

**CHERRY HILL BENEFITS NOTICE OF PRIVACY PRACTICES  
DATE OF NOTICE - SEPTEMBER 18, 2013**



*THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS  
INFORMATION. PLEASE READ IT CAREFULLY.*

This Notice describes the obligations of Cherry Hill Benefits, Inc. as a healthcare clearinghouse to protect your privacy and your legal rights regarding your Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We are required by law to abide by the terms of this notice.

Generally, PHI is individually identifiable health information, collected from you or created or received by a health care provider, health care clearing house, or your employer on behalf of a group health plan. The Plan needs to maintain this type of information about you in order to administer the plan and provide you with health care benefits.

Cherry Hill Benefits, Inc. is committed to maintaining and protecting the confidentiality of personal information about you that it may receive in the course of doing business. As a covered entity/Business Associate under HIPAA, we are required by law to maintain the privacy of that information and to provide this Notice of our legal duties and our Privacy Practices. Unless you give written authorization, your health information will only be disclosed as described in this notice or when we are otherwise required or permitted by state or federal law to do so. Cherry Hill Benefits, Inc has procedures in place to protect your confidential information from anyone who is not authorized to have access to it. Our employees are trained on our privacy practices and policies.

If you have any questions about this Notice please contact our Privacy Officer, Kim Porter at 856-424-9744

**HOW YOUR CONFIDENTIAL INFORMATION MAY BE USED**

Your health information may be used/or disclosed by the group health plan in accordance with federal and state laws for the following purposes:

- **Treatment.** We may disclose PHI to a provider on your behalf. For example, the Plan may advise emergency medical personnel about relevant, known medical issues, such as types of prescription drugs you currently take, if you are unable to communicate.
- **Payment.** We may use and disclose health information about you so that the health services you receive can be properly billed and paid for. This includes assisting with disputed claims, coordination of benefits, eligibility, enrollment and cost sharing arrangements. For example, we may use your health information when contacting the insurance carrier in order to discuss a disputed claim.
- **Health Care Operations.** We may use and disclose health information about you for the basic functions needed to operate a group health plan, including such things as risk assessment, renewal premium determination, annual marketing of the group health plan. For example, we may provide an insurer health information about you in order to assist with our annual marketing to obtain stop-loss insurance or re-insurance. Any outside associate to whom we provide this information must safeguard your PHI and have agreements in place with us to this extent.
- **To You as the Covered Individual or the Parent or Guardian of a Minor Child.**
- **Business Associates/Sub Contractors to Business Associates.** To a business associate with whom we contract to provide services on our behalf. To protect your health information, business associates are required to appropriately safeguard the health information of our employees and to meet the Privacy and Security Standards as set out by HIPAA. Business Associates assist in the operation of our plan and may include, attorneys, insurance consultants, COBRA and Flexible benefits administrators.

- **Family and Friends Involved in Your Care.** If you are available and do not object, we may disclose your PHI to your family, friends, and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and we determine that a limited disclosure is in your best interest, we may share limited PHI with such individuals. For example, we may use our professional judgment to disclose PHI to your spouse concerning the processing of a claim.

**Other Permitted and Required Uses and Disclosures That May Be Made without Your Consent or Authorization under Federal Law are:**

- Use or disclose your PHI for any purpose required by law. For example, we may be required by law to use or disclose your PHI to respond to a court order.
- Use or disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations
- Use or disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
- Use or disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.
- Use or disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- Use or disclose your PHI to the proper authorities for law enforcement purposes.
- Use or disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
- Use or disclose your PHI for cadaveric organ, eye or tissue donation.
- Use or disclose your PHI for research purposes, but only as permitted by law.
- Use or disclose PHI to avert a serious threat to health or safety.
- Use or disclose your PHI if you are a member of the military as required by armed forces services, and we may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- Use or disclose your PHI to workers' compensation agencies for your workers' compensation benefit determination.
- We will, if required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

In the event applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of Protected Health Information, as described above, we will restrict our uses or disclosure of your Protected Health Information in accordance with the more stringent standard. The Health Plan will not use or disclose genetic information for underwriting purposes.

**YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:**

Your written authorization is required for other uses and disclosures. The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

- **Restrict Use of Information.** You may ask to restrict certain uses and disclosures of your PHI which would otherwise be allowed under HIPAA. The group health plan is not required to agree to your request, but if it does so, it will not violate the request except in an emergency.
- **Copies of this Notice.** You have the right to receive an additional copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

- **Your Right to Inspect and Copy.** Upon written request, you have the right to inspect your health information and to have copies of that information. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your records. This includes any electronic PHI that is maintained.
- **Your Right to Amend.** If you feel that the health information about you is incorrect or incomplete, you can make a written request to amend that information. Your request may be denied for certain limited reasons, if your request is denied, you will receive a written explanation as to why. You have right to submit a statement disagreeing with the denial which will become part of the health information held by the plan.
- **Your Right to a List of Disclosures.** Upon written request, you have the right to receive a list of disclosures of your health information, except when you have authorized those disclosures or if the disclosures are made for the purpose of treatment, payment or health plan operations. Your request must include a time period and may not exceed a period of six years prior to the date of your request.
- **Your Right to Request Confidential Communications.** You have the right to request that communication be made with you about the health matters in a certain way or at a certain location if the normal method of communication would endanger you or put you at risk. Your request must be in writing and must cite your reason for requesting the alternate method of communication. For example, you can ask that we only contact you at work or only at a certain address or only by mail.
- **Your Right to Be Notified.** You have the right to be notified of a breach of your unsecured electronic protected health information.

**Changes to this Notice** - We reserve the right to revise this Notice. A revised Notice will be effective for health information already maintained about you as well as any information received in the future. The group health plan is required by law to comply with whatever Privacy Notice is currently in effect. If a material change is made to the Notice, it will be redistributed.

**How to Use Your Rights Under This Notice** - If you want to use your rights under this Notice, you may call or write to us. If your request must be in writing, we will help you prepare your written request, if you wish.

**Complaints and Communications** - If you want to exercise your rights under this Notice or if you wish to communicate with us about Privacy issues or if you wish to file a complaint you may do so with us or the U.S. Department of Health and Human Services. We support your rights to protect your PHI. You will not be penalized for filing a complaint with us or with the Department of Health and Human Services.

Send written complaints to:  
Cherry Hill Benefits, Inc Privacy Officer  
Cherry Hill Benefits, Inc  
1111 Markkress Rd, Suite 201

856-424-9744

Or

Complaints may also be made directly to the U.S. Department of Health and Human Services by following the instructions on the HHS/OCR Website at:  
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/>

Issued on September 18, 2013