

## **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, Blue-Advantage Plus of Kansas City, Inc., Good Health HMO, Inc. or Missouri Valley Life and Health Insurance Company and access to certain Spira Care health care clinics where health care and other associated services may be 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: 816-395-3922  
   E-mail: [SpiraPrivacy@SpiraCare.com](mailto:SpiraPrivacy@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 information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your information.

We must follow the privacy practices that are described in this notice while it is in effect. This

notice takes effect **October 23, 2024** 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 information we maintain, including 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.

### **Information Collected**

The information we collect about you may include information such as your name, phone number, social security number, address, date of birth, financial and health information, insurance claims information and other medical information. Most of this information will be obtained from you, your employer, or the health care providers who bill for services provided to you. We may also obtain information about you from other insurers, service providers, consumer reporting agencies, and third parties. If we request a report from a consumer reporting agency, we will notify you promptly with the name and address of the agency that will furnish the report. You may request in writing to be interviewed as part of the investigation. The agency may retain a copy of the report. The agency may disclose it to other persons as allowed by the federal Fair Credit Reporting Act.

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

**Treatment:** We may disclose your information without your permission, to provide you with medical treatment or services. We may disclose 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 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, obtaining reimbursement from a reinsurance or stoploss carrier associated with your health plan, 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 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 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 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 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 information we receive regarding you and documented in medical claims and medical records of 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.

**Health Information Exchange.** To facilitate the above described uses and disclosures of your information, we may participate in an information network or exchange that involves other health plans or healthcare providers.

**Business Associates:** We may disclose your information to businesses that provide services to us. We will obtain written agreement from those businesses that they will protect your information consistent with this Notice prior to disclosing your information.

**Your Authorization:** You may give us written authorization to use your information or to disclose it to anyone for any purpose. The following types of uses and disclosures of 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 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 Information.** We are not allowed to sell your information without your permission and we must tell you if we are getting paid. However, certain activities are not viewed as selling your 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 information, or we can use or disclose your 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 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 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 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 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 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 information contained in the summary health information as yours.

We may disclose your information, and the 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 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 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 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 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.

**Substance Use and Treatment Information:** Records created by a program that provides diagnosis, treatment or referral for treatment related to substance use disorders are subject to additional protections under 42 C.F.R. Part 2. We are not a program under these laws, but if you provide authorization for a program to share records with us regarding substance use diagnosis, treatment or referral, then we will only further disclose those records as permitted by the authorization. Where your original authorization is for disclosure related to payment or health care operations, our further use or disclosure of the information may include disclosures to our Business Associates to perform those payment and health care operations. Records subject to 42 C.F.R. Part 2 will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on written authorization or a court order after notice and opportunity to be heard.

**Records Potentially Related to Reproductive Health Care:** We will require an attestation prior to disclosing any information about you that may include information related to reproductive health care for health oversight activities, judicial and administrative proceedings, law enforcement purposes, or to coroners or medical directors. The attestation must verify that the purpose of the disclosure is not to conduct or impose criminal, civil or administrative

investigation or liability against any person for seeking, obtaining, providing or facilitating reproductive health care. For example, if we received a subpoena requesting your records for last year and those records included services related to reproductive health care, we would require an attestation from the requestor prior to providing the records in response to the subpoena.

### **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 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 information, for mailing the copy to you, and for preparing any summary or explanation of your personal and 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 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 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 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 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 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:** We may choose to share 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. You may choose not to allow your 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 information through a regional or state health information exchange if needed to treat you in an emergency. If you have any questions regarding 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 information, about amending your personal and information, about restricting our use or disclosure of your personal and information, or about how we communicate with you about your personal and 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 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.