

Privacy Practices of Health Plans

Summary of Privacy Notice

GuideStone Financial Resources of the Southern Baptist Convention is the plan sponsor of the self-funded Group and Personal health plans (Plans) that are subject to the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA).

If you are enrolled in an HMO plan, you will receive a separate notice from your plan about your rights under that plan.

This Notice describes how medical information about you may be used and disclosed by the Plans named above and how you can get access to your information. Please review it carefully.

This Notice does not apply to Protected Health Information maintained in your employment records by your employer for employment or other non-health plan purposes.

How the Plans will use your information

The Plans may use, share or disclose your Protected Health Information without authorization from you to pay medical benefits, operate the Plan or in connection with treatment by a health care provider covered by HIPAA. In addition, the Plans may use or disclose your information in other special circumstances described in this notice. The Plans will require your written authorization for the use or disclosure of your Protected Health Information for any other purpose.

Your individual rights

You have the right to access certain of your Protected Health Information, inspect and copy this information, amend the information, request restrictions on the use and disclosure of the information, request that communications be made to you through alternate means or at an alternative location, and obtain an accounting of the information that the Plan has disclosed for reasons other than treatment, payment, health care operations or in certain other circumstances.

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Questions and complaints

You may contact the following person for more information about the Plans' privacy practices, to exercise your rights or to complain about how the Plans are handling your Protected Health Information:

HIPAA Privacy Contact

GuideStone Financial Resources

2401 Cedar Springs Road

Dallas, TX 75201-1498

hipaaprivacycontact@GuideStone.org

1-888-98-GUIDE (1-888-984-8433)

The attached notice describes all of the Plans' privacy practices in more detail.

Notice of privacy practices of health plans

GuideStone Financial Resources of the Southern Baptist Convention is the plan sponsor of the Group and Personal self-funded health plans (Plans) that are subject to the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA).

If you are enrolled in an HMO plan, you will receive a separate notice from your plan about your rights under that plan.

This Notice describes how medical information about you may be used and disclosed by the Plans named above and how you can get access to your information. Please review it carefully.

The privacy of your Protected Health Information that is created, used, or disclosed by the Plans is protected by HIPAA. The Plans are required by law to:

- maintain the privacy of your Protected Health Information;
- provide you with this notice of the Plans' legal duties and privacy practices with respect to your Protected Health Information; and
- abide by the terms of this notice.

Plan uses and disclosures for treatment, payment or health care operations

Under HIPAA, the Plans, and the individuals who administer them, may use, receive or disclose your Protected Health Information for treatment, payment or health care operations without obtaining a written authorization from you. This broad range of activities includes:

- **Treatment.** The Plans may disclose Protected Health Information to your providers for treatment, including the provision of care (diagnosis, cure, etc.) or the coordination or management of that care.
- **Payment.** The Plans may use and disclose your Protected Health Information to pay benefits. Payment activities include receiving claims or bills from your health care providers, processing payments, sending explanations of benefits (EOBs) to the Plan member, reviewing the medical necessity of the services rendered, conducting claims appeals and coordinating the payment of benefits between multiple medical plans.

- **Health care operations.** The Plans may use and disclose your Protected Health Information for Plan operational purposes. For example, the Plans may use or disclose your Protected Health Information for Plan administration activities such as enrollment, verification to your doctors or hospitals that you are eligible for benefits under the Plan, disease management programs and other Plan-related activities, including audits of claims.

Our Plans contract with other businesses for certain Plan administration services. Our third party administrator provides individual applicant underwriting for Group and Personal plans. The third party administrator provides claims processing services for the Plans. The Plans may release your health information to one or more of these "business associates" for these purposes if the business associate agrees in writing to protect the privacy of your information.

Unless you authorize the Plan otherwise (or the individually identifying data is deleted from the information), your Protected Health Information will be available only to the individuals who need the information to conduct Plan administration activities and the release will be limited to the minimum disclosure required unless otherwise permitted or required by law.

Other uses and disclosures permitted and required by the Plans

In the following circumstances the Plans may be required or permitted to use or disclose your Protected Health Information without obtaining an authorization from you. These events are generally subject to certain conditions. More specific information is available from the Privacy Contact upon request.

- **Required by law.** The Plans may be required by law to release your Protected Health Information to a government or public health representative. The disclosure must comply with the relevant requirements of that law and be limited to the information that is required.
- **Public health.** The Plans are permitted to disclose your Protected Health Information for certain required public health activities to:
 - a public health authority that is authorized to collect or receive that information for the purpose of preventing or controlling disease, injury or disability;

- a public health authority or other governmental authority authorized to receive reports of child abuse or neglect;
 - a person subject to the jurisdiction of the Food and Drug Administration (FDA) for activities related to the quality, safety or effectiveness of FDA-regulated products or activities; and
 - a person who may have been exposed to a communicable disease or otherwise at risk for contracting or spreading a disease or condition, where authorized by law as necessary in the conduct of a public health intervention or investigation.
- **Victims of abuse, neglect or domestic violence.** The Plans may use and disclose your Protected Health Information to a government authority if the Plan reasonably believes you are a victim of abuse, neglect or domestic violence and such disclosure is required by law or the Plan, in the exercise of its professional judgment, believes the disclosure is necessary to prevent serious harm to you or other potential victims.
- **Health oversight activities.** The Plans may use and disclose your Protected Health Information to a health oversight agency for oversight activities authorized by law, including audits, civil, administrative or criminal investigations, actions or proceedings, and certain other oversight activities.
- **Judicial and administrative proceedings.** The Plans may use and disclose your Protected Health Information in the course of any judicial or administrative proceeding in response to a court or administrative tribunal's order, subpoena, discovery request or other lawful process. The Plans will only disclose information in response to lawful process other than a court or administrative tribunal order, if satisfactory assurances are received from the party seeking the information that notice of the request has been provided to you and that you have not filed an objection within the time provided for you to do so or that other appropriate processes have been followed.
- **Law enforcement purposes.** The Plans may use and disclose certain Protected Health Information for a law enforcement purpose to a law enforcement official if certain legal conditions are met. For example, in certain situations, information may be disclosed to a public official where you are suspected to be a victim of a crime.
- **Decedents.** The Plans may use and disclose your Protected Health Information to a coroner or medical examiner or to a funeral director, for the purpose of carrying out his or her duties as authorized by law.
- **Organ/eye/tissue donation.** If you are an organ donor, the Plans are permitted to use and disclose your Protected Health Information to an appropriate entity for cadaveric organ, eye or tissue donation and transplantation purposes.
- **Research.** If the Plan obtains documentation from a researcher that the applicable authorization requirement has been waived by an appropriate Institutional Review Board or privacy board, the Plan may use and disclose your Protected Health Information for research purposes.
- **Health and safety.** The Plans may use and disclose your Protected Health Information to avert a serious threat to the health or safety of you or any other person consistent with applicable law and standards of ethical conduct.
- **Government functions.** The Plans may use and disclose your Protected Health Information for specialized government functions if you are in the Armed Forces or a veteran, for purposes of certain national security, Presidential protection and intelligence activities.
- **Workers' Compensation.** The Plans may use and disclose your Protected Health Information as authorized by and to the extent necessary to comply with laws and regulations related to workers' compensation or similar programs.

Specific uses and disclosures

The Plans may also use and disclose your Protected Health Information for the following specific purposes:

- **Communications related to your health.** The Plans may use and disclose your Protected Health Information to provide information to you about disease management programs, treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Plan sponsor.** The Plans may disclose your Protected Health Information to GuideStone for reasons consistent with the Privacy Rules of HIPAA and as described in the Plan documents.

Limitations on use and disclosure

If a use or disclosure of your Protected Health Information identified in this notice is subject to a law more stringent than HIPAA, the more stringent law will apply. If you have a question about your rights under any particular federal or state law, please write to the HIPAA Privacy Contact at the provided address.

Authorizations required for all other uses and disclosures

Any other use or disclosure of your Protected Health Information not identified within this notice will be made only with your written authorization. You have the right to limit the type of information and the persons to whom it should be disclosed. You may revoke your written authorization at any time, and the revocation will be followed to the extent action on the authorization has not yet been taken. An authorization form is available by calling **1-888-98-GUIDE** (1-888-984-8433) or from GuideStone's Web site, www.GuideStone.org.

Your rights

You have the right to:

- request a restriction on certain uses and disclosures of your Protected Health Information by a Plan. The Plan is not required to agree to a requested restriction. To request a restriction, please write to the HIPAA Privacy Contact and provide specific information as to the disclosures that you wish to restrict and the reasons for your request. The Plan will respond in writing.
- request that the Plan's confidential communications of your Protected Health Information be sent to alternative locations or by alter native communicative means. For example, you may ask that we send all explanation of benefits statements (EOBs) to your office rather than your home address. The Plans are not required to accommodate your request unless the request is reasonable and you state that the Plan's ordinary communication process could endanger you.
- inspect and obtain a copy of the Protected Health Information by making a written request that may be used by the Plans to make decisions about your ben-

efits. Access to psychotherapy notes, information compiled in reasonable anticipation of, or for use in legal proceedings and under certain other, relatively unusual, circumstances may be denied. A reasonable, cost-based fee may be imposed for copying and mailing the requested information.

- request that the Plan amend your Protected Health Information or record if you believe the information is incorrect or incomplete;
- receive an accounting of unauthorized disclosures made of your Protected Health Information for purposes other than treatment, payment or Plan operations in the six years prior to the date of the request; provided that no accounting will be made for disclosures made prior to April 14, 2003.
- request and obtain a paper copy of this notice at any time, even if you have agreed to receive it electronically.

To exercise these rights, please write to the HIPAA Privacy Contact at the provided address. There are circumstances where the Plans are allowed to deny or limit your requests. In such event you may have the right to object and obtain a review of the Plan's decision. The Plan will provide you with further information about those rights at that time. If you would like more specific information about these matters, contact the HIPAA Privacy Contact.

Changes to this Notice

Each Plan reserves the right to change the terms of this notice and its information practices and to make the new provisions effective for all Protected Health Information it maintains. Any amended notice will be made available to you.

Complaints and Privacy Contact

You may file a complaint with the Plans' HIPAA Privacy Contact and with the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by any Plan. Their addresses are available under contact information. All complaints must be filed in writing. **You will not be retaliated against for filing a complaint.**

Privacy Contact information

If you have any questions about this notice, please contact the HIPAA Privacy Contact:

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GuideStone Financial Resources
2401 Cedar Springs Road
Dallas, TX 75201-1498
hipaaprivacycontact@GuideStone.org
1-888-98-GUIDE (1-888-984-8433)

To contact the Secretary of Health and Human Services, write to:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll free: 1-877-696-6775
http://www.hhs.gov/contacts



Do well. Do right.™

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