



## Notice of Privacy Practice For Protected Health Information

**THIS NOTICE OF PRIVACY PRACTICES (NOTICE) DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU RECEIVED, CREATED, OR MAINTAINED BY SOUTHERN STAR IN ITS ROLE AS PLAN SPONSOR FOR SPECIFIC GROUP HEALTH PLANS MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

### **Why am I receiving this Notice?**

This Notice is intended to assure you that Southern Star takes appropriate measures to protect the individually-identifiable private health care information (PHI) about you that Southern Star receives, creates, or maintains as a plan sponsor of certain covered group health plans (Plan or Plans). This Notice provides you with summary information about your rights and Southern Star's duties and obligations as plan sponsor under the Health Insurance Portability and Accountability Act (HIPAA). Anytime Southern Star is referred to in this Notice, it is in Southern Star's capacity as Plan Sponsor of the Plans. Anytime PHI is referred to in this Notice, it is with reference only to PHI received, created, or maintained by Southern Star.

### **How will I get this Notice in the future?**

You will receive this Notice at least every 3 years while you are a participant in the Plan. If there is a material revision to the Notice, you will receive a new Notice within 60 days of the revision. This Notice is posted on the Benefits page of Southern Star's intranet at <http://inside.sscgp.com>. It is also posted on Southern Star's internet at <http://sscgp.com>. You may also receive a copy of the Notice by mail by submitting a **Request for Notice of Privacy Practices** (enclosed, and also posted as an electronic form on our websites). A copy of the Notice will be mailed to you within 30 days of receipt of your Request. This Notice is only required to be sent to the named insured on the Plan under which coverage is provided. You may agree to receive this Notice via email by submitting the **Request for Emailed Notice of Privacy Practices** which is enclosed and also posted as an electronic form on Southern Star's websites. If you are an employee, you may agree to receive this notice via work email or at your home email account.

### **What is HIPAA?**

HIPAA is the federal law and associated regulations that regulate the handling of PHI that group health plans, health care providers, and others (such as plan sponsors) receive, create, or maintain. Southern Star is not a health plan or health care provider, but because it sponsors various Plans, it has to comply with HIPAA. The third party vendors that provide and help administer these plans (known as Business Associates) must also comply with HIPAA.

### **What Southern Star-sponsored Plans does HIPAA cover?**

Type	Provider	Customer Service Telephone #
Medical	Anthem	888/650-4047
Vision	VSP	800/877-7195
Dental	Delta Dental of Kentucky	800/955-2030
FSA (Health)	Ceridian	800/278-9799
EAP	NEAS, Inc.	800/634-6433
COBRA	Ceridian	800/877-7994



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### **What Southern Star-sponsored benefit plans are not covered by HIPAA?**

Examples of benefit plans not covered by HIPAA include but are not limited to life, accidental death and dismemberment and travel insurance; long-term and short-term disability; paid time off; leaves; workman's compensation; and, fitness and educational reimbursements.

### **What sort of information isn't covered?**

Only health information that may both specifically identify you *and* is used or disclosed by *the Plan or Southern Star as Plan sponsor* is protected. Health information that Southern Star receives about you *as an employer* is not PHI. So your sick leave records, FMLA leave information, drug testing results, workers' compensation, personnel files, training records, disciplinary documentation, disability, life insurance and OSHA records are samples of information not defined as PHI and not covered by this Notice.

### **What departments or employees at Southern Star have access to PHI?**

Employees at Southern Star help administer the Plans. These employees have limited access to PHI. The PHI to which they have access is usually information about whether or not you are enrolled in a Plan or are eligible to be enrolled, who you cover as dependents, how much you contribute for health care coverage, and general monthly and aggregate cost information about claims paid and claims denied.

Southern Star does not have a separate benefits department. Employees in Human Resources and Payroll have access to PHI because they help process benefits enrollment and payments to and from vendors and ensure your premiums are paid. IT employees involved in systems security and maintenance technically have access to PHI because they maintain and secure the databases upon which PHI is stored; however, IT employees do not access PHI itself.

### **Who else has access to PHI?**

The vendors for the Plans maintain most of your PHI. Your health care providers also receive, create, or maintain your PHI.

### **When may PHI be used or disclosed without my consent or authorization?**

PHI may be used for purposes of Health Care Operations, Payment, and Treatment. Here are some examples of what this means to you.

*Health Care Operations* – You were sent this Notice. Southern Star had to use PHI to determine whether or not you should receive this Notice. The PHI used was your name, address, and the fact that you are enrolled in specific Health Plans. The Health Care Operation performed was sending you this Notice. Other Health Care Operations include underwriting and soliciting bids from potential insurance carriers; merger and acquisition activities; setting premiums; deciding employee contribution levels; submitting claims to the stop-loss or excess loss carrier; conducting or arranging medical reviews; legal services; audit services; fraud and abuse detection programs; business planning and development; cost management; and, quality assessment and improvement.

*Payment* - Premiums are collected from you. The PHI used in the collection of premiums from you is the information you put on your Benefit Election Form to select which Health Plan you want, at what level, what dependents you cover, and how much it costs you in terms of your premium. The Payment activity performed is deducting the applicable premium from your paycheck (or billing you for the premium if you are a retiree or are on approved Unpaid Leave of Absence). Other activities that fall under Payment include determining eligibility; calculating benefits; paying treatment providers; calculating co-pays and co-insurance amounts; responding to appeals and inquiries; and, coordinating coverage.



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*Treatment* – You are provided with the benefits from Health Plans. The PHI used is the information you place on your Benefit Election Form. The use or disclosure made is to forward that information to the respective health care provider, such as a doctor, dentist, hospital, or pharmacy.

PHI may also be used or disclosed without a consent or authorization when required by law; when responding to a request by you, the Secretary of the Department of Health & Human Services (Secretary), another governmental agency or legal authority, and/or to the Plan Sponsor; to organ donation organizations (if you are an organ donor) to facilitate the donation or transplant of an organ; when required by the military if you are in the armed forces; for workers' compensation or disability programs; for public health activities such as child abuse and neglect situations, threats to your or public health and safety, and national security; to health oversight agencies for legally authorized activities; in response to a court or administrative order, discovery request, or other lawful process (if the disclosure is to someone else involved in the dispute, the PHI may still be released, but only if efforts have been made to inform you of the request); at the request of a law enforcement official; to a coroner or medical examiner; to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law; and, to a correctional institution or law enforcement official if you are an inmate of a correctional institution or in the custody of a law enforcement official

### When is consent or authorization required for uses and disclosures of PHI?

Southern Star must obtain written consent or authorization to use or disclose PHI in any way that is not described above. An **Authorization to Disclose PHI to Spouse/Parent of Dependent** is enclosed and is also located on Southern Star's websites. This form is to be used for us to share information about you with your spouse and for us to share information about your spouse or dependents aged 18 or over with you. In all other cases, you must use the **Authorization to Disclose PHI to Personal Representative**.

*If you wish Southern Star to be able to discuss your PHI with anyone else, including your spouse or children aged 18 or over, the Authorization must be returned. For example, if your spouse routinely handles inquiries about the status of your claims or your insurance coverage under the Plans, we cannot discuss this information with your spouse without an Authorization from you. Further, if you wish to be able to discuss the PHI of any of your adult dependents (including a spouse and children aged 18 and over) with us, they will have to submit this Authorization. For example, if your child is 18 or over and you routinely handle inquiries into the status of your child's claims or coverage status, we cannot discuss this information with you (even though you are paying the premiums) without an Authorization. This requirement can be very frustrating for individuals who are used to calling in for a spouse or child or for someone who is used to having a spouse call in for them, but it is the law under HIPAA. Remember, you have the ability to authorize us to speak with others on your behalf, and your adult dependents have the ability to authorize us to speak with you on their behalf.*

Authorizations may be revoked at any time; however, the revocation will only be effective on a *prospective* basis (that is, for any actions that occur after the receipt of your revocation). A **Revocation of Authorization to Disclose PHI** is enclosed and is also located on our websites.

Some states have stricter privacy standards than HIPAA imposes. If stricter laws apply and are not superseded by federal ERISA preemption, Southern Star will comply with the stricter laws.

**IMPORTANT! You must provide us with an Authorization before we can speak with anyone about your PHI (including premium payments, claims, problems you might be having, or even if you are covered at all) unless you are on line during the call. Also, each of your dependents aged 18 and over (including your spouse) has to provide an Authorization before we are able to discuss any of their PHI with you unless they are on line during the call.**



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### What are my rights?

**The following rights pertain only to your dealings with Southern Star and only PHI received, created, or maintained by Southern Star. Your rights associated with PHI received, created, or maintained by the Plans are covered by the HIPAA policies and procedures of those plans.**

*Right to Request Restrictions* – You may request restrictions on the use and disclosure of your PHI; however, we are not required to grant this request. A **Request to Restrict Use & Disclosure of PHI** is enclosed and is also located on our websites. If we grant this request, we have to comply with the restrictions on the request. The restriction does not apply if you require emergency Treatment and the restricted PHI is necessary to provide that emergency Treatment or in limited other cases. You may revoke a restriction at any time; however, the revocation will only be effective on a prospective basis. A **Revocation of Restriction of Use & Disclosure of PHI** is enclosed and is also located on our websites.

*Right to Receive Confidential Communications* – You may request to receive communications of PHI from the Health Plan by alternate means or at alternate locations. For example, you may request that the Health Plan only contact you at work or via email. However, the Health Plan will only agree with this request if you inform us that disclosure of your PHI could endanger you. A **Request for Confidential Communications of PHI** is enclosed and is also located on our websites. Your request must be reasonable, must be in writing, must specify the alternative address or other means of communication, and must specifically state that the disclosure of all or a part of PHI could endanger you. If the health Plan will incur additional costs to provide you with confidential communications, you must pay those actual costs.

*Right to Inspect and Copy PHI* – You have the right to inspect and/or receive a copy of your PHI that we receive, maintain that may be used to make decisions about your benefits for as long as your PHI is maintained provided you make a written request to inspect and copy. A **Request to Access PHI** is enclosed and also located on our websites.

PHI compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding cannot be inspected or copied. PHI obtained from someone other than a health care provider under a promise of confidentiality may not be inspected or copied if access would be reasonably likely to reveal the source of the information. Psychotherapy notes may not be inspected or copied.

Inspections must occur where the PHI is located and must be arranged in advance at a mutually convenient time during normal business hours. In lieu of a physical inspection, the Plan will mail or email you a copy of the PHI you have requested to review. We will work with you to determine how you wish to access your PHI. We will grant or deny your request within 30 days of its receipt. Any denial will be communicated to you in writing. We will only deny access to PHI specified in the exceptions, above, and will provide you with PHI that is not subject to the denial. You may request a review of any denial.

If we do not maintain the PHI you have requested but know where the requested PHI is maintained, we will tell you where to direct your request. If the PHI is not maintained or accessible on-site, we will grant or deny your request within 60 days of its receipt. We may have one 30-day extension to grant or deny your request, provided we send you a written notice stating the reasons for the delay and the date by which we will be able to act on the request.

We will provide you with a copy of your PHI, upon written request, free of charge once every 12-month period. If you request copies of your PHI more frequently than once every 12-month period, you will be charged a reasonable, cost-based fee that includes but may not be limited to the cost of copying (supplies and labor), postage (including mailing supplies if you have requested that a copy of your PHI be mailed to you), and preparing an explanation or summary of your PHI. The Health Plan will notify you of the cost involved and you may choose to withdraw or modify your request prior to incurring costs.



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*Right to Amend PHI* – You may request that your PHI be amended if you believe it is incorrect or incomplete. You may make a Request to Amend PHI for as long as the PHI is maintained by the Plans. A **Request to Amend PHI** is enclosed and is also located on our websites. You have to identify the specific PHI you believe is incorrect or incomplete and explain why it is incorrect or incomplete. You will be required to provide evidence to support your request.

Your request may be denied in the following circumstances:

- you do not use the Request to Amend PHI
- you do not identify what PHI is incorrect or incomplete
- you do not explain why you believe the PHI is incorrect or incomplete
- the PHI you identify is not part of the PHI kept by or for the Plan
- neither the Plan nor its third party administrators created the PHI
- the PHI is not available for inspection and copying
- the PHI is accurate and complete

We will grant or deny your request within 60 days of its receipt. We may have one 30-day extension to grant or deny your request, provided we send you a written notice stating the reasons for the delay and the date by which we will be able to act on the request. If your request is denied, we will notify you in writing, explain why your request was denied, and explain that you may submit a written statement disagreeing with the denial.

If we approve the amendment, you must agree to allow us to notify the relevant persons with which the amendment needs to be shared. These persons will include persons you tell us have received the PHI as well as Business Associates or other persons we know have the PHI and that have relied or could rely upon the PHI to your detriment.

*Right to an Accounting of Disclosures* – You may request an accounting of disclosures of PHI made by the Health Plan for any time during the 6 years prior to the date upon which the accounting is requested. You must specify the time period for the disclosures you want. A **Request for Accounting of PHI Disclosures** is enclosed and is also located on our websites.

You may request an accounting of disclosures of PHI once every 12-month period free of charge. If you request an accounting of disclosures of PHI more frequently than once every 12-month period, you will be charged a reasonable, cost-based fee that includes but may not be limited to the cost of copying (supplies and labor), postage (including mailing supplies if you have requested that a copy of your PHI be mailed to you), and preparing an explanation or summary of your PHI.

You are not entitled to, and will not receive, an accounting of the following disclosures:

- to carry out Treatment, Payment, or Health Care Operations
- to you
- to persons involved in your care
- that you authorized or to which you consented
- that occurred before April 14, 2004
- that are excepted under HIPAA
- that occurred prior to the compliance date for the Health Plan
- that occurred over 6 years before your Request for an Accounting of Disclosures

*Right to Disclose PHI to Personal Representative* – You may request disclosure of your PHI to your personal representative. A personal representative is someone you designate in writing to act on your behalf and make decisions about your health care. If you want the Health Plan to disclose your PHI to your personal representative, you have to submit the **Authorization to Disclose PHI to Personal Representative** form previously referenced. You must also enclose documentation that the person you have identified qualifies as your



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personal representative under state law. For example, you should include a Power of Attorney naming the individual as your personal representative. This is for your protection as well of the Health Plan's protection. If you want your PHI to be shared with your spouse, or your spouse or dependents aged 18 or over want us to share their PHI with you, use the **Authorization to Disclose PHI to Spouse/Parent of Dependent** form previously referenced.

*Right to obtain a Paper Notice* – You may request a paper Notice if you have agreed to receive the Notice electronically. A **Request for Paper Notice of Privacy Practices** is enclosed and is also located on our website.

### **What are the Health Plan's duties?**

Health Plans are required to maintain the privacy of PHI and provide you with this Notice; to abide by the terms of this Notice (or any future revision of the Notice); to appoint a Privacy and Security Officer; and, to notify you that it reserves the right to revise the Notice.

### **May the Notice be revised?**

***The Health Plans specifically reserve the right to amend this Notice and change privacy practices, at any time, for all PHI maintained. This means the Health Plans may implement those changed privacy practices for PHI the Health Plans create or receive prior to issuing a revised Notice.***

### **How may I complain if I believe my privacy rights with regard to PHI have been violated?**

You will not be penalized for filing a complaint. You have two ways to complain if you believe your privacy rights with regard to PHI have been violated. You may send a *written* complaint that *describes how you believe your privacy rights with regard to PHI have been violated* to the following individuals:

HIPAA Privacy Officer  
Southern Star Central Gas Pipeline, Inc.  
4700 Hwy 56  
Owensboro, Kentucky 42301

Secretary, U. S. Department of Health & Human Services  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

The Health Plans set forth below have their own Privacy Officers with whom you may file complaints. Their Privacy Officers are listed on their individual web sites, along with their instructions with regard to PHI.

### **Who may I contact for further information?**

You may contact the following for more information about the Plans:

Rob Carlton, HIPAA Privacy Officer

270/852-4500