



# BP Benefit Plans

## Notice of HIPAA 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. If you have any questions about this notice, please contact the BP Benefits Center.*

### Introduction

*The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) is a federal law that, in part, requires group health plans to take reasonable steps to protect the privacy and security of your protected health information. As a group health plan, HIPAA requires that we provide you with a copy of this Notice of Privacy Practices (the “Notice”), which describes our protected health information privacy practices. We must abide by the terms of this Notice. This Notice applies to, **but does not change**, certain medical-related benefits under the BP Consolidated Welfare Benefit Plan — including medical, behavioral health care and prescription drug benefits. For convenience, this Notice uses the term “Plan” to refer to these benefits. This Notice does not apply to:*

- > Other BP benefit programs or policies.*
- > Medical information maintained by your doctor or other health care provider.*

The Plan is required by Federal law (known as the “HIPAA Privacy Rules”) to maintain the privacy of participants’ PHI and to provide participants with notice of its legal duties and privacy practices regarding PHI. HIPAA stands for the Health Insurance Portability and Accountability Act of 1996. For purposes of the HIPAA Privacy Rules, “Protected Health Information” or “PHI” generally means health information relating to you — including your past, present or future health, or payment for your health care — that is created or received by the Plan (including by the Plan’s claims administrators and service providers). For purposes of the HIPAA Privacy Rules, the claims administrators and service providers used by the Plan are referred to as “claims administrators” of the Plan. Claims administrators are contractually

obligated to the Plan to take the same care with your PHI that the HIPAA Privacy Rules impose upon the Plan.

Please read this Notice of Privacy Practices thoroughly. This Notice summarizes how the Plan may use and disclose your PHI for:

- > Your treatment.
- > Payment of your claims.
- > Health care operations of the Plan.
- > Other uses and disclosures of such information allowed by law.

It also describes your ability to access and control the use and disclosure of your PHI. The Plan must abide by the terms of this Notice of Privacy Practices, which may be amended from time to time.

### Use or disclosure of your PHI for plan administration

This section describes how the Plan uses and discloses PHI. Not every possible use or disclosure is listed, but all of the ways your information may be disclosed for Plan administration fall into three categories: (i) treatment, (ii) payment, and (iii) health care operations.

#### **Treatment**

Your PHI may be used or disclosed to carry out medical treatment or services by health care providers. For example, in carrying out treatment functions, the Plan’s prescription drug claims administrator could use or disclose your PHI to protect you from receiving inappropriate medications or share information about prior prescriptions if a newly prescribed drug could cause problems for you.

## **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, your information may be shared with a claims administrator that the Plan has hired to review use of certain services or medications, or with a claims administrator hired to help the Plan ensure that it is properly reimbursed if a third party is responsible for medical costs the Plan would otherwise pay.

## **Health care operations**

Your PHI may be used for various administrative purposes that are called “health care operations” of the Plan. For example, your information might be included as part of an audit designed to ensure that the Plan’s claims administrator is performing its job as well as it should for the Plan.

## **Disclosures for treatment, payment and health care operations**

The Plan often relies on claims administrators to handle important administrative tasks on behalf of the Plan. When these tasks involve the use or disclosure of PHI, the Plan is permitted to share your information with these claims administrators. Whenever an arrangement between the Plan and a claims administrator involves the use or disclosure of your PHI, that claims administrator will be required to keep your information confidential.

The Plan also may share your PHI with the Plan sponsor. For instance, the Plan may disclose whether you are participating in, enrolled in, or disenrolled from the Plan. Generally, the Plan sponsor may use the information to carry out its Plan administrative functions. The Plan sponsor has agreed to prevent unauthorized use or disclosure of the information and to limit the employees who have access to such information. In no event may the Plan sponsor use the PHI it receives from the Plan for benefit programs that do not provide health benefits, to make any employment-related decisions, or for any other purpose — other than as permitted or required by applicable law, or permitted by the Plan.<sup>1</sup>

**NOTE: We are not allowed to use genetic information to decide whether we will give you coverage or to determine the price of that coverage.**

## **Additional uses and disclosures allowed by law**

The HIPAA Privacy Rules also allow covered health care entities, such as the Plan, to use and disclose PHI without obtaining written authorization in the following circumstances:

- > As authorized by and to the extent necessary to comply with Workers’ Compensation or similar laws.
- > For judicial and administrative proceedings, such as lawsuits or other disputes in response to a court order or subpoena.
- > For public health activities, such as preventing or controlling disease and reporting reactions to medications.<sup>2</sup>

## **No other uses or disclosures without your authorization**

Other than the uses and disclosures described in this Notice, the Plan may not disclose your PHI or make any other use of it without your written authorization. For example, the plan may not sell your information or use it for marketing purposes. As well, most uses and disclosures of psychotherapy notes can be made only with your authorization. You may revoke any such authorization in writing except to the extent that the Plan has already taken action in reliance on your authorization.

## **Your rights regarding your PHI**

Your rights regarding PHI are summarized below. You may exercise these rights only by making a request directly to the applicable claims administrator maintaining the PHI. In order to determine how to pursue your rights, first contact the applicable claims administrator. Note that you will not be able to access any rights provided under the HIPAA Privacy Rules unless you follow the specific directions of the applicable claims administrator — which may include completing and returning to the applicable claims administrator a specific form made available by the claims administrator for accessing such rights. Also note that you may not make a blanket request for all PHI maintained by the Plan to the Plan or to any claims administrator; instead, you will need to make your request in writing to the applicable claims administrator maintaining the information by following the claims administrator’s procedures. For example, if you wish to access your medical PHI maintained by Aetna, you will need to contact Aetna directly.

## **You may access your PHI maintained by the plan**

You have a right to inspect and copy your PHI as long as it is maintained by the Plan or on behalf of the Plan, as described in this Notice. This ability would not apply to certain narrow types of information — psychotherapy notes; information that may be used in a civil, criminal, or administrative action or proceeding; and information that is not part of the records maintained by or on behalf of the Plan. Generally, your information will be provided to you in a form regularly maintained by the claims administrator. If you want copies of your PHI, a charge for copying and postage may be required. You have a right to choose to get a summary instead of a copy of the whole record.

The applicable claims administrator will respond to your request within 30 days after its receipt if the information is maintained or accessible on-site or 60 days after receipt if the information is not maintained or accessible on-site. If additional time is needed, you will be notified in writing to explain the delay and to give you the date by which your response will be sent. Even if you are provided with notice of a delay, in no event will the applicable claims administrator act on your request later than 60 days after its receipt if the information is available on-site or 90 days after receipt if the information is not available on-site. You will receive written notification of the claims administrator's decision.

### ***Denial of request for access***

The applicable claims administrator may deny your request for access to your PHI only under certain limited circumstances.<sup>3</sup> In the event of a denial the claims administrator will provide access to any part of the requested material that would not cause these problems.

### ***Requesting review of access denial***

In most situations, you are entitled to request review of an access denial.<sup>4</sup> In these instances, a health care professional that the applicable claims administrator has chosen may review your PHI. This person will not have been involved in the original decision to deny your request.

## **Amendment of your PHI**

You may have your PHI amended, as described in this Notice, for as long as it is maintained by the Plan or on behalf of the Plan. In your request for amendment, you must provide a reason to support the requested amendment. The applicable claims administrator will respond to your request within 60 days after its receipt. If additional time is needed, you will be notified in writing to explain the delay and to give you the date by which your response will be sent. In any event, the claims administrator will act on your request within 90 days after its receipt.

### ***Grant of request for amendment***

If your request for amendment of your PHI is granted, the applicable claims administrator will make the appropriate amendment by identifying the records that are affected by the amendment and appending (or otherwise linking) the amendment to the original record. The claims administrator will notify you that the amendment has been made and request your permission to notify others of the amendment. These other individuals may include those you have identified to receive the amendment as well as individuals the claims administrator knows have the original PHI and may have relied, or could foreseeably rely, on that information to your detriment.

### ***Denial of request for amendment***

Your request for amendment may be denied if:

- > The applicable claims administrator did not create the information.
- > The information is not part of the records maintained by or on behalf of the Plan.
- > The information would not be available for your inspection (for one of the reasons described above).
- > The claims administrator determines that the information is accurate and complete without the amendment.

If your request for changes in your PHI is denied, you will be notified in writing with the reason for the denial. You also will be informed of your right to submit a written statement disagreeing with the denial that is a reasonable length. A rebuttal statement to your statement of disagreement may be prepared by or on behalf of the Plan. You will be provided a copy of any such rebuttal statement.

Your statement of disagreement and any corresponding rebuttal statement will be included with any subsequent disclosures of applicable information. If you do not file a statement of disagreement, the Plan must submit your request for amendment (or a summary of such request) with any disclosure of the applicable information.

### **Accountings of disclosures of your PHI**

If the Plan discloses your PHI to anyone besides you for reasons that you have not authorized (other than the “treatment,” “payment” and “health care operations” described above), you will be able to receive information about such disclosures, as described in this Notice. This information is called an “accounting.”

A few minor exceptions do apply. By law, no accountings are required for disclosures described earlier in the “Additional uses and disclosures allowed by law” section of this Notice or for disclosures to persons involved in your care, for national security or intelligence purposes, for disclosures to correctional institutions or law enforcement officials, or for disclosures that are part of a limited data set that contains no more information than: (i) your age or date of admission, discharge or death and (ii) your city, state, county, precinct or ZIP code.

### **Requesting an accounting**

You must make your request for an accounting of disclosures of your PHI to the applicable claims administrator in accordance with its express procedures for making such a request. Your request must specify a time period, which may not be longer than six years. (Remember, though, that information is available only for disclosures made after April 13, 2003.) The applicable claims administrator will respond to your request within 60 days after its receipt. If additional time is needed, you will be notified in writing to explain the delay and to give you the date by which your response will be sent. In any event, the claims administrator will act on your request within 90 days after its receipt.

For each disclosure, you will receive:

- > The date of the disclosure.
- > The name of the receiving entity and address, if known.
- > A brief description of the PHI disclosed.

- > A brief statement of the purpose of the disclosure or a written copy of the request for the information, if any.

### **Accounting fee**

In any given 12-month period, you may receive one accounting of the disclosures of your PHI at no charge. Any additional request for an accounting during that period will be subject to a reasonable fee to cover the Plan’s costs in preparing the accounting.

### **You may request restrictions and confidential communications**

You may request the applicable claims administrator to impose restrictions on certain uses and disclosures of your PHI to carry out treatment, payment or health care operations functions as described in this Notice. You may also request the claims administrator to provide you with confidential communication of PHI. It is important to note that the applicable claims administrator is not required to agree to the requested restriction. If the claims administrator does agree to honor your request, it will not use or disclose your information in the way you specified unless it is needed to provide emergency treatment. Your request must state the specific restriction requested and to whom you want the restriction to apply.

### **Copy of notice**

If this Notice is provided to you in electronic form, you may obtain a paper copy of this Notice of Privacy Practices upon request to the BP Benefits Center.

### **Complaints**

If you believe the Plan has violated your privacy rights, you may file a complaint with the Plan or with the Secretary of Health and Human Services. Complaints to the Plan should be filed in writing with:

BP HIPAA Privacy Compliance Monitor  
BP America, Inc.  
P.O. Box 941644  
Houston, TX 77094-8644

You will not be penalized in any way for filing such a complaint.

You may also file a complaint with the US Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue, Washington, DC 20201, calling 1-877-696-6775 or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

### Additional information

For further information regarding the issues covered by this Notice of Privacy Practices, please contact:

BP HIPAA Privacy Compliance Monitor  
BP America, Inc.  
P.O. Box 941644  
Houston, TX 77094-8644

### BP Benefits Center

1-800-890-4100 (within the U.S)  
1-847-883-0469 (outside the U.S)  
between 8:00 a.m and 8:00 p.m.  
Central time, Monday through Friday

[www.bp.com/lifebenefits](http://www.bp.com/lifebenefits)

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)

1 Access to PHI by the Plan sponsor will be limited to the officer(s) and/or employee(s) appointed by BP to serve as plan administrator for purposes of maintaining health information privacy and those employees who either are assigned to perform specific Plan administrative functions that involve the use or disclosure of PHI or supervise the employees who have access to PHI. The access of those individuals who work with PHI will be restricted except to the extent reasonably necessary for them to perform the Plan administrative functions assigned or delegated to them. The Plan sponsor will maintain a disciplinary policy and enforce it against any employee with access to PHI who fails to comply with the Plan's privacy policy and procedures.

The Plan sponsor will report to the plan administrator (or its designee) any improper use or disclosure of PHI of which it becomes aware. When the Plan sponsor no longer needs particular PHI, it will destroy the information or, if destruction is not feasible, maintain the protected information as required by the privacy rules and limit further uses and disclosures to the purposes that make the destruction unfeasible. Any agent or subcontractor to whom the Plan sponsor provides PHI received from the Plan must agree to the same restrictions and conditions that apply to the Plan sponsor.

2 Several other uses and disclosures are allowed by law but are unlikely to affect the Plan, including: to government agencies for victims of abuse, neglect or domestic violence; for health oversight activities (audits, investigations, inspections, licensure, etc.); for law enforcement purposes (responding to a court order or subpoena, identifying a suspect or a missing person, providing information about a crime victim or criminal conduct, etc.); to coroners and medical examiners for identification or to determine a cause of death of a deceased person or as otherwise authorized by law; to funeral directors as necessary to carry out their duties; to an organ procurement organization or entity for organ, eye or tissue donation purposes; for certain research purposes, or to avert a serious threat to health or safety of a person or the public; and under specialized government functions that warrant the use and disclosure of PHI (these government functions may include military and veterans' activities, national security and intelligence activities, and

protective services for the President and others). Information may also be disclosed to correctional institutions and other law enforcement officials with lawful custody of an inmate or other person.

3 Your request may be denied if: a licensed health care professional determines that your request is reasonably likely to endanger your or anyone else's life or physical safety; the information you request refers to another person and a licensed health care professional determines that the access requested is reasonably likely to cause substantial harm to that person; or the request is made by your personal representative and a licensed health care professional determines that providing access to your representative is reasonably likely to cause substantial harm to you or to another person.

4 In the following limited cases, your request for access to your PHI may be denied without giving you an opportunity to request review of that decision: the information you seek to access is excepted from the right to access as described above; the information you seek was created or obtained in the course of ongoing research; you are an inmate at a correctional institution and obtaining a copy of the information would risk the health, safety, security, custody or rehabilitation of you or of other inmates (the claims administrator will not provide your information if it would threaten the safety of any officer, employee or other person at the correctional institution who is responsible for transporting you); the information you seek to access is contained in records protected by the Federal Privacy Act and the denial satisfies the requirements of that law; or the information you seek to access is obtained from someone other than a health care provider under a promise of confidentiality and your access request would be reasonably likely to reveal the source of the information.