



## TRISTAR HIPAA NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by covered entities such as TRISTAR. Under federal law, your health information is protected and confidential. Your health information may include information about your symptoms, test results, diagnosis, treatment and related medical information. We use this information to administer your claims, benefits, and coverage eligibility, coordinate healthcare, and other related services. We may also use this information to coordinate services with other providers, third parties, or programs to ensure appropriate quality of services are provided to you. We recognize that the privacy of your health information is very important to you. We are committed to protecting the confidentiality of your health information. When we use or disclose your health information, we will make reasonable efforts to limit the use or disclosure to the minimum necessary to accomplish the intended purpose of the use of disclosure.

### Our legal duties

We are required by law to maintain the privacy of your health information, provide you with our Notice of Privacy Practices (“Notice”), follow the terms of the Notice that is currently in effect, and notify you of any breach of your health information.

This Notice describes some of the ways in which we may use and disclose your health information. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information.

### How we may use or disclose your health information

We collect health information about you and store it in paper or electronic records formats. This is your health plan record. The health plan record is the property of TRISTAR, but the information in the health plan record belongs to you. The law permits us to use or disclose your health information for the following purposes:

- **Treatment** includes providing, coordinating, or managing health care by one or more health care providers. While TRISTAR does not engage in healthcare treatment, we may disclose or use your health information to assist in coordinating your care among different providers. Or we may use your information to manage referrals and authorization for your care with providers, diagnostic facilities, pharmacies, and other providers involved in your care. We may disclose your health information to family members who are helping and involved with your care.
- **Payment** includes services provided by TRISTAR that may require the use and disclosure of information about you for the purpose of billing and receiving premium payment by your plan sponsor or employer, or for the purpose of obtaining reimbursement from a carrier or re-insurer of your health plan. This can include determining eligibility, making coverage determinations, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, subrogation, and billing; as well as performing “behind the scenes” plan functions, such as risk adjustment, collection, or reinsurance. We may share

information about your coverage or the expenses you have incurred with another health plan, carrier, or other responsible party to coordinate payment of benefits. We always take care to ensure that we use or disclose only the minimally necessary protected health information to accomplish these purposes.

- **Health Care Operations** includes using and disclosing your health information to conduct our standard operations. These activities include, but are not limited to, claims adjudication, proper administration of records, evaluation of the quality of treatment, assessing the care and outcomes of your case and others like it, review wellness and risk assessment programs, quality assessment and improvement activities, customer service, internal grievance resolution, developing procedures and guidelines, conducting training programs, business planning and development, employee review activities, licensing and other general administrative activities. We may also use and disclose your information as necessary for claim reviews, legal services, and audits, including fraud and abuse detection, compliance programs and business planning and management. We may also share your protected health information with our “business associates, such as enrollment processors, reinsurance carriers, brokers, and other third-party vendors that perform administrative or other services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your protected health information. We may use your health information to create “de-identified” information, which does not include any information that identifies you, and discloses that de-identified information in the course and scope of our operations.
- **Communications** includes communications with you by mail, email, or by telephone regarding health coverage, eligibility questions, coordination of benefits or communications for treatment, payment, operations or as defined under “Marketing.” We will contact you at the home address, email, or the mobile telephone number on file. We may also text you if you have provided your mobile number.
- **Breach Notification.** We are legally required to notify you if there is a breach of your unsecured protected health information. We are required to notify you by first class mail (sent to the last address you have given us) or by email (if you have authorized in writing that you prefer email communications) of such breaches. In addition to notifying you, we will also report the breach to the Secretary of the U.S. Department of Health and Human Services and, where required by law, to media outlets.
- **Disclosures to your employer.** We may disclose protected health information about you to the plan sponsor, which is your employer. We will only disclose enrollment and health plan summary information, which summarizes claims paid and related information but does not identify you or your services. The plan sponsor may use this information to evaluate its sponsorship of the health plan, such as obtaining quotes from other health plans or working with its broker or consultant to modify plan coverage and design. If the plan sponsor requires more than summary or enrollment information, we will only provide that information if the plan documents (your summary plan description or enrollment package) allow this or are modified to give you notice of this. In any case, the plan sponsor is not allowed to use any such information for employment-related decisions about you.
- **Marketing.** We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you, or to provide you with a list of providers and services covered by the health plan or program. We may also

communicate to you about services and products that add value to you but are not necessarily covered benefits. We may also communicate to you about alternative treatment options, alternative settings of care or providers or for case management or improved care such as with disease management. We may communicate with you about a drug or biologic that is currently being prescribed. Our representatives may communicate to you face to face or even provide you a promotional gift of nominal value, for example during a health fair. These activities described do not require your authorization. For any other marketing activities, including those for which we may receive remuneration, we will not otherwise use or disclose your protected health information without your written authorization. You may also ask to opt-out of any marketing communications by submitting a written request to the HIPAA Privacy Officer (see “Contacts”).

- **Underwriting Purposes.** We may use protected health information to conduct underwriting and underwriting analyses and for premium rate-setting purposes. However, federal law prohibits the use or disclosure of genetic information about an individual for such purposes.

## Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You’ll generally be given the chance to agree or object to these disclosures (although exceptions may be made – for example, if you’re not present or if you’re incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

We are also allowed to use or disclose your health information without your written authorization for the following activities:

<b>Workers’ Compensation</b>	Disclosures to workers’ compensation or similar legal programs that provide benefits for work related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws.
<b>Necessary to prevent serious threat to health or safety</b>	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of threat), includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that we reasonably believe may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody.
<b>Public health activities</b>	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition, disclosures to public health authorities to prevent or control disease or report child abuse or neglect, and disclosure to the Food and Drug Administration to collect or report adverse events or product defects.
<b>Victims of abuse, neglect, or domestic violence</b>	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or we believe that disclosure is necessary to prevent serious harm to you or potential victims (you’ll be notified of the disclosure if informing you won’t put you at further risk).
<b>Judicial and administrative proceedings</b>	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (we may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information).
<b>Law enforcement purposes</b>	Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person, disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity, disclosures about a death that may have resulted from criminal conduct, and disclosures to provide evidence of criminal conduct on our premises.

<b>Decedents</b>	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties.
<b>Organ, eye, or tissue donation</b>	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death.
<b>Research purposes</b>	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project.
<b>Health oversight activities</b>	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil right laws.
<b>Specialized government functions</b>	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command, disclosures to authorized federal officials for national security or intelligence activities, and disclosures to correctional facilities or custodial law enforcement officials about inmates.
<b>HHS Investigations</b>	Disclosures of your health information to the Department of Health and Human Services to investigate or determine our compliance with the HIPAA privacy rule.

Except as described in this Notice, other uses and disclosures will be made only with your written authorization. We will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization with respect to disclosures that we have already made.

## Your individual rights

You have the following rights with respect to the health information we maintain about you. These rights are subject to certain limitations. This section of the Notice describes how you may exercise each individual right.

### **Right to request restrictions on certain uses and disclosures of your health information and our right to refuse.**

You have the right to ask us to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask us to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask us to restrict use and disclosure of health information to notify those persons of your location, general condition, or death—or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to us must be in writing and submitted to the HIPAA Privacy Officer (see “*Contacts*”).

We are not required to agree to a requested restriction. If we agree, a restriction may later be terminated by your written request, by agreement between you and us (including an oral agreement), or unilaterally by us for health information created or received after you are notified that we have removed the restrictions. We may also disclose health information about you if you need emergency treatment, even if we had agreed to a restriction.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to us for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

**Right to receive confidential communications of your health information.**

If you think that disclosure of your health information by the usual means could endanger you in some way, we will accommodate reasonable requests to receive communications of health information from us by alternative means or at alternative locations. For example, you can request that we only contact you on your cell phone, at work or by mail; however, you may be required to pay for special communication methods as applicable.

If you want to exercise this right, your request to us must be in writing and you must include a statement that disclosure of all or part of the information could endanger you. Submit your written request to the HIPAA Privacy Officer (see “*Contacts*”).

**Right to inspect and copy your health information.**

In most cases, you have the right to look at or get a copy of your health information that we maintain in a “designated record set” for as long as we maintain the information. A “designated record set” contains medical and billing records and other records we use to make decisions about you. This right does not include the right to look at or get a copy of the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or information subject to a law that prohibits granting you access to it. Your request to inspect and obtain copies of your health records must be submitted in writing, signed, and dated. We may charge a small fee for processing your request and providing you with copies. Under certain circumstances, we may deny your request to inspect or obtain a copy of your records; if we do so, in certain circumstances you have the right to request a review of our denial. Submit your written request to the HIPAA Privacy Officer (see “*Contacts*”).

**Right to amend or supplement your health information.**

You have a right to request that we amend your health information in our possession that you believe is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information and will provide you with information about our denial of such a request and your options for appealing our decision. We may deny your request for reasons which include the following: we do not have the information, we did not create the information (the person or entity that created the information is no longer available to make the amendment), you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. Submit your written request to the HIPAA Privacy Officer (see “*Contacts*”).

**Right to an accounting of disclosures.**

You have the right to request an accounting of certain disclosures we have made of your health information. This right is subject to certain exceptions. For example, it excludes disclosures made for treatment, payment or health care operations or disclosures to you or pursuant to a written authorization. It also excludes disclosures made to a facility directory, to persons involved in your care, for national security or intelligence purposes, to correctional institutions or law enforcement officials, and for other reasons. In addition, we may suspend your right to receive an accounting of disclosures if required to do so by a health oversight agency or law enforcement official for the period specified by such agency or official.

Your request for an accounting of disclosures must be submitted in writing, signed, and dated. It must include the time period of the disclosures and should specify whether you want the list of disclosures provided on paper or electronically. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of producing the list. Submit your written request to the HIPAA Privacy Officer (see “*Contacts*”).

**Right to obtain a paper copy of this Notice from TRISTAR upon request.**

You have the right to obtain a paper copy of this privacy Notice upon request. Even individuals who agreed to receive this Notice electronically may request a paper copy at any time. You may also view this Notice on our website at [Tristargroup.net](http://Tristargroup.net). Submit your written request to the HIPAA Privacy Officer (see “*Contacts*”).

**Changes to this Notice**

We reserve the right to change the terms of our HIPAA Notice of Privacy Practices at any time and to make the new Notice provisions effective for all health information that we maintain. We will post a copy of the current Notice on our website at [Tristargroup.net](http://Tristargroup.net).

**Complaints**

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we have made about your records, you may file a written complaint with our HIPAA Privacy Officer or with the Secretary of the United States Department of Health and Human Services. You can determine the best method for filing a complaint by visiting [www.hhs.gov/ocr](http://www.hhs.gov/ocr) including whether to send your complaint to the address provided in the “*Contacts*” section of this Notice.

You will not be penalized in any way or retaliated against for filing a complaint. If you believe you are being retaliated against, please immediately contact the HIPAA Privacy Officer.

**Contacts**

For submitting your requests for health information as described in “*Your individual rights*” section of this Notice and for submitting complaints to the TRISTAR HIPAA Privacy Officer.

TRISTAR  
HIPAA Privacy Officer  
100 Oceangate, Suite 840  
Long Beach, CA 90802  
562-625-8242  
[HIPAAPrivacyOfficer@tristargroup.net](mailto:HIPAAPrivacyOfficer@tristargroup.net)

You may also submit your complaint as described in the “*Complaints*” section of this Notice to the address listed below.

U.S. Department of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201  
1-877-696-6775