HEALTHSPRING

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.

HealthSpring is permitted by the HIPAA privacy law and other state law to use and share your medical information (also known as protected health information) for purposes of treatment, payment, and health care operations. We also use your protected health information to enroll you in our health plan, to pay for your health care and to provide you with customer service and to review the quality of care and services you receive.

OUR RESPONSIBILITIES

This notice takes effect October 15, 2011, and will remain in effect until we replace it. We must follow the privacy practices that are described in this notice while it is in effect. We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

How we may use and disclose your protected health information.

We may use and disclose your protected health information:

For Treatment – Your health information may be used by plan personnel, or disclosed to health care professionals, for the purposes of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may help manage your care.

For Payment – We use your protected health information to collect premiums or to pay for your health care provided by your doctor, pharmacy or other health care provider. For example, we may use medical information about you to determine if your insurance will cover the treatment.

For Health Care Operations – We use and disclose your protected health information for the day-to-day activities we do to manage our company. For example, we may use and disclose your protected health information to support activities to evaluate providers' and our employees' performance for quality. We may also share your protected health information with our business partners to ensure we are following the laws that apply to us.

Where Required by Law – There are many state and federal laws that permit or require us to use or disclose your protected health information without your written authorization; for example:

- To state or federal auditors and regulatory agencies to ensure we are in compliance with the law.
- In response to a court order or a subpoena, provided that certain requirements are met.
- To law enforcement agencies, when asked to do so by a court, or if we believe it is necessary to prevent or lessen an immediate threat to you, another individual or the health of the public.
- To a law enforcement official when asked to do so by a court, subpoena or other request.
- To a government agency authorized to receive reports of abuse, neglect, or domestic violence, if we believe that such an instance has occurred.
- For certain military and veteran's activities, as well as to correctional institutions.

- To your employer or their representative if it relates to your (or your dependents') enrollment or disenrollment from the plan or if your protected health information pertains to a work-related illness or injury.
- To family members and friends, if you tell us we can talk to them; but the information disclosed will be limited.
- To contact you with appointment reminders or information about managing your health care.
- To a coroner or medical examiner for identification, determining a cause of death, and other similar activities.
- To public or private groups, such as the Red Cross, authorized to assist in disaster relief efforts, in order to notify or locate a relative or other individual involved in your care

Other uses of your protected health information

HealthSpring will obtain your written permission before we use or share your protected health information for any other purpose not stated in this notice. You may revoke this permission in writing at any time. We will then stop using your protected health information for that purpose, but we cannot undo any actions taken prior to your revoking your permission.

Genetic Information – HealthSpring will not disclose your genetic information without your prior written authorization. We will not require you to disclose the genetic information of you or your dependents.

Mental Health Records – Records relating to the mental health treatment and legal proceedings concerning patients or residents of mental institutions are confidential. They generally may not be disclosed without consent of the patient or guardian. Disclosure is permitted to carry out treatment or commitment of the individual, upon court order, and in some law enforcement circumstances. Disclosure is also permitted, upon proper inquiry, of information as to the current medical condition of a patient or resident to any member of the patient's family.

YOUR RIGHTS

You have the right to:

- ***Request restrictions*** in how your protected health information may be used or shared with others regarding treatment, payment, and health care operations. HealthSpring is not legally required to agree to your request. If we agree to your request, that agreement will be binding.
- ***Inspect and obtain a copy*** of your protected health information. Once we receive your request, a determination will be made within thirty (30) days. If we approve your request, a small fee may be charged for making a copy and mailing it to you.
- ***Request alternative communications*** – request that any communication be sent to an alternate location or receive your information by other means.
- ***Request an amendment*** of your protected health information created and maintained by HealthSpring if you believe it is incorrect. If we do not agree to your request, we will keep your request and our reason for the denial in your record.
- ***Request an accounting of the disclosures*** named in "Required by Law" above for the past six years from the date of your request.
- ***Register a complaint*** with us or the Department of Health and Human Services if you believe your privacy has been violated. No action will be taken against you for filing a complaint.

Any written requests concerning your rights explained in this notice should be mailed to:
Privacy Officer
9009 Carothers Pkwy, Ste B-100
Franklin, TN 37067