless you are not present

or are incapacitated or it is an emergency or disaster relief situation. In those situations, we will use our professional judgment to determine whether disclosing your medical information is in your best interest under the circumstances.

**Your Employer:** We may disclose to your employer whether you are enrolled or dis-enrolled in a health plan that your employer sponsors.

We may disclose summary health information to your employer to use to obtain premium bids for the health insurance coverage offered under the group health plan in which you participate or to decide whether to modify, amend or terminate that group health plan.

Summary health information is aggregated claims history, claims expenses or types of claims experienced by the enrollees in your group health plan. Although summary health information will be stripped of all direct identifiers of these enrollees, it still may be possible to identify medical information contained in the summary health information as yours.

We may disclose your medical information and the medical information of others enrolled in your group health plan to your employer to administer your group health plan. Before we may do that, your employer must amend the plan document for your group health plan to establish the limited uses and disclosures it may make of your medical information. Please see your group health plan document for a full explanation of those limitations.

**Health-Related Products and Services:** Where permitted by law, we may use your medical information to communicate with you about health-related products, benefits and services, and payment for those products, benefits and services that we provide or include in our benefits plan. We may use your medical information to communicate with you about treatment alternatives that may be of interest to you.

These communications may include information about the health care providers in our networks, about replacement of or enhancements to your health plan, and about health-related products or services that are available only to our enrollees that add value to our benefits plans.

**Other Disclosures Authorized by Law:** We may use and disclose your medical information, without your permission, when required by law, and when authorized by law for the following kinds of public health and public benefit activities:

- for public health, including to report disease and vital statistics, child abuse, and adult abuse, neglect or domestic violence; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to avert a serious and imminent threat to health or safety;
- for health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention agencies;
- for research;

- in response to court and administrative orders and other lawful process;
- to law enforcement officials with regard to crime victims and criminal activities;
- to coroners, medical examiners, funeral directors, and organ procurement organizations;
- to the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody; and
- as authorized by state worker's compensation laws.

### **Uses and Disclosures of Your Personal Information**

Where permitted by law, we may use your personal information to communicate with you and certain state/federal government agencies: (1) in support of efficient operation of a health insurance marketplace (e.g., qualified health plan application assistance); (2) about health-related products, benefits and services; and (3) about payment for those products, benefits and services that we provide or include in our benefits plan. We may use your personal information to communicate with you about the health care providers in our networks, replacement of or enhancements to your health plan, and health-related products or services that are available only to our enrollees that add value to our benefits plans.

### **Your Rights**

If you wish to exercise any of the rights set out in this section, you should submit your request in writing to our Privacy Office. You may obtain a form by calling the phone number on the back of your ID card to make your request.

**Access:** You have the right to examine and to receive a copy of your personal and medical information, with limited exceptions. This may include an electronic copy in certain circumstances if you make this request in writing. We may charge you reasonable, cost-based fees for a copy of your personal and medical information, for mailing the copy to you, and for preparing any summary or explanation of your personal and medical information you request. Contact our Privacy Office for information about our fees.

**Disclosure Accounting:** You have the right to a list of instances in which we disclose your personal and medical information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities.

We will provide you with information about each accountable disclosure that we made during the period for which you request the accounting, except we are not obligated to account for a disclosure that occurred more than 6 years before the date of your request. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to your additional requests. Contact our Privacy Office for information about our fees.

**Amendment:** You have the right to request that we amend your personal and medical information.

We may deny your request only for certain reasons. If we deny your request, we will provide you a written explanation. If we accept your request, we will make your amendment part of your medical information and use reasonable efforts to inform others of the amendment who we know may have

and rely on the unamended information to your detriment, as well as persons you want to receive the amendment.

**Restriction:** You have the right to request that we restrict our use or disclosure of your personal and medical information for treatment, payment or health care operations, as part of the organized health care arrangement, or with family, friends or others you identify. We are not required to agree to your request, except in limited circumstances where you wish to pay for medical services out-of-pocket in full at the time of the service and have requested that we not disclose your medical information to a health plan. In such cases, we will refer you to a non-Spira Care clinic for care. If we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law. Any agreement we may make to a request for restriction must be in writing signed by a person authorized to bind us to such an agreement.

**Confidential Communication:** You have the right to request that we communicate with you about your personal and medical information in confidence by means or to locations that you specify. You must make your request in writing.

We will accommodate your request if it is reasonable, specifies the means or location for communicating with you, and continues to permit us to collect premiums and pay claims under your health plan. Please note that an explanation of benefits and other information that we issue to the subscriber about health care that you received for which you did not request confidential communications, or about health care received by the subscriber or by others covered by the health plan in which you participate, may contain sufficient information to reveal that you obtained health care for which we paid, even though you requested that we communicate with you about that health care in confidence.

**Electronic Notice:** If you receive this notice on our website or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact our Privacy Office to obtain this notice in written form.

**Breach Notification:** In the event of breach of your unsecured personal and health information, we will provide you notification of such a breach as required by law or where we otherwise deem appropriate.

**Right to Decline Participation in Health Information Exchange:** The Professional Service Providers at the Spira Care clinics may choose to share medical information electronically with other health care providers located near or in the same state as the Spira Care clinics through regional or state health information exchanges, such as Missouri Health Connection (“MHC”), LACIE and Kansas Health Information Exchange or through a provider-specific network such as iNetwork. You may choose not to allow your medical information to be shared through regional, state, or provider-specific health information exchanges by either refusing to sign an authorization form or contacting the Privacy Officer, depending on the consent process of the regional or state health information exchange. This means that it may take longer for your health care providers to get information they may need to treat you. However, even if you do not want to participate in a state health information exchange, certain state law reporting requirements, such as an immunization registry, will still be fulfilled through health information exchange, and some states still allow health care providers to access your medical information through a regional or state health information exchange if needed to treat you in an emergency. If you have any questions regarding the Professional Service Providers or Spira Care’s participation in exchanges or how to opt out, please contact the Privacy Officer at the number listed on the first page of this Notice.

## **Complaints**

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your personal and medical information, about amending your personal and medical information, about restricting our use or disclosure of your personal and medical information, or about how we communicate with you about your personal and medical information, you may complain to our Privacy Office.

You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, HHH Building, Washington, D.C. 20201. You may contact the Office for Civil Rights' Hotline at 1-800-368-1019 or e-mail [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov).

We support your right to the privacy of your personal and medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

## **Discrimination is Against the Law**

We comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Spira Care at the number listed on your insurance identification card (Toll free) or send an email to [languagehelp@spiracare.com](mailto:languagehelp@spiracare.com).

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Spira Care, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816842-5607, [nondiscrimination@spiracare.com](mailto:nondiscrimination@spiracare.com). You can file a grievance in person or by mail or email. If you need help filing a grievance, the Spira Care is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**If you, or someone you're helping, has questions about us, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-877-337-7472.**

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-337-7472.

Chinese: 如果您，或是您正在協助的對象，有關於 Blue KC 方面的問題，您有權利免費以您的母語得到幫助和 訊息。洽詢一位翻譯員，請撥電話1-877-337-7472。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue KC, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-337-7472.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue KC haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-877-337-7472 an.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 [Blue KC]에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-337-7472 로 전화하십시오.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue KC, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-877-337-7472.

Arabic: فلديك الحق في الحصول ، KC Blue إن كان لديك أو لدى شخص تساعد أسئلة بخصوص -على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل بـ 7472-337-877-1 .

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue KC, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-877-337-7472.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue KC, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-877-337-7472.

Tagalog: Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Blue KC, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-337-7472.



Laotian: ຖ້າທ່ານ, ຫຼື ຄົນ ອື່ນ ທ່ານກໍ າລັງຊ່ວຍເຫຼືອ, ມາ ອາຖາມກ່ຽວກັບ Blue KC, ທ່ານມີ ອະທິບາຍ ທ່ານຈະໄດ້ຮັບການຊ່ວຍເຫຼືອ ອະດີດ ຂໍ້ ມູນຂ່າວສານ ທ່ານ ນາຍພາສາຂອງທ່ານ ບໍ່ມີ ຄ່າໃຊ້ຈ່າຍ. ການໂອ້ນລັມກັບນາຍພາສາ, ໃຫ້ ໂທຫາ 1-877-337-7472.

Pennsylvanian Dutch: Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut Blue KC, hoscht du es Recht fer Hilf un Information in deinre eegne Schprouch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-877-337-7472 uffrufe.

Persian: KC که شما به او کمک میکنید، سوال در موردی اگر شما، یا کس 7 Insured/CP-10.14.2016 داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید، تماس حاصل نمایید. 7472-337-877-1.

Cushite: Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-877-337-7472 tiin bilbilaa.

Portuguese: Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-337-7472.

For TTY services, please call 1-816-842-5607.