

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.

The American Maritime Officers Medical Plan, including the AMO Medical Center, (the "Medical Plan") is required by law (the "Privacy Rule") to insure and maintain the privacy of your health information. The Medical Plan must comply with the Privacy Rule by April 14, 2003. The Medical Plan must also comply with any state privacy laws which provide you with greater protection than the Privacy Rule does.

The Privacy Rule requires the Medical Plan to provide you with notice of its legal obligations and its privacy practices as they concern your health information. This notice, which is effective as of April 14, 2003, describes how the Medical Plan handles personal information and our commitment to protecting your privacy. The Medical Plan must abide by the terms of this notice as in effect from time to time. If you have any questions about any part of this notice, or if you want more information about the privacy practices of the Medical Plan, please contact:

Privacy Officer
AMO Medical Plan
2 West Dixie Highway
Dania Beach, FL 33044
(800) 348-6515

I. How the Medical Plan receives information about you:

The Medical Plan receives Protected Health Information ("PHI") from health care providers, hospitals, the AMO Medical Center, Pharmacy Benefit Managers (PBMs), employers and, other health plans, PPOs, and case managers.

II. How the Medical Plan May Use and Disclose Your Protected Health Information:

The Medical Plan collects and stores your PHI in a file and on a computer. This file and computer record are the Medical Plan's property, but the information in the record belongs to you. The Medical Plan maintains physical, electronic and procedural safeguards to protect your personal information in our records. The Privacy Rule permits the Medical Plan to use and disclose your PHI for the following purposes:

- (1) *Treatment:* The Medical Plan may use and disclose PHI in order to approve and/or assist in the provision of treatment for you. For example, the Medical Plan may use or disclose PHI to determine the medical necessity of treatment, to determine whether you are eligible for coverage or whether a particular service or supply is appropriate for your diagnosis or medical condition, or may disclose PHI to a doctor who is treating you. Examples of the types of the PHI the Medical Plan might use or disclose include, but are not limited to, the following:
 - Case management notes, including diagnoses, prognoses, and treatment plans
 - Dates of treatment and hospital confinements
- (2) *Payment:* The Medical Plan may use and disclose PHI to determine the benefits payable or to obtain reimbursement. For example, the Medical Plan may use or disclose PHI to determine the amount payable to a provider and to issue payments, may share PHI with firms that negotiate discounts with hospitals or other providers, or may disclose PHI to another medical plan or to an

employer in order to coordinate benefits or obtain reimbursement for amounts improperly paid.

- (3) *Regular Health Care Operations:* The Medical Plan may use and disclose PHI in order to carry out the administration and operation of the Medical Plan. For example, the Medical Plan might send your PHI to a utilization review service to determine appropriate length of hospital stay; may share information with the Plan Trustees for plan administration functions; and may share your PHI with other healthcare providers and payors for certain of their business operations if the information is related to a relationship the provider or payor currently has or previously had with you, and if the provider or payor is required by federal law to protect the privacy of your health information. Health care operations include, but are not limited to, the following activities:
 - (a) Quality assessment and improvement activities
 - (b) Activities designed to improve health or reduce health care costs
 - (c) Monitoring occupational injury and disease
 - (d) Providing information to the Plan's actuary to evaluate the Plan's benefit and contribution rates
 - (e) Review and auditing, including compliance reviews and medical reviews
 - (f) Utilization review and managed care
 - (g) General administrative activities of the Plan, including customer service, complaint resolution
- (4) *Information provided to you.*
- (5) *Notification and Communication with a Member of Your Family or Personal Representative:* The Medical Plan may disclose your PHI to notify or assist in notifying a member of your family, a personal representative (as defined by the Privacy Rule), or another person who is responsible for your care about your location, your general condition, or in the event of your death. If you are available and capable of agreeing or objecting to the disclosure, the Medical Plan will give you the opportunity to do so prior to making the notification. If you are unavailable or unable to agree or object, the Medical Plan's health professionals will exercise their best professional judgment in communicating with your family and others.
- (6) *Required By Law:* As required by law, the Medical Plan may use and disclose your PHI.
- (7) *Public Health:* As required by law, the Medical Plan may disclose your PHI in order to: prevent or control disease, injury or disability; report child abuse or neglect or domestic violence; report to the Food and Drug Administration reactions to medications or problems with products; report disease or infection exposure.
- (8) *Health Oversight Activities:* The Medical Plan may disclose your PHI to health agencies who are performing audits, investigations, inspections, licensure or other proceedings.
- (9) *Judicial and Administrative Proceedings:* The Medical Plan may disclose your PHI during the course of any judicial or administrative proceeding.
- (10) *Law Enforcement:* The Medical Plan may disclose your PHI to a law enforcement official in order to: identify or locate a suspect, fugitive, material witness, or missing person; comply with a court order or subpoena; or fulfill other law enforcement purposes.
- (11) *Deceased Person Information:* The Medical Plan may disclose your PHI to coroners, medical examiners, and funeral directors.
- (12) *Organ Donation:* The Medical Plan may disclose your PHI to organizations involved in procuring, banking, or transplanting organs and tissues.
- (13) *Research:* The Medical Plan may disclose your PHI to researchers who are performing research that has been approved by an Institutional Review Board.

- (14) *Public Safety:* The Medical Plan may disclose your PHI to appropriate persons for the purposes of preventing or lessening a serious and imminent threat to the health or safety of a particular individual or the general public.
- (15) *Specialized Government Functions:* The Medical Plan may disclose your PHI for national security, military, prisoner and government benefits purposes.
- (16) *Workers Compensation:* The Medical Plan may disclose your PHI as required to comply with worker's compensation laws.
- (17) *Health Plan:* The Medical Plan may disclose certain PHI to the sponsors of the Medical Plan.

III. When the Medical Plan May Not Use or Disclose Your PHI:

Other than the uses and disclosures described in this Notice of Privacy Practice, the Medical Plan will not use or disclose your PHI without your written authorization. If you do authorize the Medical Plan to use or disclose your PHI for any other purpose, you may revoke this authorization in writing at any time.

IV. Your Rights To Access and Control Your Health Information:

Under the Privacy Rule, you have certain rights with respect to your PHI:

- (1) Inspect and Copy Records. You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to:

Privacy Officer
AMO Medical Plan
2 West Dixie Highway
Dania Beach, FL 33004

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. The standard fee is \$0.25 per page and must generally be paid before or at the time we give the copies to you.

We will respond to your request for inspection of records within 60 days. If we need additional time to respond to a request for copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we do, we will provide you with a summary of the information instead. We will also provide a written notice that explains our reasons for providing only a summary, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. The notice will also include information on how to file a complaint about these issues with us or with the Secretary of the Department of Health and Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

- (2) Amend Records. If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please write to the Privacy Officer. Your request should include the reasons why you think we should make the amendment. We will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a letter explaining your disagreement, which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send to you.

- (3) Receive an Accounting of Disclosures. After April 14, 2003, you have a right to request an “accounting of disclosures” which identifies certain other persons or organizations to which we have disclosed your health information in accordance with applicable law and the protections afforded in this Notice of Privacy Practices. An accounting of disclosures does not describe the ways that your health information has been shared with and between hospitals and other healthcare providers listed at the beginning of this notice, as long as all other protections described in this Notice of Privacy Practices have been followed.

An accounting of disclosures also does not include information about the following disclosures:

- Disclosures we made to you or your personal representative;
- Disclosures we made pursuant to your written authorization;
- Disclosures we made for treatment, payment or business operations;
- Disclosures made to your friends and family involved in your care or payment for your care;
- Disclosures that were incidental to permissible uses and disclosures of your health information
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures about inmates to correctional institutions or law enforcement officers;
- Disclosures made before April 14, 2003

To request an accounting of disclosures, please write to the Privacy Officer. Your request must state a time period within the past six years (but after April 14, 2003) for the disclosures you want us to include. For example, you may request a list of the disclosures that we made between January 1, 2004 and January 1, 2005. You have a right to receive one accounting within every 12-month period at no cost to you. However, we may charge you for the cost of providing any additional accounting in the same 12-month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

We will respond to your request for any accounting within 60 days. If we need additional time to prepare the accounting you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting. In rare cases, we may have to delay providing you with the accounting without notifying you because a law enforcement official or government agency has asked us to do so.

- (4) Request Additional Privacy Protections. You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. For example, you could request that we not disclose information about a surgery you had. To request restrictions, please write to the Privacy Officer. Your request should include the following:

- What information you want to limit;
- Whether you want to limit how we use the information, how we share it with others, or both; and
- To whom you want the limits to apply.

We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply

with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so. In other cases, we will need your permission before we can revoke the restriction.

- (5) Request Confidential Communications. You have the right to request that we communicate with you about your medical matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. For example, you may ask that we contact you at home instead of at work. To request more confidential communication, please write to the Privacy Officer. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests. Please specify in your request how or where you wish to be contacted, and how payment for your healthcare will be handled if we communicate with you through this alternative method or location.
- (6) Receive a Paper Copy of this Notice. You have a right to receive a paper copy of this Notice of Privacy Practices.

V. *Changes to this Notice of Privacy Practices:*

The Medical Plan reserves the right to amend this Notice of Privacy Practices at any time. The Medical Plan may make the amendments effective for all PHI that it maintains, including any PHI that was created or received prior to the date of the amendment. Until such an amendment is made, the Privacy Rule requires that the Medical Plan comply with this Notice.

The Medical Plan will mail you a copy of the amended Notice of Privacy Practices.

VI. *Contact/Complaint Information:*

For more information about the Medical Plan's privacy practices, or to register a complaint about this Notice of Privacy Practices or how the Medical Plan handles your health information, contact:

Privacy Officer
AMO Medical Plan
2 West Dixie Highway
Dania Beach, FL 33004
(800) 348-6515

Your complaint will be reviewed by the Privacy Officer and you will receive a written reply within 60 days of receipt of your complaint. If you are not satisfied with the reply, you may request that your complaint be reviewed by a Subcommittee of the Board of Trustees by filing a written request with the Plan Administrator at the above address.

You will not be retaliated against for lodging a complaint. If you are dissatisfied with the way the Medical Plan handles your complaint, you may submit a formal complaint to:

Secretary of Health and Human Services
Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, D.C. 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.