



# Notice of Privacy Practices

*Para recibir esta notificación en español por favor llamar al número gratuito de Member Services (Servicios a Miembros) que figura en su tarjeta de identificación.*

*To receive this Notice in Spanish, please call the toll-free number on your member ID card.*

## **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.**

This Notice of Privacy Practices (Notice) describes the privacy practices of Aetna Life Insurance Company (In this Notice, we may also refer to *Aetna, we, us* or *our*). It also applies to the members of its Affiliated Covered Entity ("Aetna ACE"). This is a group of covered entities and health care providers we own or control. They designate themselves as a single entity to comply with the Health Insurance Portability and Accountability Act (HIPAA).

The members of the Aetna ACE can share Protected Health Information (PHI) with each other. We do this for the treatment, payment and health care operations of the Aetna ACE and as allowed by HIPAA and this Notice.

The Aetna ACE includes Aetna Life Insurance Company, and its health plan entity affiliates and subsidiaries. For a full list of the members of the Aetna ACE, contact the Aetna Privacy Office at [PrivacyAetna@aetna.com](mailto:PrivacyAetna@aetna.com).

### **This Notice applies to insured plans**

This Notice of Privacy Practices is for Aetna insured health benefit plans. It does not apply to any plans that are self-funded by an employer. If you have coverage where you work, ask your employer if your plan is insured or self-funded. If it's self-funded, ask for a copy of your employer's Privacy Notice.

### **Effective date**

**This Notice took effect on February 10, 2022.**

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### **In this Notice, we describe:**

- Information we collect about you
- How we use and share your information
- Times when we must share your information
- When we may share your information with those involved in your care
- When we need your okay to use or share your information
- Your rights under the law
- How we keep your information safe
- How we comply with the law
- When this Notice may change

## **Information we collect about you**

We get information about you from many sources, including from you. But we also can get it from your employer or benefits plan sponsor (if applicable), other insurers, HMOs or third-party administrators, and health care providers such as doctors.

This is called Protected Health Information (PHI). It includes personal information that may identify you that is not public information. And it includes information about your health, medical conditions, prescriptions, and payment for health care products or services.

### **It may include:**

- Demographic data (like your name or address)
- Health details (like a medical history)
- Test results (like a lab test)
- Insurance information (like your member ID)
- Other information used to identify you or that's linked to your health care or health care coverage

## **How we use and share your information without your authorization**

In providing your health benefits, we may use and share PHI about you in varied ways. For instance:

**Health care operations:** We may use and share your PHI for our health care operations. Those are actions we need to do to run our health business, including:

- Quality assessment and improvement
- Licensing
- Accreditation by independent organizations
- Performance measurement and outcomes assessment
- Health services planning and development activities
- Preventive health, disease and case management, and care coordination

For example, we may use your PHI to offer programs for certain conditions, such as diabetes, asthma, or heart failure. We may also use it for other operations requiring use and disclosure, such as:

- Administering reinsurance and stop loss
- Underwriting and rating
- Investigating fraud
- Running pharmaceutical programs and payments
- Moving policies or contracts from and to other health plans
- Facilitating a sale, transfer, merger or consolidation of all or part of Aetna with another entity (including related due diligence)
- Performing other general administrative activities (including data and information systems management and customer service)
- Creating de-identified data (this is data that no longer identifies you. We may use it or share it for analytics, business planning or other reasons).

**Payment:** We may use and disclose PHI to help pay for your covered services when:

- Doing utilization and medical necessity reviews
- Coordinating care
- Deciding eligibility
- Deciding on drug list (formulary) compliance
- Getting premium payments from you
- Calculating cost-sharing amounts
- Responding to complaints, appeals and requests for external reviews

We carry out these tasks to make sure we pay for your care the right way.

We may use your health history and other PHI to decide whether a treatment is medically necessary and what the payment should be. During this process, we may share information with your health care provider.

We may also mail Explanation of Benefits forms and other information to the address we have on file for the subscriber (i.e., the primary insured). We also make claims information on our secure member website and telephonic claims status sites available to the subscriber and all covered dependents. We also use PHI to get payment for any mail-order pharmacy services you get.

**Treatment:** We may share your PHI with the health care providers who take care of you like your doctors, dentists, pharmacies and hospitals. Sometimes doctors may ask for your medical information from us to put in their own records.

We may also use your information to offer you mail-order pharmacy services. And we may also share certain information for patient safety or other reasons linked to your treatment.

**Disclosures to other covered entities:** We may share your PHI with other covered entities or their business associates. This may be for treatment, payment, or for certain health care operations.

For example, you may get your health benefits through an employer. If so, we may share your PHI with other health plans your employer offers. We do this to make sure we pay your claims the right way.

### **Additional Reasons for Use and Disclosure without Your Authorization**

We may use or share PHI about you in providing you with treatment alternatives, treatment reminders, or other health-related benefits and services. We also may use or share your PHI without your authorization in support of:

- **Plan Administration** (Group Plans) – to your employer, as applicable, when we have been informed that appropriate language has been included in your plan documents, or when summary data is disclosed to assist in bidding or amending a group health plan.
- **Research** – to researchers, provided measures are taken to protect your privacy.
- **Business Associates** – to persons who provide services to us and assure us they will protect the information.
- **Health Oversight** – to health oversight agencies (e.g., agencies that oversee the healthcare system and government benefit programs) for purposes of oversight activities authorized by law (e.g., investigations, audits, and licensure or disciplinary actions).

*Continued on next page.*

- **Workers' Compensation** – to comply with workers' compensation laws.
- **Law Enforcement** – to Government law enforcement officials as permitted or required by law.
- **Legal Proceedings** – in response to a court order or other lawful process.
- **Public Welfare** – to address matters of public interest as required or permitted by law (e.g., child abuse and neglect, threats to public health and safety, public health surveillance and investigations, controlling disease, product recalls).
- **As Required by Law** – to comply with legal obligations and requirements.
- **Decedents** – to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or as authorized by law; and to funeral directors as necessary to carry out their duties.
- **Organ Procurement** – to respond to organ donation groups for the purpose of facilitating donation and transplantation.
- **Abuse, Neglect, or Domestic Violence** – to government authorities, including social service or protective service agencies, authorized to receive such reports, if we believe that you are a victim of abuse, neglect, or domestic violence. We will inform you of such a disclosure, unless doing so would place you at risk of serious harm or not be in your best interests.
- **Specialized Government Functions, Military, and Correctional Institutions** – to authorized government officials for purposes of national security and intelligence activities, protective services for the President, and medical suitability determinations. If you are a member of the U.S. armed forces or the foreign military, we may disclose your PHI for activities deemed necessary by appropriate command authorities or under the law. If you are under the custody of a correctional institution or a law enforcement official, we may disclose your PHI to such parties if certain representations are made (e.g., the information is necessary to provide you with health care or the health and safety of others).

### **Times when we must share your information**

There are times when we must share your PHI. When required, we must release it to:

- You, or someone who has the legal right to act for you. This person is your personal representative. We do this to help manage your rights, as spelled out in this Notice.
- The Department of Health and Human Services. We may do this to comply with the Health Insurance Portability and Accountability Act (HIPAA). They may collect this information to enforce HIPAA.
- Other government authorities as required by applicable law.

### **When we may share your information with those involved in your care**

We may share your PHI with people involved in your health care. We may also share with those involved in paying for your care. For example, if a family member or a caregiver calls us about a claim, we may tell them what stage it's in. You have the right to stop or limit this kind of sharing (disclosure). To do so, just call the toll-free number on your member ID card.

If you're a minor, you may have the right to block parental views of your health information in certain cases. But you can only do so if state law allows it. You can call us at the toll-free number on your ID card. Or have your provider talk to us.

We may use or share your PHI to notify or to help to notify a family member or any other person responsible for your care about your location, general condition or death. We may also disclose your PHI to disaster relief groups so that your family or others responsible for your care can learn of your location, general condition or death.

## **When we need your okay to use or share your information**

If we have not described a use or disclosure above, we will need you to say it's okay in writing to use or disclose your PHI. For example, we will get your okay:

- For marketing purposes unrelated to your benefit plan(s)
- Before sharing any psychotherapy notes
- When linked to the sale of your PHI
- For other reasons as required by law

Even if you gave us your okay, you can withdraw it anytime. You just need to let us know in writing. If we haven't already acted on it, we'll stop using or sharing your information for that purpose. If you have questions about written permission, just call the toll-free number on your ID card.

We must also follow state privacy laws that are stricter (or more protective of your PHI) than federal law.

## **Your rights under the law**

Under federal privacy laws, you have rights when it comes to your PHI. You have the right to:

- Ask us to communicate with you how or where you choose. For example, if you're covered as an adult dependent, you might want us to send health information, like your Explanation of Benefits, to another address than that of your subscriber. If it's a reasonable request, we will make this happen.
- Ask us to limit the way we use or share your information when it comes to health care operations, payment and treatment. We will consider, but may not agree to, such requests. You also have the right to ask us to restrict sharing with people involved in your health care.
- Ask us for a copy of PHI that's part of a "designated record set". This may include medical records. It may also include other records we keep and use for:
  - Enrollment
  - Payment
  - Claims processing
  - Medical management
  - Other decisions

We may ask you to request this in writing. And we may charge a reasonable fee for making and mailing the copies. Sometimes, we may deny the request.

- Ask us to fix your PHI. You need to ask this in writing. And you must include the reason for the request. If we deny it, you may write us, to let us know you disagree.
- Ask us to give you a list of certain disclosures we have made about you, such as PHI we've shared with government agencies that license us. (This is called an "accounting.") You need to ask this in writing. If you ask for this kind of list more than once in 12 months, we may charge a reasonable fee.
- Be notified after a breach of your PHI.
- Know the reasons for denying an insurance policy or other unfavorable underwriting decision. If you've been denied a policy in the past, we can't use that information in our decision process. We must review the facts on our own. Also, we can't use your genetic information to decide if we should issue you a policy or for other underwriting purposes.
- Insurers aren't allowed to take part in pretext interviews, except in some cases, such as suspected fraud or criminal activity. We don't take part in these.

You may make any of the above requests (if they apply), ask for a paper copy of this Notice, or ask questions about this Notice. You can do this by calling the toll-free number on your member ID card.

You also have the right to file a complaint if you think someone has violated your privacy rights. To do so, just send a letter to:

**Aetna HIPAA Member Rights Team**  
**P.O. Box 14079**  
**Lexington, KY 40512-4079**  
**Fax: 859-280-1272**

You may stop the paper mailing of your EOB and other claim information by visiting [Aetna.com](http://Aetna.com). Choose “**Log In/Register**.” Follow the prompts to complete the one-time registration. Then you can log in anytime to view your EOBs and other claim information.

You also may write to the Secretary of the U.S. Department of Health and Human Services. There are no penalties for filing a complaint.

### **How we keep your information safe**

We use administrative, technical and physical safeguards to keep your information from unauthorized access, and other threats and hazards to its security and integrity. We comply with all state and federal laws that apply related to the security and confidentiality of your PHI.

We don't destroy your PHI even when you end your coverage with us. We may need to use and share it even after your coverage terminates. (We describe the reasons for using or sharing in this Notice). We will continue to protect your information against inappropriate use or disclosure.

### **How we comply with the law**

Federal privacy law requires us to keep your PHI private. And we must tell you about our legal duties and privacy practices. We must also follow the terms of the Notice in effect.

### **When this Notice may change**

We may change the terms of this Notice and our privacy policies anytime. If we do, the new terms and policies will be effective for all the information we now have about you. And they'll apply to any information that we may get or hold in the future.

If we make material or important changes to our privacy policies, we will promptly revise our Notice.

We will also post the revised Notice on our website, and if you are enrolled in an Aetna insurance plan at that time we will send you a new notice, as required.

You can ask for a copy of the revised Notice, just ask the Aetna Privacy Office at the email above.

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).*

Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,  
P.O. Box 14462, Lexington, KY 40512  
(CA HMO customers: PO Box 24030 Fresno, CA 93779),  
1-800-648-7817, TTY: 711,  
Fax: 859-425-3379 (CA HMO customers: 860-262-7705),  
CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughị ụgwọ obula, kpọọ nomba nọ na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢၤတၢ်ကမၤၤ ကျိၣ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ် လၢၤတၢ်အိၣ်ဒီးအပူၤလၢၤနကတၢ်ဟ့ၣ်အိၣ်အကိၣ် ကိးဘၣ်လိတဲစိနီၣ်ကံၤလၢၤအိၣ်လၢၤနခိၣ်ကိၤ ၁ (၅၅) အလီၤတၢ်က့ၤၤ
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەسپێرێتگه‌شتن به‌ خزمه‌تگه‌زارێ زمان به‌ی تێچوون بۆ تۆ، په‌یوه‌ندی بکه‌ به‌ ژماره‌ی سه‌ر ئای دی (ID) کارتی خۆت.
Lao	ເພື່ອຂໍ້າຖົງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्यालाकोणत्याहीशुल्काशिवायभाषासेवांपर्यंतपोहोचण्यासाठी,आपल्याIDकार्डवरीलक्रमांकावरफोनकरा.
Marshallese	Ñan bōk jipañ kōn kajin ilo an ejjeļok wōñean ñan kwe, kwōn kallok nōmba eo ilo kaat in ID eo aṃ.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah nílįigo nanitinígíí bee néého'dólinígíí béésh bee hane'í biká'ígíí áajį' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të kwoɾ yin ran de wëër de thokic ke cín wëu kɔr keek tënɔŋ yin. Ke yin cɔl ran ye kɔc kuony në namba de abac tö në ID kard duɔn de tiit de nyin de panakim kɔu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.

