***Effective Date: September 23, 2013***

**Christiana Care Health & Welfare Benefits Plan**

**NOTICE OF PRIVACY PRACTICES**

This Notice of Privacy Practices applies to Christiana Care Health & Welfare Benefits Plan (“the Plan”). *If you have any questions about this Notice, please contact our Privacy Officer at (302)623-4468.*

***This Notice describes how medical information about you may be used and disclosed***

***and how you can access this information.***

***Please read it carefully.***

***Our Promise***

We know that your medical and health information is very personal. We do our best to protect the health information received by, created by or maintained by Christiana Care Health & Welfare Benefits Plan (“PHI”).1 . We protect that information in accordance with federal and state privacy laws as well as Christiana Care’s privacy and information security policies. This Notice describes how Christiana Care may use and disclose PHI about you in managing the benefits provided under the Plan. It explains your legal rights regarding your PHI.

1 When we use the term “protected health information” or (PHI), we mean individually identifiable health information, including demographic and genetic information, collected from you or created or received from a health plan or your employer on behalf of a group health plan, that relates to (1) your past, present, or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present, or future payment for the provision of health care to you. PHI includes genetic information.

2 Genetic information means information about an individual’s genetic tests and the genetic tests of an individual’s family members, as well as information about the manifestation of a disease or disorder in an individual’s family members (i.e. family medical history).

***Christiana Care’s Legal Obligations***

We are required by law to:

Maintain the privacy of your PHI and genetic information;2

Inform plan participants and beneficiaries about our policies and practices to protect the confidentiality of their health information;

Provide you with certain rights with respect to your PHI;

Notify you if there is a breach of your protected health information ;

Limit sharing of your health information to the minimum necessary for the intended purpose; and

Abide by the terms of the version of this Notice currently in effect.

***Keeping Your Information Safe***

We protect your PHI with administrative, technical and physical safeguards against unauthorized access and other threats to its security and integrity.

***How Christiana Care Uses and Discloses Protected Health Information***

In order for us to give you the benefits you need under the Plan, including but not limited to your medical coverage, pharmacy coverage, dental insurance coverage, and flexible spending accounts, we need to create, receive and maintain records that contain your PHI. We obtain that information from many different sources – including you, your employer, other insurers, HMOs or third-party administrators (TPAs), and health care providers. In administering your benefits, we may use your information in a number of ways, including but not limited to:

***Health Care Operations***

Your PHI may be used for administrative purposes that are called “health care operations” of the Plan. These activities include but are not limited to performance improvement efforts, and outcomes assessments. They include the provision of disease management and wellness programs for members with specific conditions (for example, diabetes, asthma and/or other health conditions as such programs are created). Health care operations also include general administrative activities such as data and information systems management and customer service. We do use of the PHI of our members to set appropriate premiums for the Plan; to help secure insurance that is needed to protect the Plan; to detect and investigate fraud; to conduct or arrange for medical review, legal services or audit services; to submit claims for stop-loss (or excess-loss) coverage; to conduct business planning such as cost management; and for general Plan administrative activities. Please note, however, that we do not use or disclose genetic PHI for the purposes of underwriting, setting premiums, or determining eligibility for benefits. We do not apply any preexisting condition exclusion.

***Payment***

Your PHI may be used or disclosed to determine your eligibility for Plan benefits, to coordinate coverage between this Plan and another plan, and to facilitate payment for services you receive. For example, we may use your PHI to decide whether a particular treatment is medically necessary and covered by your Health & Welfare Plan.

***Treatment***

We may disclose PHI to doctors, dentists, pharmacies, hospitals, and other health care providers who take care of you and to facilitate medical treatment or services by providers. For example, the Plan may use or disclose your PHI to prevent you from being given the wrong medication. Your doctors may request medical information from us to include in their own records.

***Disclosure to Christiana Care as Plan Sponsor***

Your PHI will generally not be disclosed to Christiana Care in its role as your employer and the Plan Sponsor. Generally we will only share your information with Christiana Care if you request it and provide written permission. Under limited circumstances, however, we may disclose your PHI to the Plan Sponsor for plan administration without your written authorization. For example, we may disclose information regarding your enrollment in the Plan or in a specific benefit to allow for payroll processing of premium payments. As Plan Sponsor, Christiana Care may only use and disclose your PHI as permitted by the Plan documents or as required by law; we must limit access to your PHI to those individuals who work within the Plan; and may not use PHI for any employment-related actions or decisions.

***Business Associates***

We contract with business associates provide services to the Plan such as plan administration, claims processing and audit services. Prior to sharing of PHI, the Plan will require its business associates through contract to agree to appropriately safeguard your health information.

***Additional Reasons for Sharing your PHI***

We also may use or disclose your PHI under the following circumstances:

When required by law to do so;

For purposes of public health, including but not limited to preventing or controlling disease, injury or disability and to report product defects or permit recalls of medical devices;

When by law. We must to report information about abuse, neglect or domestic violence;

To a public health oversight agency for investigations, inspections, or licensing;

When required by judicial or administrative order, subpoena, discovery request or other legal requirement under certain conditions. For example, we may make sure that the requesting party has made a good faith effort to give you written notice;

For law enforcement purposes, such as identifying or finding a suspect, fugitive, material witness or missing person. Also, in limited circumstances, if you are suspected of being a victim of a crime;

When required to be given to a coroner or medical examiner to aid in identifying someone after death, finding the cause of death, or other legal duties. We may share limited information with funeral directors so they can carry out their duties with respect to a decedent;

To authorized federal officials for military and national security purposes;

For inmates, to a correctional institution or law enforcement official if necessary for the institution to give you health care, protect your health and safety or the health and safety of others, or to keep the correctional institution safe and secure;

To organ procurement organizations for organ, eye or tissue donation;

For research when information identifying you has been removed or an institutional review board has reviewed the research proposal, established protocols to protect your privacy, and approves the research;

To prevent a serious threat to health and safety to the public or a specific individual;

When authorized and to meet Worker’s Compensation laws;

If you are a member of the armed forces, as required by military command authorities;

If you are not present or your consent cannot be obtained because of your incapacity or an emergency circumstance, the Plan may disclose PHI to your family member, relative or other person who is responsible for your care but only that PHI needed;

When required, to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule; and

For other purposes provided under the Health Insurance Portability and Accountability Act (HIPAA) and the privacy rules.

***Uses and Disclosures Requiring Your Written Authorization***

In any situation not described above, we will ask for your written authorization before using or disclosing PHI about you. We must have your written authorization to use or disclose your psychotherapy notes, to use or disclose your protected health information for marketing purposes; and for any use or disclosure that constitutes a sale of PHI.

We will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, or guardian so long as you provide us with an authorization and/or any supporting documentation (e.g., power of attorney).

If you have given us an authorization, you may revoke it at any time. The revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information we have already used or disclosed, relying on the authorization. If you have a question regarding authorizations, contact the Human Resources Service Center at (302) 327-5555.

***Your Legal Rights***

The federal privacy regulations give you the following rights with regard to your PHI:

**Access to your health information.** You may request a copy of PHI that is contained in a “designated record set” (that is, medical records and other records maintained for use in making enrollment, payment, claims adjudication, medical management and other decisions). We may ask you to make your request in writing, may charge a reasonable fee for producing and mailing the copies, and in certain limited circumstances, may deny the request. You may request that we provide a copy in paper or a specific electronic form or format. If the information can be produced in the form or format requested, we will do so. If not, we will arrange with you to provide the copy in another readable electronic form and format.

**Amendment of incorrect or incomplete health information.** You may request amendment (correction) of your PHI that is in a “designated record set.” Your request must be in writing and must include the reason for the request. If we deny the request, you may file a written statement disagreeing with the information, which will be placed in the record.

**Accounting of disclosures.** You may ask for a list of any disclosures of your PHI outside of Christiana Care. The accounting will not include (1) disclosures for purposes of treatment, payment or healthcare operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; or (6) disclosures incidental to otherwise permissible disclosures. Your request must be in writing. If you request such an accounting more than once in a 12-month period, we may charge a reasonable fee.

**Restriction of Use or Disclosure.** You may request that we limit our use or disclosure of your PHI. We will consider, but may not agree to such requests. Please note: You have the right to restrict disclosure of your PHI to us or another health plan if the disclosure is for the purpose of carrying out payment or health care operations, is not required by law, and pertains solely to a health care item or service for which you have already paid the provider in full.

**Confidential Communications.** With limited exceptions, we will send all mail to the employee subscriber. This includes mail relating to the benefits provided to other Plan beneficiaries such as the employee’s spouse and dependent children covered by the Plan. Plan beneficiaries may ask us to communicate in a certain way or at a certain location. For example, if you are covered as an adult dependent, you might want us to send health information to a different address from that of the employee subscriber. We will accommodate reasonable requests.

**Notification of Breach.** You also have the right to be told if there is a breach of your unsecured PHI (that is, an unauthorized acquisition, access, use or disclosure of protected health information that compromises the security or privacy of the information).

You may make any of the requests described above, or may request a paper or electronic copy of this notice, by calling the Human Resources Service Center at (302) 327-5555. You also have the right to file a complaint if you think your privacy rights have been violated. To do so, please send your inquiry to the following address:

Privacy Office

Christiana Care

P.O. Box 6001

Newark, DE 19718-6001

Telephone: 302-623-4468

FAX: 302-623-4465

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, DC 20201. You will not be penalized or retaliated against for filing a complaint.

***This Notice is Subject to Change***

We may change the terms of this Notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of the information that we already have about you, as well as any information that we may receive or hold in the future. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices by mail to your address on file.

***Questions***

If you have questions regarding this Notice, please contact Christiana Care’s Privacy Office as set forth above. You may contact the Privacy Office by mail, phone or fax. Please include your name, phone and fax number.