

## **QUESTIONS & ANSWERS ABOUT NOTICE OF PRIVACY PRACTICES**

We trust this Q&A will be helpful to you, our valued customers, in understanding our responsibilities and your rights under an important law about your privacy.

### **Q. What is the Privacy Notice? Why is Bupa Latin America sending me this information?**

A. The Privacy Notice is a requirement under the Health Insurance Portability and Accountability Act (HIPAA). The notice informs you of the types of information Bupa collects, how the information may be used or disclosed, how Bupa protects the information, and your rights regarding the information.

### **Q. What is considered Protected Health Information (PHI)?**

A. Protected Health Information is individually identifiable information relating to an individual and their healthcare. It includes demographic information ( name, address, telephone number, social security number), as well as information related to past, present, or future physical or mental health or condition; the provision of health care; or the past, present, or future payment for the provision of health care.

### **Q. What about sharing information regarding my minor children?**

A. Regardless of which spouse is the Bupa policyholder, you and your spouse will continue to have access at any time to information regarding your minor children.

### **Q. I am the policyholder, but my spouse usually handles our health care matters – what do I need to do for my spouse to continue to have access to our health care information?**

A. An Authorization Form must be completed by each dependent over the age of 18. We may only disclose information to those individuals who have been specifically authorized. You may obtain a copy of the form by going to the company's internet site, or by following this link.

Additionally, you may contact us by calling the Customer Service phone number on your ID card to request an Authorization form. Please complete, sign the form, and return it to us.

Upon receipt of the completed form, your spouse may then ask about billing, coverage and/or claims information. Note: if your coverage includes dependents over the age of 18, each dependent must complete a form specifying those individuals who are to be authorized.

### **Q. I am elderly and I have a relative who calls Bupa Latin America on my behalf to handle my health care coverage questions. How can they continue to assist me?**

A. You must complete the Access Authorization form and send it to us, authorizing us to release protected health information to your relative. Upon our receipt of the completed form, your relative may access your information.

**Q. I take care of an elderly relative or friend and sometimes I call to help them with their health care coverage questions. How can I continue to have access their health care information?**

A. The person that you care for must complete the Access Authorization form and send it to us, authorizing us to release protected health information to you. Upon our receipt of the completed form, you may access this person's information.

**Q. If I have a Power of Attorney on file, do I need to sign an Access Authorization?**

A. No. If we have a valid Power of Attorney on file you will not need to submit an Access Authorization form.