



**MAXOR® ADMINISTRATIVE SERVICES**

**PROTECTED HEALTH INFORMATION**

**NOTICES OF USES**

*(Effective March 23, 2013)*

**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.**

In accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Maxor Administrative Services is required to inform you of its practices in relation to the protected health information that it maintains about you. HIPAA mandates minimum standards that a business associate such as Maxor Administrative Services must maintain in relation to your protected health information. This Notice of Uses is being provided to help you understand how Maxor Administrative Services meets these minimum standards. It is also meant to inform you of the ways that Maxor Administrative Services collects information and how it may be disclosed.

This notice of Privacy Practices describes how protected health information may be used or disclosed by your Group Health Administrators to carry out payment, health care operations, and for other purposes as they are permitted or required by law. This notice also sets out our legal obligations concerning your protected health information, including demographic information, collected from you or created or received by a health care provider, a health plan, your employer (when functioning on behalf of the group health plan), a health care clearinghouse and that relates to: (i) your past, present or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present or future payment for provisions of health care to you.

**OUR RESPONSIBILITIES**

We are required by law to maintain the privacy of your protected health information (Hereafter called "protected health information"). We are obligated to provide you with a copy of this Notice of our legal duties and of our privacy practices with respect to protected health information, and we must abide by the terms of this Notice. We reserve the right to change the provisions of our Notice and make the new provisions effective for all protected health information that we maintain. If we make a material change to our Notice, we will mail a revised Notice to the address that we have on record for the plan administrator for your member contract.

Maxor Administrative Services may disclose protected health information to attorneys, accountants, and others acting on behalf of Maxor Administrative Services, provided they have signed written contracts agreeing to safeguard the confidentiality of the information.

## **PRIMARY USES AND DISCLOSURES**

Your protected health information could be used in any/all of the following situations: (i) To process claims on your behalf to fulfill our responsibility; (ii) Comply with the legal process or other requirements of any government authority (i.e. disease control, injury, disability, National Security or any public health entity authorized to investigate reports of abuse or neglect). We will also release information, when required, regarding activities authorized by law such as audits, disciplinary actions, or any civil or criminal proceedings. This includes government agencies that oversee the health care system, government benefit programs and regulatory programs, and compliance with civil rights laws (in the course of any judicial or administrative hearing; in response to a court order or administrative proceedings; in response to a subpoena, discovery request or other lawful process); (iii) to others involved in your healthcare with proper authorization, such as a designated family member or power of attorney; (iv) to comply with any professional duty; or (v) protect or defend the rights or property of Maxor Administrative Services.

Any other uses or disclosures of your protected health information will only be made with your written authorization.

## **YOUR RIGHTS**

You have the right to request a restriction on the protected health information we use or disclose about you. We are not required to agree to any restriction you may request. If we do agree to any restriction, we will comply with the restriction unless the information is needed or required as in the section titled "Primary Uses and Disclosures." It is important that you direct your signed request, in writing, to Maxor Administrative Services, 320 S. Polk St., Suite 900, Amarillo, TX 79101 as soon as possible. In your request, please include (1) the information whose disclosure you wish to limit; and (2) how you want to limit the disclosure of the information.

## **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS**

If you believe a disclosure of your protected health information may endanger you, you may request that we communicate with you in an alternative manner, or at an alternative location. In your written request please tell us: (1) that you want us to communicate your protected health information with you in an alternative manner or at an alternative location; and (2) that the partial or full disclosure of your protected health information, in a manner inconsistent with your instructions, would put you in danger. If you choose to terminate your request for confidential communications, the restriction will be lifted for your entire protected health information that we hold.

## **RIGHT TO INSPECT OR COPY**

You have a right to request a copy of your protected health information and/or Explanation of Benefits (EOB) records. Requests made by telephone are not acceptable. This signed request must be made in writing and mailed to: Maxor Administrative Services, 320 S. Polk St., Suite 900, Amarillo, TX 79101.

## **HEALTH OVERSIGHT ACTIVITIES**

We might disclose your protected health information to a health oversight agency for activities authorized by law, such as; audits, investigations, inspections, licensure or disciplinary actions; civil or administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee; (i) the healthcare system; (ii) government benefit programs; and (iii) other government regulatory programs; and (iv) compliance with civil rights laws.

## **ABUSE OR NEGLECT**

If requested, we may disclose your protected health information to a government authority that is authorized by law to receive reports of abuse, neglect or domestic abuse.

## **LEGAL PROCEEDINGS**

We may disclose your protected health information: (1) in the course of any judicial or administrative proceeding; (2) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized); and (3) in response to a subpoena, a discovery request, or other lawful process, once we have met all administrative requirements of the HIPAA Privacy Rule.

For example, we may disclose your protected health information in response to a subpoena for such information, but only after we first meet certain conditions required by the HIPAA Privacy Rule.

## **LAW ENFORCEMENT**

Under certain circumstances we may also disclose your protected health information to law enforcement officials. For example, a disclosure may include but not be limited to: (i) it is required by law or some other legal process; (ii) it is necessary to locate or identify a suspect, fugitive, material witness, or missing person; (iii) it is necessary to provide evidence of a crime that occurred on our premises.

## **TO PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY**

Consistent with applicable federal and state laws, we may disclose your protected health information if we believe the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

## **MILITARY ACTIVITY AND NATIONAL SECURITY, PROTECTIVE SERVICES**

Under certain conditions if you are, or were, a member of the Armed Forces or foreign military service we may disclose your protected health information. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or heads of state.

## **WORKERS' COMPENSATION**

We may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

## **OTHERS INVOLVED IN YOUR HEALTH CARE**

Using our best judgment, we may make your protected health information known to a family member, other relative, close personal friend or other close personal representative that you identify. This use will be based in how involved the person is in your care, or payment that relates to your care. If allowed by law we will release information to parents or guardians.

## **REQUIRED DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION**

### **DISCLOSURES TO THE SECRETARY OF THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES**

We are required to disclose your protected health information to the secretary of the US Department of Health and Human Services when the secretary is investigating or determining our compliance with the HIPAA Privacy Rule.

### **DISCLOSURES TO YOU**

We are required to disclose your protected health information to you. We will disclose your protected health information to an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with relevant state law. However, before we will disclose protected health information to such a person, you must submit a written notice of his/her designation (such as a Power of Attorney). Even if you designate a personal representative, the HIPAA Privacy Rule permits us to elect not to treat that person as your personal representative if we have a reasonable belief that: (i) you have been, or may be, subject to domestic violence, or neglect by such person; (ii) treating such person as your personal representative could endanger you; or (iii) we determine, in the exercise of our professional judgment, that it is not in your best interest to treat this person as your personal representative.

### **OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

Any other uses and disclosures of your protected health information that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that we already have used or disclosed, relying on the previous authorization.

# **YOUR PERSONAL HEALTH INFORMATION RIGHTS**

**The following is a description of your rights with respect to your protected health information and Maxor Administrative Services. Please review it carefully.**

## **RIGHT TO REQUEST A RESTRICTION**

You have the right to request a restriction on the protected health information we use or disclose about you for payment or healthcare operations. We are not required to agree with any restriction that you request. If we do agree to the restrictions, we will comply with the restriction unless the information is needed to provide emergency treatment to you. You may request a restriction in writing and mail it to Maxor Administrative Services, 320 S. Polk, Suite 900, Amarillo, TX 79101. Requests by telephone cannot be honored. It is important that you direct your request for restriction to this address. Requests sent to persons or offices other than Maxor Administrative Services might delay processing the request.

In your request, please tell us: (1) the information whose disclosure you wish to limit; and (2) how you want to limit our use and/or disclosure of the information.

## **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS**

If you believe that a disclosure of all or part of your protected health information may endanger you, you may request that we communicate with you regarding your information in an alternative manner or at an alternative location. For example, you may ask that we only contact you at your work address or via your work e-mail. You may request a restriction by writing us at the address of Maxor Administrative Services, 320 S. Polk, Suite 900, Amarillo, TX 79101. It is important that you direct your request for confidential communications to this address so we can begin to process your request. Requests that are sent to persons or offices other than the one indicated might delay processing your request. Telephone requests will not be accepted. In your request, please tell us: (1) that you want us to communicate your protected health information with you in an alternative manner or at an alternative location; and (2) that the disclosure of part or all of your protected health information could endanger you. As permitted by the HIPAA Privacy Rule, "reasonableness" will (and is permitted to) include, when appropriate, making alternate arrangements regarding payment. Accordingly, as a condition of granting your request, you will be required to provide us information concerning how payment will be handled. For example, if you submit a claim for reimbursement, state or federal law (or our own contractual obligations) may require that we disclose certain financial claim information to the plan administrator (e.g. an EOB). Unless you have other arrangements, the EOB (in which your protected health information might be included) will be released to the plan administrator or the primary plan participant. Once all of the information for such a request has been received (including the instructions for handling future communications) the request will be processed, usually within two business days. Prior to receiving the information necessary for this request, or during the time it takes to process it, protected health information may be disclosed (such as through an Explanation of Benefits, "EOB"). Therefore, it is extremely important that you contact us as soon as you determine that you need to restrict your confidential protected health information. If you terminate your request for confidential communications, the restriction will be removed for all your protected health information that we hold, including protected health information that was previously protected. Therefore, you should not terminate a request for confidential communications if you remain concerned that disclosure of your protected health information will endanger you.

## **RIGHT TO INSPECT AND COPY**

You have the right to inspect and copy your protected health information that is contained in a “designated record set.” Generally, a “designated record set” is a printed or digital collection of your Explanation of Benefits records. You may not, however, inspect or copy physician or provider notes, whether they concern medical or psychotherapy notes. Information that originated with a service provider or physician is only available through the office of that designated provider or physician.

To inspect and copy your protected health information that is contained in a designated record set, you must initially submit your request by calling us at 855-629-6787. It is important that you call this number to request an inspection and/or copying so that we can begin to process your request. Requests sent to persons, offices, other than the one indicated, might delay processing the request. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with accommodating your request. We may deny your request to inspect and copy your protected health information in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. To request a review, you must contact us at the number provided in this Notice. We will conduct a review of your request and the subsequent denial. The person conducting this review will not be the same person who denied your initial request. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable.

## **RIGHT TO AMEND**

If you believe that your protected health information is incorrect or incomplete, you may request that we amend your information. You may request that we amend your information by calling 855-629-6787 or writing to Maxor Administrative Services, 320 S. Polk, Suite 900, Amarillo, TX 79101. Additionally, your request should include the reason the amendment is necessary. It is important that you direct your request for amendment to this number or address, so that we can begin to process your request. Requests sent to persons or offices, other than the one indicated might delay processing the request. In certain cases, we may deny your request for an amendment.

For example, we may deny your request if the information you want amended is not maintained by our company, but by another entity. If we deny your request, you have the right to file a statement of disagreement with us. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

## **RIGHT OF AN ACCOUNTING**

You have a right to an accounting of certain disclosures of your protected health information that are for reasons other than treatment, payment, or health care operations. No accounting of disclosures is required for disclosures made pursuant to a signed authorization by you or your personal representative. You should know that most disclosures of protected health information will be for purposes of payment or health care operations, and, therefore, will not be subject to your right of accounting. There also are other exceptions to this right. An accounting will include the date(s) of the disclosure, to whom we made the disclosure, a brief description of the information disclosed, and the purpose for the disclosure. You may request an accounting by submitting your request in writing to Maxor Administrative Services, 320 S. Polk, Suite 900, Amarillo, TX 79101. It is important that you direct your request for an accounting to this address so that we can begin to process your request. Requests sent to persons or offices other than the one indicated might delay processing your request. Your request may be for disclosures made up to 6 years before the date of your request, but not for

disclosures made before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

### **RIGHT TO A PAPER COPY OF THIS NOTICE**

You have the right to a paper copy of this Notice, even if you have agreed to accept the Notice electronically.

### **COMPLAINTS**

You may complain to us if you believe that we have violated your privacy rights. You may file a complaint with us by calling us at 855-629-6787. A copy of the complaint form is available from this contact office. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must: (1) be filed in writing, either on paper or electronically; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became aware or should have become aware of the problem. We will not penalize or in any other way retaliate against you for filing a complaint with the Secretary or with us.

### **CONTACT INFORMATION FOR COMPLAINTS**

Maxor Administrative Services  
Attn: Compliance  
320 S. Polk, Suite 900  
Amarillo, TX 79101  
Toll Free 855-629-6787  
Fax 806-324-5590

Office for Civil Rights  
Jorge Lozano, Regional Manager  
U.S. Department of Health and Human Services  
1301 Young Street, Suite 1169  
Dallas, TX 75202  
Voice Phone (800) 368-1019  
Fax (214) 767-0432  
TDD (800) 537-7697  
[OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)