



Blue Cross Complete of Michigan LLC is an independent licensee of the Blue Cross and Blue Shield Association.

# Notice of Privacy Practices

**Your information. Your rights. Our responsibilities.**

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.**

## YOUR RIGHTS

**You have the right to:**

- Get a copy of your health and claims records.
- Correct your health and claims records.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

## YOUR CHOICES

**You have some choices in the way that we use and share information as we:**

- Answer coverage questions from your family and friends.
- Provide disaster relief.
- Communicate through mobile and digital technologies.
- Market our services and sell your information.

## OUR USES AND DISCLOSURES

**We may use and share your information as we:**

- Help manage the health care treatment you receive.
- Run our organization.
- Pay for your health services.
- Administer your health plan.
- Coordinate your care among various health care providers.
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement and other government requests.
- Respond to lawsuits and legal actions.

<b>YOUR RIGHTS</b>	<b>When it comes to your health information, you have certain rights.</b> This section explains your rights and some of our responsibilities to help you.
<b>Get a copy of your health and claims records</b>	<ul style="list-style-type: none"> <li>You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.</li> <li>We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li> </ul>
<b>Ask us to correct health and claims records</b>	<ul style="list-style-type: none"> <li>You can ask us to correct your health and claims records if you think they are incorrect or incomplete.</li> <li>Ask us how to do this.</li> <li>We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li> </ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"> <li>You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li> <li>We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.</li> </ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"> <li>You can ask us not to use or share certain health information for treatment, payment or our operations.</li> <li>We are not required to agree to your request, and we may say “no” if it would affect your care.</li> </ul>
<b>Get a list of those with whom we’ve shared information</b>	<ul style="list-style-type: none"> <li>You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why.</li> <li>We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul>
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"> <li>You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>We will make sure the person has this authority and can act for you before we take any action.</li> </ul>

## YOUR RIGHTS *continued*

<p><b>File a complaint if you feel your rights are violated</b></p>	<ul style="list-style-type: none"> <li>• You can complain if you feel we have violated your rights by contacting us at <b>1-800-228-8554</b> or <b>TTY 1-888-987-5832</b>.</li> <li>• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling <b>1-877-696-6775</b>, or visiting <b><a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a></b>.</li> <li>• We will not retaliate against you for filing a complaint.</li> </ul>
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<p><b>YOUR CHOICES</b></p>	<p><b>For certain health information, you can tell us your choices about what we share.</b></p> <p>If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.</p>
<p><b>In these cases, you have both the right and choice to tell us to:</b></p>	<ul style="list-style-type: none"> <li>• Share information with your family, close friends or others involved in payment for your care.</li> <li>• Share information in a disaster relief situation.</li> <li>• Share information with you through mobile and digital technologies (such as sending information to your email address or to your cell phone by text message or through a mobile app).</li> </ul> <p>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information with others (such as to your family or to a disaster relief organization) if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. However, we will not use mobile and digital technologies to send you health information unless you agree to let us do so.</p> <p>The use of mobile and digital technologies (such as text message, email or mobile app) has a number of risks that you should consider. Text messages and emails may be read by a third party if your mobile or digital device is stolen, hacked or unsecured. Message and data rates may apply.</p>
<p><b>In these cases we never share your information unless you give us written permission:</b></p>	<ul style="list-style-type: none"> <li>• Marketing purposes.</li> <li>• Sale of your information.</li> </ul>

OUR USES AND DISCLOSURES	<b>How do we typically use or share your health information?</b> We typically use or share your health information in the following ways.	
<b>Help manage the health care treatment you receive</b>	We can use your health information and share it with professionals who are treating you.	<b>Example:</b> A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
<b>Run our organization</b>	We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.	<b>Example:</b> We use health information about you to develop better services for you.
<b>Pay for your health services</b>	We can use and disclose your health information as we pay for your health services.	<b>Example:</b> We share information about you to coordinate payment for your health services.
<b>Administer your plan</b>	We may disclose your health plan information for plan administration.	<b>Example:</b> We share health information with others who we contract with for administrative services.
<b>Coordinate your care among various health care providers</b>	<p>Our contracts with various programs require that we participate in certain electronic Health Information Networks ("HINs") and/or Health Information Exchanges ("HIEs") so that we are able to more efficiently coordinate the care you are receiving from various health care providers.</p> <p>If you are enrolled/enrolling in a government sponsored program, such as Medicaid or Medicare, please review the information provided to you by that program to determine your rights with respect to participating in an HIN or HIE.</p>	<b>Example:</b> We share health information through an HIN or HIE to provide timely information to providers rendering services to you.

## OUR USES AND DISCLOSURES *continued*

**How else can we use or share your health information?** We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

<p><b>Help with public health and safety issues</b></p>	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> <li>• Preventing disease.</li> <li>• Helping with product recalls.</li> <li>• Reporting adverse reactions to medications.</li> <li>• Reporting suspected abuse, neglect or domestic violence.</li> <li>• Preventing or reducing a serious threat to anyone's health or safety.</li> </ul>
<p><b>Do research</b></p>	<ul style="list-style-type: none"> <li>• We can use or share your information for health research.</li> </ul>
<p><b>Comply with the law</b></p>	<ul style="list-style-type: none"> <li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.</li> </ul>
<p><b>Respond to organ and tissue donation requests and work with a medical examiner or funeral director</b></p>	<ul style="list-style-type: none"> <li>• We can share health information about you with organ procurement organizations.</li> <li>• We can share health information with a coroner, medical examiner or funeral director when an individual dies.</li> </ul>
<p><b>Address workers' compensation, law enforcement and other government requests</b></p>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> <li>• For workers' compensation claims.</li> <li>• For law enforcement purposes or with a law enforcement official.</li> <li>• With health oversight agencies for activities authorized by law.</li> <li>• For special government functions such as military, national security and presidential protective services.</li> </ul>
<p><b>Respond to lawsuits and legal actions</b></p>	<ul style="list-style-type: none"> <li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>
<p><b>Additional restrictions on use and disclosure</b></p>	<ul style="list-style-type: none"> <li>• Certain federal and state laws may require greater privacy protections. Where applicable, we will follow more stringent federal and state privacy laws that relate to uses and disclosures of health information concerning HIV/AIDS, cancer, mental health, alcohol and/or substance abuse, genetic testing, sexually transmitted diseases and reproductive health.</li> </ul>

## OUR RESPONSIBILITIES

Blue Cross Complete takes our members' right to privacy seriously. To provide you with your benefits, Blue Cross Complete creates and/or receives personal information about your health. This information comes from you, your physicians, hospitals and other health care services providers. This information, called protected health information, can be oral, written or electronic.

- We are required by law to maintain the privacy and security of your protected health information.
- We are required by law to ensure that third parties who assist with your treatment, our payment of claims or health care operations maintain the privacy and security of your protected health information in the same way that we protect your information.
- We are also required by law to ensure that third parties who assist us with treatment, payment and operations abide by the instructions outlined in our Business Associate Agreement.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

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## CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you.

The new notice will be available upon request and on our website, and we will mail a copy to you.

**Effective date of this notice: Sept. 3, 2015**

MN-ANR06Rev101018



# Member Rights and Responsibilities

**As a member of Blue Cross Complete of Michigan, you have rights and responsibilities. Understanding these rights and responsibilities helps you get the most of your health care benefits.**

## MEMBER RIGHTS

Member rights will be honored by all Blue Cross Complete staff and affiliated providers. You have the right to:

- Understand information about your health care
- Get required care as described in your member handbook
- Be treated with dignity and respect
- Receive Culturally and Linguistically Appropriate Services (CLAS)
- Privacy of your health care information, as outlined in your member handbook
- Treatment choices, in spite of cost or benefit coverage
- Fully join in making decisions about your health care
- Refuse to accept treatment
- Voice complaints, grievances or appeals about Blue Cross Complete and its services, benefits, providers and care
- Get clear and easy-to-understand written information about Blue Cross Complete's services, practitioners, providers, rights and responsibilities
- Review your medical records and ask that they be corrected or amended
- Make suggestions regarding Blue Cross Complete's rights and responsibilities policies
- Be free from any form of abuse, being restrained or secluded, as a means of coercion, discipline, convenience or retaliation when receiving services
- Receive information on available treatment options and alternatives presented in a manner appropriate to the enrollee's condition and ability to understand.
- Request and receive:
  - o The Blue Cross Complete provider directory
  - o The professional education of your providers, including those who are board certified in the specialty of pain medicine for evaluation and treatment
  - o The names of hospitals where your physicians are able to treat you
  - o The contact information for the state agency that oversees complaints or corrective actions against a provider
  - o Any authorization, requirements, restrictions or exclusions by service, benefit or a specific drug
  - o The information about the financial agreements between Blue Cross Complete and a participating provider

## MEMBER RESPONSIBILITIES

You have the responsibility to:

- Know your Blue Cross Complete certificate
- Know your member handbook and all other provided materials
- Call Customer Service with any questions
- Seek services for all nonemergency care through your primary care physician
- Use the Blue Cross Complete provider network
- Be referred and approved by Blue Cross Complete and your primary care physician for out-of-network services
- Make and keep appointments with your primary care physician
- Contact your doctor's office if you need to cancel an appointment
- Be involved in decisions regarding your health
- Behave in an appropriate and considerate manner to providers, their staff, other patients and Blue Cross Complete staff. Take responsibility for inappropriate behavior.
- Tell Blue Cross Complete of address changes, any changes for your dependent coverage and any other health coverage
- Protect your ID card against misuse
- Call Customer Service right away if your card is lost or stolen
- Follow your doctor's instructions regarding your care
- Make treatment goals with your physician
- Contact the Blue Cross Complete Anti-fraud Unit if you suspect fraud

For more information, contact Customer Service at **1-800-228-8554**, 24 hours a day, seven days a week. TTY users should call **1-888-987-5832**.

## YOUR ADDITIONAL RIGHTS AND RESPONSIBILITIES

In addition to these rights and responsibilities, you also have these rights:

- To ask for and get information about how our company is structured and operated
- To have your health information stay confidential
- To use your rights without changing the way you are treated by us, your health care providers or the state of Michigan
- To ask for the professional credentials of your provider
- To ask for any prior authorization requirements, limits, restrictions or exclusions
- To ask about the financial responsibility between Blue Cross Complete and any network provider
- To know if there are any provider incentives, such as pay-for-performance
- To ask about stop loss coverage

You also have the responsibility to tell your doctor and Blue Cross Complete about your health and health history. Telling us helps us give you the care and treatment that's right for you.



## Nondiscrimination Notice and Language Services

### Discrimination is against the law

Blue Cross Complete of Michigan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Cross Complete of Michigan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Cross Complete of Michigan:

- Provides free (no cost) aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Information in other formats (large print, audio, accessible electronic formats)
- Provides free (no cost) language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Blue Cross Complete of Michigan Customer Service, 24 hours a day, 7 days a week at **1-800-228-8554** (TDD/TTY: **1-888-987-5832**).

If you believe that Blue Cross Complete of Michigan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

- **Blue Cross Complete of Michigan Member Grievances**

P.O. Box 41789  
North Charleston, SC 29423  
**1-800-228-8554**  
(TDD/TTY: **1-888-987-5832**)

- If you need help filing a grievance, Blue Cross Complete of Michigan Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), by mail or phone at:

**U.S. Department of Health  
and Human Services**

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
**1-800-368-1019**  
(TDD/TTY: **1-800-537-7697**)

Complaint forms are available at:  
[hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).

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[mibluccrosscomplete.com](https://mibluccrosscomplete.com)

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