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.

We, at Regence, know you value your privacy. That is why we are committed to the confidentiality and security of your personal information. We maintain physical, administrative and technical safeguards to protect against unauthorized access, use, or disclosure of your personal information, including information we share internally either orally, electronically, or in writing.

We collect personal information, such as your name, contact information, and health information, from you, your health care providers, and other insurers that provide you coverage. We are required by law to maintain the privacy of this information and to explain our legal duties and privacy practices. We are also required by law to notify affected individuals following a breach of unsecured protected health information. We provide the protections and apply the practices described in this notice to all personal information that we maintain, including to personal information of former members who are no longer covered by us. We hope this notice will clarify our responsibilities to you and give you an understanding of your rights. We are required to abide by the notice that is currently in effect. This notice is in effect as of July 1, 2013.

Your Rights

You may exercise the following rights by calling our Customer Service department or writing our Privacy Official. See “Contacting Us” at the end of this notice.

**Inspection and Copies.** You have the right to request an inspection or copies of protected health information that we maintain about you in a “designated record set” except psychotherapy notes and information that we compiled in anticipation of, or for use in, a civil, criminal, or administrative proceeding. A “designated record set” is a group of records that is used to administer your health benefits, including enrollment information and claims. We may limit the information that you can inspect or copy if we have reason to believe that is necessary to protect you or another person from harm. If we limit your right to inspect or copy, you can ask for a review of that decision.

**Amendment.** If you believe that protected health information we maintain about you in a designated record set is inaccurate or incomplete, you have the right to request an amendment to correct or complete the information. You must submit your request in writing and explain the reason for the amendment. If the amendment is made, we will make reasonable efforts to inform others, including people you identify, that the information has been amended and we will use our best efforts to include the amendment with any future disclosure. We may decline to amend information under certain circumstances. This is likely to occur if we did not create the original record. If we decline to amend the information, you have the right to submit a statement of disagreement. You should know that we are allowed to attach a rebuttal statement in response to your statement of disagreement.

**Notice.** You have the right to receive a paper copy of this notice upon request.
**Accounting.** You have the right to request a list of certain disclosures of protected health information. The list will not include disclosures made for treatment, payment, or health care operations. It also will not include disclosures made pursuant to an authorization, made more than six years before the date of the request, incidental disclosures, disclosures made for national security or intelligence, or disclosures made to a correctional facility. The list will include the date of any accountable disclosure, to whom that disclosure was made, a brief description of the information disclosed, and the purpose for that disclosure (provided this information is known to us). We will supply this list free of charge once a year at your request. If you request an accounting more than once in a 12-month period, we may charge a reasonable fee.

**Special Handling.** You have the right to request restrictions on our use or disclosure of protected health information in addition to the restrictions imposed by law. We are not required to agree to your request and we may be unable to do so. If we do agree, we will comply with your request except in the case of emergency. You also have the right to request that we communicate with you in confidence with respect to communications you believe may endanger you. We will make every effort to accommodate your request if it is reasonable and you provide an alternate means to communicate. You should know that redirecting communication may not prevent others on your policy from discovering that you sought medical care. Accumulated deductibles and co-payment information may reveal that you obtained services. In addition, historic claims reports may include services that were obtained during the time communications were redirected.

**Complaints.** You have the right to submit a complaint if you believe we have violated your privacy rights. To submit a complaint, write to: Regence, Privacy Office, P.O. Box 1071, Mailstop E12P, Portland, OR 97207 or call our Customer Service department at the phone number provided at the end of this notice. You also have the right to submit a complaint to the Secretary of the U.S. Department of Health & Human Services. Be assured that we will not retaliate against you for submitting a complaint.

**Permitted Uses and Disclosures**

To administer health benefits, we collect, use and disclose protected health information for a variety of purposes:

**Treatment.** We may disclose protected health information to a health care provider in order for the provider to treat you. We may also use or disclose protected health information to support a provider’s activities to furnish preventive health, early detection, and case management programs.

**Payment.** We may use or disclose protected health information for payment purposes, including to adjudicate claims, issue Explanation of Benefits, or coordinate benefits with other entities responsible for paying your claims.

**Health Care Operations.** We may use or disclose protected health information to facilitate operations, including underwriting, customer service, and detection or prevention of fraud or abuse. We may not, however, use or disclose genetic information for underwriting purposes.

**Business Associates.** Occasionally, we contract with business associates to perform insurance-related functions on our behalf. We may disclose protected health information to these business associates in order to allow them to perform these functions. They also may collect, use or disclose protected health information on our behalf. We contractually obligate our business associates and they are required by law to provide the same privacy protections that we provide.
**Employers and Other Plan Sponsors.** If you are enrolled in an employer-sponsored group health plan (or a group health plan sponsored by another entity), we may disclose protected health information to the group health plan or plan sponsor to facilitate administration of the plan. For example, we supply enrollment lists to employers so that premiums can be paid appropriately. When we provide your personal information to your employer or other plan sponsors we comply with the required safeguards to protect your information.

**As Permitted or Required by Law.** We use or disclose protected health information as permitted or required by law. For example, some laws permit or require us to disclose protected health information for workers’ compensation programs or to certain government agencies, such as the Food and Drug Administration.

**Public Health Activities.** We may disclose protected health information to: (a) public health agencies for the prevention and control of disease; (b) coroners or medical examiners as necessary for fulfillment of their duties; (c) agencies that engage in the procurement, banking, or transportation of organs or tissue to facilitate such donation and transplantation services; (d) researchers to conduct medical research or research intended to improve the health care system; and (e) third parties as necessary to avert a serious threat to the health or safety of a person.

**Health Oversight.** We may disclose protected health information to health oversight agencies. These agencies are authorized by law to conduct audits; perform inspections and investigations; license health care providers, insurers and facilities; to enforce regulatory requirements; and to investigate healthcare fraud. These agencies include: State Commissioner of Insurance, State Board of Medicine, the U.S. Department of Health and Human Services, and the FBI.

**Legal Proceedings.** We may disclose protected health information in the course of a judicial or administrative proceeding, and in response to a court order, subpoena, discovery request, or other lawful process.

**Law Enforcement.** We may disclose protected health information to law enforcement officials in response to an administrative subpoena, a warrant, or an administrative request intended to identify or locate a suspect, victim, or witness. We also may disclose protected health information for the purpose of reporting a crime on our premises.

**Military and National Security.** We may disclose protected health information to armed forces personnel for military activities and to authorized federal officials for national security and intelligence activities.

**Correctional Institution.** If you are an inmate, we may disclose protected health information to your correctional institution for treatment purposes or to ensure the safety of yourself and others.

**You.** We may disclose your protected health information to you at your request, to inform you about the status of your claims, or for other purposes. For example, we may use protected health information to provide information about treatment alternatives or other health related benefits or services that may be of interest to you. This may include enhancements to your health plan and health related products or services available only to health plan members that add value to, but are not a part of, your benefit plan.

**Others Involved in Your Health Care.** We may disclose protected health information to personal representatives such as appointed guardians, executors, conservators, and in many cases parents of minor children, as well as to attorneys in fact when a valid power of attorney exists. In
addition, if you give us verbal permission or if your permission can be implied (for example, while you are unconscious during an emergency), we may disclose protected health information to family members or others who call on your behalf. This permission is valid only for a limited time. If you want to authorize on-going disclosures to family members or friends, you must submit written authorization.

**Authorizations.** You may give us written authorization to use protected health information or disclose protected health information about yourself to anyone for any purpose. An authorization remains valid for two years unless the authorization states otherwise or you revoke it. You may revoke an authorization at any time by submitting a written revocation (see “Contacting Us,” below), but a revocation will not affect any use or disclosure permitted by the authorization while it was in effect. An authorization is required for us to use or disclose your protected health information for purposes other than those described in this notice. In particular, we need your written authorization to use or disclose psychotherapy notes, except in limited circumstances such as when the disclosure is required by law. We also must obtain your written authorization to sell information about you to a third party or when we receive financial compensation to use or disclose your protected health information to send you communications about products and services.

**Future Changes**

We reserve the right to change our privacy practices and this notice at any time without advance notice. Before we make any material change in our privacy practices, we will change this notice and post the new notice on our website. We will provide a copy of the new notice (or information about the changes to our privacy practices and how to obtain the new notice) in our next annual mailing to members who are then covered by one of our health plans. The new notice will apply to all protected health information in our possession, including any information created or received before the revised notice became effective.

**Contacting Us**

You may reach us during regular business hours by calling our Customer Service department at a number below:

<table>
<thead>
<tr>
<th>Location</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idaho and Garfield and Asotin Counties, Washington</td>
<td>888-232-5763</td>
</tr>
<tr>
<td>Oregon and Clark County, Washington</td>
<td>888-675-6570</td>
</tr>
<tr>
<td>Utah</td>
<td>888-231-8424</td>
</tr>
<tr>
<td>Washington</td>
<td>888-344-6347</td>
</tr>
</tbody>
</table>

For more information about this notice or to file a written privacy-related complaint, you may write to: Regence Privacy Official, P.O. Box 1071, MS E12P, Portland, OR 97207-1071; E-mail: privacy_office@regence.com; Fax: 1-888-875-6893.
DISCRIMINATION IS AGAINST THE LAW

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

Regence:
- Provides 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)
- Provides 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 us at 888-344-6347.

If you believe that Regence has 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 our civil rights coordinator at M/S CS B32B, P.O. Box 1271, Portland, OR 97207-1271, phone: 888-344-6347, TTY: 711, email: CS@regence.com. Please indicate you wish to file a civil rights grievance. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance our Civil Rights Coordinator 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

HELP IN OTHER LANGUAGES

The following translations help people who do not read English understand their rights and responsibilities and who to call for help. Including these translations is a federal requirement for all health plans sold on the state or federal marketplaces.

Spanish: Este aviso tiene información importante. Regence cumple con las leyes de derechos civiles federales aplicables y no discrimina sobre la base de raza, color, nacionalidad, edad, discapacidad o sexo. Este aviso tiene información importante sobre su solicitud o cobertura. Busque las fechas importantes en este aviso. Es posible que tenga que tomar alguna acción en un determinado plazo para mantener su cobertura de salud o ayuda con los costos. Llame al 888-344-6347. (TTY: 711)

Chinese Traditional: 本通知含有重要資訊。Regence 遵守適用之聯邦政府民權法，不會因種族、膚色、原始出生國籍、年齡、身心障礙或性別的不同而予以差別待遇。本通知含有有關您申請或承保的重要資訊。請留意本通知內的重要日期。請在期限之前採取行動，以確保您的醫療保障或協助支付費用。您有權索取使用您語言撰寫的這類資訊，以及有關您申請或承保的相關資訊。請撥打 888-344-6347 索取。（聽障專線：711）


Korean: 이 공지 사항에는 중요한 정보가 들어 있습니다. Regence은 해당 연방 인권법을 준수하며 인종, 성별, 출신 국가, 연령, 장애 또는 성별에 따라 차별하지 않습니다. 이 공지 사항에는 해당 신청서 또는 적용 범위에 관한 중요한 정보가 있습니다. 이 공지 사항의 주요 내용을 찾아보십시오. 해당 건강 보험을 그대로 유지하거나 비용을 지원 받으려면 특정 기한까지 조치를 취하셔야 합니다. 귀하는 소비자로 작성된 본 정보나 해당 신청서 또는 보장 범위에 대한 기타 정보를 무료로 받을 수 있는 권리가 있습니다. 888-344-6347로 연락하십시오. (TTY: 711)
Russian: В данном Уведомлении содержится важная информация. Regence несет обязательства по соблюдению применимых норм федерального законодательства о гражданских правах и не допускает дискриминации по признаку расы, цвета кожи, национального происхождения, возраста, статуса инвалидности или пола. В данном уведомлении содержится важная информация о вашем заявлении или страховом покрытии. Обратите внимание на ключевые даты, указанные в данном уведомлении. Возможно, вам нужно предпринять некоторые действия к определенному сроку, чтобы сохранить страховое покрытие или получить помощь с расходами. Вы имеете право получить данную, а также прочую информацию о вашем заявлении или страховом покрытии на родном языке бесплатно. Позвоните по номеру 888-344-6347. (TTY: 711)

Tagalog: Ang Abiso na ito ay may Mahalagang Impormasyon. Ang Regence ay sumusunod sa mga naaangkop na Federaler na batas sa mga karapatang sibil at hindi nagdidiskrimina batay sa lahi, kulyah, bansang pinagmulan, edad, kapansanan, o kasarian. Ang abiso na ito ay may mahalagang impormasyon tungkol sa iyong aplikasyon o coverage. Hanapin ang mga impormasyon tungkol sa iyong paghim detain o coverage, na iyong sariling wika. Tumawag sa 888-344-6347. (TTY: 711)

Japanese: このお知らせには大変重要な情報が含まれています。Regence は、適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、身体障害、性別による差別をしません。このお知らせには保険の申請と適用に関する重要な情報が含まれています。このお知らせに記載されている重要な日付にご注意ください。健康保険適用や医療費支援を引き続き受けるためには締切日までに手続きを行う必要があります。あなたにはこのお知らせおよび申請と保険適用に関するその他の情報について、無料かつ母国語で知る権利があります。こちらまでお電話ください: 888-344-6347。 (TTY: 711)

Amharic: ይግባኝ ያለውም፣ የተረጋገሩትን ከጉዳት ከፋዳራለ የሚል በሚለው ያለውም፣ የሚለውም ያለውም፣ ያለውም፣ የሚለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለውም፣ ያለwald: 888-344-6347. (TTY: 711)

Arabic:

يحتوي هذا الإخطار على معلومات مهمة. تمثل Regence إلى قوانين الحقوق المدنية الفيدرالية المعمول بها ولا تماس التمييز على أساس العرق أو اللون أو الأصل القومي أو الجنس أو الإعاقة. يحتوي هذا الإخطار على معلومات مهمة عن الطلبة أو التغطية الخاصة بك. ابحث عن التواريخ الرئيسية في هذا الإخطار. قد تحتاج إلى اتخاذ إجراء من قبل بعض المواعيد النهائية للحفاظ على التغطية الصحية الخاصة بك أو تلقي مساعدة بخصوص التكاليف. لديك الحق في الحصول على هذه المعلومات والمعلومات الأخرى المتعلقة بالطلب أو التغطية الخاصة بك بلغتك مجانًا. اتصل بالرقم 888-344-6347. (الكتابة عن بُعد للصم 711)

Punjabi: ਇਸ ਨੋਟਿਸਟ ਿੱਚ ਮਹਿੱਤ ਪੂਰਨ ਜਾਣਕਾਰੀ ਹੈ। Regence ਫੈਡਰਲ ਨਾਗਰਰਕਾਰਾਂ ਦੇ ਕਨੂਂਨ ਅਨੁਰੂਪ ਹੈ ਅਤੇ ਜਾਰਤ ਰੂੰਗ ਰਾਸ਼ਟਰੀ ਮੂਲ ਉਮਰ ਅਪਾਰਹਜਤ ਜਾਂ ਰਲੂੰਗ ਦੇ ਅਿਾਰ ਤੇ ਭੇਦਭਾਵ ਨਹੀਂ ਕਰਦਾ। ਇਸ ਨੋਰਟਸ ਰਵਿੱਚ ਤੁਹਾਡੇ ਬੇਨਤੀ-ਪਿੱਤਰ ਅਤੇ ਸੁਰਿੱਰਿਆ ਬਾਰੇ ਮਹਿੱਤਵਪੂਰਣ ਜਾਣਕਾਰੀ ਹੈ। ਇਸ ਨੋਰਟਸ ਰਵਿੱਚ ਮੁਿੱਿ ਰਮਤੀਆਂ ਵੇਿੋ। ਤੁਹਾਣੂ ਤੁਹਾਡੀ ਰਸਹਤ ਸੁਰਿੱਰਿਆ ਰਿੱਿਣ ਜਾਂ ਲਾਗਤਾਂ ਨਾਲ ਮਦਦ ਕਰਨ ਲਈ ਰਨਯਤ ਰਮਆਦ ਸੀਮਾਵਾਂ ਦੁਆਰਾ ਕਾਰਵਾਈ ਕਰਨ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ। ਤੁਹਾਣੂ ਇਹ ਜਾਣਕਾਰੀ, ਅਤੇ ਆਪਣੇ ਬੇਨਤੀ ਪਿੱਤਰ ਜਾਂ ਸੁਰਿੱਰਿਆ ਬਾਰੇ ਹੋਰ ਜਾਣਕਾਰੀ ਆਪਣੀ ਭਾਸ਼ਾ ਰਵਿੱਚ ਰਬਨਾ ਲਾਗਤੋ ਕਰਨ ਦਾ ਅਰਿਕਾਰ ਹੈ। 888-344-6347 ਤੇ ਕਾਲ ਕਰੋ। (TTY: 711)

German:


Laotian: ທ່ານການສະບັບນວ່າ ຄັ້ງມີພາສາທີ່ການ. Regence ແອກອ້າງຈາກປະຊາກອງທີ່ ເອງໂຈຍ ແຫຼ່ງທີ່ ໃຫ້ຄວາມສະໝັກດ້ວຍ ນັກງານງານ ປະຊາກອນ ອຸພາບ ຄັ້ງພວກເຮົາ ຏອງ ການຈາກງານມາ ທີ່ ເຂົ້າຮູ້. ການຈາກງານເຂົ້າຮູ້ ຄັ້ງພວກເຮົາ ເໜຶອງຕາມສະບັບທີ່ ເຂົ້າຮູ້ ປະຊາກອນພວກເຮົາ. ການຈາກງານເຂົ້າຮູ້ ຄັ້ງພວກເຮົາ ເໜຶອງຕາມສະບັບທີ່ ເຂົ້າຮູ້. ຈາກງານເຂົ້າຮູ້ ຄັ້ງພວກເຮົາ ປະຊາກອນພວກເຮົາ. ການຈາກງານເຂົ້າຮູ້ ຄັ້ງພວກເຮົາ ປະຊາກອນພວກເຮົາ. ເຄື່ອງເຄື່ອງທີ່ ເຂົ້າຮູ້ ປະຊາກອນພວກເຮົາ ປະຊາກອນພວກເຮົາ. ການຈາກງານເຂົ້າຮູ້ ຄັ້ງພວກເຮົາ ປະຊາກອນພວກເຮົາ. ການຈາກງານເຂົ້າຮູ້ ຄັ້ງພວກເຮົາ ປະຊາກອນພວກເຮົາ. ຕ່າງເຂົ້າຮູ້ 888-344-6347. (TTY: 711)