**HIPAA Special Enrollment Rights** – If you are declining enrollment for yourself and your dependents (including your spouse) because of other health insurance or group health coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 31 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the health coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources.

**Michelle’s Law** – The law allows for continued coverage for dependent children who are covered under your group health plan as a student if they lose their student status because of a medically necessary leave of absence from school. This law applies to medically necessary leaves of absence that begin on or after January 1, 2010.

If your child is no longer a student, as defined in your Certificate of Coverage, because he or she is on a medically necessary leave of absence, your child may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This continued coverage applies if your child was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (includes colleges, universities, some trade schools and certain other post-secondary institutions).

Your employer will require a written certification from the child’s physician that states that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary.

**Section 111** – Effective January 1, 2009 Group Health Plans are required by Federal government to comply with Section 111 of the Medicare, Medicaid, and SCHIP Extension of 2007’s new Medicare Secondary Payer regulations. The mandate is designed to assist in establishing financial liability of claim assignments. In other words, it will help establish who pays first. The mandate requires Group Health Plans to collect additional information, more specifically Social Security Numbers for all enrollees, including dependents six months of age or older. Please be prepared to provide this information on your Benefit Enrollment Form when enrolling into benefits.

**Women’s Health and Cancer Rights Act of 1998** – If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

**The Newborn’s and Mother’s Health Protection Act** - Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and insurers may not, under Federal law, require that a provider obtain authorization from the plan or the insurer for prescribing a length of stay not more than 48 hours (or 96 hours).
Patient Protection: If the Group Health Plan generally requires the designation of a primary care provider, you have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in obstetrics or gynecology, or for information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Plan Administrator or refer to the carrier website.

It is your responsibility to ensure that the information provided on your application for coverage is accurate and complete. Any omissions or incorrect statements made by you on your application may invalidate your coverage. The carrier has the right to rescind coverage on the basis of fraud or misrepresentation.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekindsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility.
<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALABAMA - Medicaid</td>
<td>Website: <a href="http://www.alhipp.com/">http://www.alhipp.com/</a> Phone: 1-855-692-5447</td>
</tr>
<tr>
<td>ALASKA - Medicaid</td>
<td>The AK Health Insurance Premium Payment Program Website: <a href="http://www.myakhipp.com/">http://www.myakhipp.com/</a> Phone: 1-886-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a></td>
</tr>
<tr>
<td>FLORIDA - Medicaid</td>
<td>Website: <a href="http://flmedicaidtplrecovery.com/hipp/">http://flmedicaidtplrecovery.com/hipp/</a> Phone: 1-877-357-3268</td>
</tr>
<tr>
<td>GEORGIA - Medicaid</td>
<td>Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131</td>
</tr>
<tr>
<td>INDIANA - Medicaid</td>
<td>Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone: 1-800-403-0864</td>
</tr>
<tr>
<td>IOWA - Medicaid</td>
<td>Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Phone: 1-800-257-8563</td>
</tr>
<tr>
<td>KANSAS - Medicaid</td>
<td>Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512</td>
</tr>
<tr>
<td>KENTUCKY - Medicaid</td>
<td>Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> Phone: 1-800-635-2570</td>
</tr>
<tr>
<td>LOUISIANA - Medicaid</td>
<td>Website: <a href="http://dhhs.louisiana.gov/index.cfm/subhome/1/n/331">http://dhhs.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447</td>
</tr>
<tr>
<td>MASSACHUSETTS - Medicaid and CHIP</td>
<td>Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a></td>
</tr>
<tr>
<td>MINNESOTA - Medicaid</td>
<td>Website: <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739</td>
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<tr>
<td>MISSOURI - Medicaid</td>
<td>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005</td>
</tr>
<tr>
<td>MONTANA - Medicaid</td>
<td>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084</td>
</tr>
<tr>
<td>NEBRASKA - Medicaid</td>
<td>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178</td>
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<tr>
<td>NEVADA - Medicaid</td>
<td>Medicaid Website: <a href="https://dhcfp.nv.gov">https://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900</td>
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<tr>
<td>NEW HAMPSHIRE - Medicaid</td>
<td>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</td>
</tr>
<tr>
<td>NEW JERSEY - Medicaid and CHIP</td>
<td>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710</td>
</tr>
<tr>
<td>NEW YORK - Medicaid</td>
<td>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831</td>
</tr>
<tr>
<td>NORTH CAROLINA - Medicaid</td>
<td>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100</td>
</tr>
<tr>
<td>State</td>
<td>Medicaid and CHIP Website</td>
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<tr>
<td>VIRGINIA - Medicaid and CHIP</td>
<td><a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a></td>
</tr>
<tr>
<td>WASHINGTON - Medicaid</td>
<td><a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a></td>
</tr>
</tbody>
</table>

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565
This notice describes how we are required to maintain the privacy of your health information, how health information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

The City of St. Petersburg Group Insurance Program (‘Plan’) is committed to maintaining and protecting the confidentiality of members’ personal information. This Notice of Privacy Practices applies to the medical, dental, vision, Flexible Spending Accounts (‘FSA’), Health Reimbursement Accounts (‘HRA’) and Employee Assistance Program (‘EAP’) sponsored by the City of St. Petersburg. The Plan is required by federal and state law to protect the privacy of your individually identifiable health information (in any form, whether electronically, on paper, or orally) and other personal information and to provide you this Notice about our policies, safeguards, and practices. When the Plan uses or discloses your Protected Health Information (“PHI”), the Plan is bound by the terms of this Notice, or any revised notice, if applicable. The Plan may provide benefits through a group health insurance issuer or third-party administrator. The group health insurance issuer or third-party administrator may have its own policies and privacy notice regarding your health information. You should review those notices for information about how the group health insurance issuers or third-party administrator will handle your medical information that is in its possession.

How the Plan Uses Group Health Plan Uses and Discloses Personal Information

The Plan will not use your PHI or disclose it to others without your authorization, except for the following purposes:

Treatment. The Plan may disclose your PHI, or your covered dependents PHI to a health care provider, or administrator for its provision, coordination or management of your health care and related services. For example, prior to providing a health service to you, your doctor may ask the Plan for information concerning whether and when the service was previously provided to you. The Plan may use and disclose your PHI for treatment activities of a health care provider. Also, the Plan may provide you with disease management services and may use and disclose your PHI as necessary for the health care professionals to provide you with these services.

Payment. The Plan may use and disclose your PHI to facilitate payment of premiums for your coverage and to determine and fulfill our responsibility to provide benefits. For example, your PHI may be used to make coverage determinations, administer claims, and coordinate benefits with other coverage you may have. The Plan may also disclose your PHI to a health plan or administrator to determine your eligibility for coverage, or for the health care provider to obtain payment for health care services provided to you. The Plan may use and disclose your PHI as necessary to pre-authorize services to you and review the services provided to you.

Health Care Operations. The Plan may use and disclose your PHI for your health care operations, or the health care operations of a third-party administrator of the Plan. For example, the Plan may use PHI
to conduct quality assessment and improvement activities. Other health care operations may include providing appointment reminders, health plan budgeting, carrier bidding, customer service, sending you information about treatment alternatives or other health related benefits and services. The Plan also may disclose your PHI to another health plan or provider who has a relationship with you, so that it can conduct quality assessment and improvement activities.

Sharing of PHI Among Plan. The Plan has an arrangement to coordinate operations; therefore, the Plan may share your PHI among its’ components to manage operations. The Plan will only share your PHI as necessary for treatment, payment or common operations.

Disclosure to Employer or Operating Company. The Plan may disclose your PHI to the City of St. Petersburg, or to a company acting on the City’s behalf, so that it can monitor, audit, and otherwise administer any Plan component in which you participate. The Plan is not permitted to use PHI for any purpose other than administration of your benefits. The Plan will not disclose PHI to the City for employment-related actions or decisions or in connection with any other benefit plan. The City of St. Petersburg will identify employees who are authorized to receive and use PHI.

Disclosure to Health Care Vendors and Accreditation Organizations. The Plan may disclose your PHI to companies with whom we contract, if they need it to perform service we’ve requested. For example, the Plan may provide PHI to vendors who provide important information and guidance to plan members with chronic conditions such as diabetes and asthma. PHI may be disclosed to accreditation organizations such as the National Committee for Quality Assurance (NCQA) for quality measurement purposes. When the Plan enters into these arrangements, the Plan obtains a written agreement to protect your PHI.

Public Health Activities. The Plan may disclose your PHI for the following public health activities and purposes:

1. To report health information to public health authorities that are authorized by law to receive such information for controlling disease, injury or disability;
2. To report suspected abuse, neglect or domestic violence to a government authority that is authorized by law to receive such reports;
3. To report information about a product or activity that is regulated by the U.S. Food and Drug Administration (FDA) to a person responsible for the quality, safety or effectiveness of the product or activity; and
4. To alert a person who may have been exposed to a communicable disease if the Plan is authorized by law to give this notice.

Health Oversight Activities. The Plan may disclose your PHI to a government agency that is legally responsible for oversight of the health care system or for ensuring compliance with the rules of government benefit programs, such as Medicare or Medicaid, or other regulatory programs that need health information to determine compliance.

For Research. The Plan may disclose your PHI for medical research purposes, subject to strict legal restrictions.

To Comply with the Law. The Plan may use and disclose your PHI to comply with the law. For instance, the Plan may disclose your information to coroners, medical examiners or funeral directors. The Plan may also disclose information to the Department of Health and Human Services, if requested, to verify that the Plan is in compliance. The Plan may disclose your PHI in response to a court or administrative order, or in response to a subpoena.
Judicial and Administrative Proceedings. The Plan may disclose your PHI in a judicial or administrative proceeding or in response to a legal order.

Law Enforcement Officials. The Plan may disclose your PHI to the police or other law enforcement officials, as required by law or in compliance with a court order or other process authorized by law.

Health or Safety. The Plan may disclose your PHI to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of the public.

Government Functions. The Plan may disclose your PHI to various departments of the government such as the U.S. military or the U.S. Department of State for instances of national security or the Department of Health and Human Services.

Workers’ Compensation. The Plan may disclose your PHI when necessary to comply with workers’ compensation laws.

Other:
➢ The Plan may disclose your PHI when necessary to file claims with re-insurers or stop-loss carriers or to obtain coverage with re-insurers or stop-loss carriers.
➢ The Plan may also disclose your PHI to subrogation vendors to recoup payments made by the Plan that were reimbursed by other insurance arrangements.
➢ The Plan may create and distribute de-identified health information by removing all references to individually identifiable information.
➢ The Plan may communicate with you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you; however, if the Plan is receiving compensation for these communications, we must first obtain written authorization from you.
➢ The Plan may not use or disclose your genetic information for underwriting purposes.
➢ The Plan may also not sell your health information without your express written authorization, unless the sale is part of a merger, transfer, sale or consolidation of the health plan to another health plan.
➢ The Plan will not use your protected health information for employment purposes or another benefit plan without your written authorization. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.
➢ The Plan may disclose your protected health information to individuals involved in your care or payment for your care unless you specifically object to such disclosures.
➢ The Plan may disclose your protected health information to military command if you are a member of the armed forces.
➢ The Plan may also disclose your protected health information for organ donation programs if you are an organ donor.
Uses and Disclosures with Your Written Authorization

The Plan will not use or disclose your PHI for any purpose other than the purposes described in this Notice without your written authorization. For example, the Plan will not supply PHI to another company for its marketing purposes or to a potential employer with whom you are seeking employment without your signed authorization. You may revoke an authorization that you previously have given by sending a written request to our Privacy office, but not with respect to any actions the Plan have already taken.

Disclosure to Others Involved in Your Care

The Plan may disclose PHI about you to a relative, a friend, the subscriber of your benefits or your personal representative, provided the information is directly relevant to that person’s involvement with your health care or payment of that care. For example, if a family member or a caregiver calls us with knowledge of your PHI we may confirm PHI or answer questions. You have the right to stop or limit this type of disclosure by completing the appropriate form from the Privacy Office. If you are a minor, you also may have the right to block parental access to your PHI in certain circumstances, if permitted by state law.

Your Individual Rights

➢ Right to Inspect and Copy Your Protected Health Information. You have the right to inspect and copy your protected health information, either electronically or on paper, and obtain this copy within 30 days, or within 60 days, if we are unable to provide the information within 30 days and we notify you of the delay within the first 30 days. The Plan must provide you your protected health information in hard copy or in the electronic form and format requested by you, if such format is readily producible, or if not, in a readable electronic form and format as agreed to by you and the Plan.

➢ Right to Request Additional Restrictions. You may request restrictions on our use and disclosure of your PHI for the treatment, payment and health care operations purposes explained in this Notice. You also have the right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends or your personal representative identified by you. While the Plan will consider all requests for restrictions carefully, the Plan is not required to agree to a requested restriction unless the request is made to restrict disclosure to an insurer or health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment) and the protected health information pertains solely to a health care item or service for which you have paid out of pocket in full. If we do agree to restrictions, we must abide by it unless you agree in writing to remove it.

➢ Right to Receive Confidential Communications. You may ask to receive communications of your PHI from the Plan by alternative means of communication or at alternative locations. While the Plan will consider reasonable requests carefully, the Plan is not required to agree to all requests.

➢ Right to Inspect and Copy your Protected Health Information. You may ask to inspect or to obtain a copy of your PHI that is included in certain records the Plan maintains. Under limited circumstances, the Plan may deny you access to a portion of your records. If you request copies, the Plan may charge you copying and mailing costs.

➢ Right to Amend your Records. You have the right to ask the Plan to amend your PHI that is contained in the Plan records. If the Plan determines that the record is inaccurate, and the law permits the Plan to amend it, the Plan will correct it. If your doctor or another person created the information that you want to change, you should ask that person to amend the information.
➢ **Right to Receive an Accounting of Disclosures.** Upon request, you may obtain a history of non-routine disclosures the Plan has made of your PHI. The accounting that the Plan provide will not include disclosures made before April 14, 2003, disclosures made for payment, payment or health care operations, disclosures made earlier than six years before the date of your request, and certain other disclosures that are excepted by law. If you request an accounting more than once during any 12-month period, the Plan will charge you a reasonable fee for each accounting statement after the first one.

➢ **Right to Receive Paper Copy of this Notice.** The Plan have the obligation to let you know about the availability of this notice every three years. You have the right to receive a paper copy of this notice from us upon request. You may contact the City of St. Petersburg Privacy Office, Human Resources Department, Benefits Division to obtain a paper copy of this Notice, even if you previously agreed to receive this Notice electronically.

➢ **Right to Notice.** The Plan has the obligation to provide, and you have the right to obtain notice from us in the event that the privacy or security of your protected health information has been breached.

➢ **Right to Choose Someone to Act for You.** If someone has your medical power of attorney or is your legal guardian, the Plan has the obligation to provide information to them upon confirmation of their authority.

**Other:**

➢ You must give us written permission to share your information for any communications that may be construed as fundraising or marketing for the Plan.

➢ The Plan have the obligation to provide you with access to an electronic copy of PHI in the electronic form and format requested by you if readily producible or, if not, in a readable electronic form and format as agreed to by you and the Plan.

➢ The Plan will not use or share your information other than as described above unless you tell us we can in writing. If you tell us we can, you may change your mind at any time.

➢ We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

If you wish to make any of the requests listed above under “Your Individual Rights” you must complete and mail us the appropriate form. To obtain the form please contact:

City of St. Petersburg Privacy Office  
Benefits Division  
P.O. Box 2842  
St. Petersburg, FL 33733-2842

After the Plan receive your signed, completed form, the Plan will respond to your request.

**For More Information or Complaints.** If you want more information about your privacy rights, do not understand your privacy rights, are concerned that the Plan may have violated your privacy rights or disagree with a decision that the Plan made about access to your PHI, you may contact our Privacy Office. You may also file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office for Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not take any action against you if you file
City of St. Petersburg
Vicki Grant – Privacy Officer; City of St. Petersburg Privacy Office, Human Resources
Department, Benefits Division; P. O. Box 2842 St. Petersburg, FL 33731-2842
Physical Address: One Fourth St. N St. Petersburg, FL 33701
Telephone: (727) 893-7372
Website: www.stpete.org
Email: Vicki.Grant@stpete.org

U.S. Department of Health and Human Services
The U.S. Department of Health & Human Services; Office for Civil Rights; 200 Independence Avenue, S.W.; Washington, D.C. 20201
Telephone (Toll Free 1-877-696-6775)
Website: www.hhs.gov/ocr/privacy/hipaa/complaints/.

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, on our website and we will provide a copy to you.

This notice is effective as of January 2019
Note: This guide will be made in alternate formats for persons with disabilities upon request.