



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.

Please call Aetna Better Health Member Services if you have any questions about this notice. Our toll-free number is 1-866-212-2851.

What do we do with your health information?

Member Services: We are trained to help you. We sometimes need to see your health information to answer your questions.

Help take care of you: We may use your health information to help manage your health care. We also use it to decide what treatment your benefits cover. We may tell you about different services available, such as shots, checkups, or medical screenings. We may also send you appointment reminders.

We may share your health information with other people who give you care. This could include doctors, hospitals, drug stores, and others. If you are no longer a member of the Plan, we will first ask you to give us your okay to give your health information to a doctor.

Family and friends: We may give out your health information to a family member or friend who is helping you with your care or the payment for your care. For example, if you have an accident, we may need to talk with your spouse. Let us know if you do not want us to give your health information to a family member or friend who is helping you. Our address and phone number are at the end of this notice.

For payment: We will use your health information and may share it with others to pay for your care. For example, your doctor must submit a claim form to us that contains your health information. We may also use your health information to review the care your doctor gives you or to review your use of health benefits.

Health care operations: We may use your health information to help us do our job. We may use your health information for:

- Health promotion and disease prevention
- Quality improvement
- Legal matters
- Insurance administration
- Case management
- Accounting and audits
- Fraud prevention
- Business management and planning

For example, a case manager may work with your doctor. The case manager may help you get services for a health care problem. The case manager may also suggest other programs or places that can help.

Public purposes: We may use or give out your health information for certain public purposes. Examples of these are:

- *Required by law:* Federal, state, or local laws sometimes require us to give your health information to others. For example, we must give information to Illinois Department of Human Services about fraud.
- *Public safety and law enforcement:* We may give out health information for public safety and law enforcement purposes. For example, we may give health information to law enforcement officials if they give us a search warrant or a grand jury subpoena.

We also may give information to law enforcement officials in an investigation, prosecution, or criminal or civil proceeding, or if the law enforcement officials have other legal authority to get the information from us.

- *Oversight:* We are often examined by state and federal government agencies to make sure the Plan and your doctors are doing a good job. When these agencies do their review, we must let them see our members' records.
- *Disputes:* We may give out your health information if it is required in a lawsuit or legal dispute.

Special protection for HIV testing information: We may have HIV testing information about you. We will first ask you to give us your written okay to give this information to others in certain circumstances.

Uses of your information: By enrolling in the Plan, you have given us your permission to use your health information as described above. We may need to use or give out your health information for other reasons. We will first ask you to give us your written okay to give out your information for other reasons.



If you give us your okay to use or give out your health information, you may cancel your okay at any time. If we have already done something based on your okay, we cannot change it. To cancel your okay, write to us at the address at the end of this notice.

Sometimes we do not need your okay to use your health information. For example, we may use or give out your health information if:

- It is required by law or a court order for certain purposes; or
- It is required by Illinois Department of Human Services.

What are your rights?

Right to see and copy your record: You have the right to look at your health information and to get a copy of it. To ask for a copy of your health information, write to us at the address at the end of this notice. You can also ask for your medical records. Call your doctor's office or the health care facility where you were treated to get a copy of these records.

Right to ask for a change to your record: If you look at your record and see that some of the information is wrong or incomplete, you can ask us to change that information. To ask us to change your information, write to us at the address at the end of this notice. Your request must clearly tell us what information you want to change.

Right to get a list of people or groups that received your health information: You have the right to get a list of the people and groups that we gave your health information to. If you want to get that list, write to us at the address at the end of this notice.

Right to ask for private communications: If you think that the normal way we communicate with you will be dangerous to you, please let us know. We will do our best to help communicate with you in a way that is more private.

Right to ask for special treatment for your health information: We may use your health information in the ways we talked about in this notice. You can ask us not to use your information in these ways. We are not required to agree to your request, but we will give it serious thought. If we do agree to give your health information special treatment, we will follow our agreement with you. If you want to make this request, write to us at the address at the end of this notice.

Right to get a paper copy of this notice: You have the right to a paper copy of this notice. To get a copy of this notice, visit our website (www.aetnabetterhealth.com/illinois). You can also ask for a copy. Write to us at the address at the end of this notice. We will mail you one.

Will we change this notice?

By law, we must protect the privacy of your health information and give you this notice. We must follow what we say in this notice. We also have the right to change this notice.

If we change this notice, the changes apply to all of the information we hold or receive in the future. You can get a copy of the most current notice on our website (www.aetnabetterhealth.com/illinois).

What if you have questions or concerns?

Tell us if you have questions or concerns about your privacy. Call Member Services toll-free at 1-866-212-2851. You may also write us at:

Aetna Better Health
Attn: Privacy Officer
One South Wacker Drive, 12th Floor
Mail Stop F646
Chicago, IL 60606

You may also file a complaint with the state. You can call us to get the right department and phone number.

If you file a complaint with the state, you will not lose Plan membership or health care benefits, and we will not retaliate against you in any way.

Effective date: March 1, 2011