

**DEPARTMENT OF DEFENSE
NONAPPROPRIATED FUND HEALTH BENEFITS PROGRAM**

PRIVACY NOTICE

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.

- I. GENERAL.** The Department of Defense NAF Health Benefits Program ("NAF HBP") is required by law and the regulations of the U.S. Department of Health and Human Services ("HHS")--
- A. to maintain the privacy of information about your health (information known as "protected health information" or "PHI"); and
 - B. to provide you with notice of its legal duties and privacy practices with respect to your PHI.

The purpose of this notice is to comply with the latter requirement.

- II. The NAF HBP's DUTY.** The NAF HBP is required to abide by the terms of this notice. However, it reserves the right to revise the terms of the notice and to apply the revised notice to all PHI that it maintains, including PHI it creates or receives prior to the revision. If the NAF HBP materially revises the notice, it will transmit the revised notice to you no later than 60 days after the revision. It will also publish the revision on the website of each NAF employer (the Army Air Force Exchange Service, the Air Force, the Army, BUPERS, NEXCOM, and the Marine Corps).

III. PERMITTED USES AND DISCLOSURES OF YOUR PHI.

A. Uses And Disclosures To Carry Out Treatment, Payment, And Health Care Operations.

1. Treatment. The NAF HBP may use or disclose your PHI for purposes of treatment. "Treatment" means the provision, coordination, or management of your health care by one or more health care providers, including consultation between providers and referrals from one provider to another. For example, The NAF HBP is permitted to give a health care provider health information about you that might assist him in his treatment of you.
2. Payment. The NAF HBP may use or disclose your PHI for purposes of payment. "Payment" means activities undertaken either--

- a. by the NAF HBP to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the NAF HBP, or
 - b. by the NAF HBP or a health care provider to obtain or provide reimbursement for the provision of health care. For example, when the NAF HBP receives a bill from a health care provider, the NAF HBP may ask for information regarding your treatment in order to determine whether payment for such treatment is appropriate.
3. Health Care Operations. The NAF HBP may use or disclose your PHI for purposes of health care operations. "Health care operations" means activities of the NAF HBP which are related to the function of the NAF HBP. These activities include--
- a. conducting quality assessment and improvement reviews;
 - b. reviewing the competence or qualifications of health care providers;
 - c. conducting or arranging for medical review, legal services, or auditing functions;
 - d. business planning and development; and
 - e. business management and general administrative activities, including customer service and resolution of internal grievances.

For example, the NAF HBP is permitted to use your PHI to evaluate the performance of health care providers used by the NAF HBP.

B. Other Permitted Uses And Disclosures.

1. Required By Law. The NAF HBP may use or disclose your PHI to the extent that such use or disclosure is required by law.
2. Public Health Activities. The NAF HBP may disclose your PHI for public health activities. For example, the NAF HBP may disclose your PHI--
 - a. to a public health authority that is authorized to receive such information for the purpose of either controlling disease, injury, or disability;
 - b. to a public health authority authorized to receive reports of child abuse or neglect;

- c. to the Food and Drug Administration ("FDA") for the purpose of activities related to the quality, safety, or effectiveness of an FDA-regulated product or activity; and
 - d. under limited circumstances, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
3. Victims Of Abuse, Neglect, Or Domestic Violence. The NAF HBP may disclose to a government authority (for example, a social service or a protective services agency) your PHI if the NAF HBP reasonably believes that you are a victim of abuse, neglect, or domestic violence.
4. Health Oversight Activities. The NAF HBP may disclose your PHI to a health oversight agency (for example, an agency authorized by law to oversee the health care system) for oversight activities, including audits; civil, administrative, or criminal investigations or proceedings; inspections; or licensure or disciplinary actions.
5. Judicial Or Administrative Proceedings. The NAF HBP may disclose your PHI in the course of any judicial or administrative proceeding--
- a. in response to an order of a court or administrative tribunal; or
 - b. in response to a subpoena, discovery request, or other lawful process.
6. Law Enforcement. The NAF HBP may use or disclose your PHI for a law enforcement purpose to a law enforcement official (for example, a police officer or a prosecutor). That is, the NAF HBP may disclose your PHI to a law enforcement official--
- a. as required by law, including laws that require the reporting of wounds or other physical injuries, or as required by a court order, a court-ordered warrant, or a subpoena or summons issued by a judicial officer, a grand jury subpoena; or under certain circumstances, an administrative request;
 - b. in response to the law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person;
 - c. if you are suspected to be the victim of a crime;
 - d. if you die, and the NAF HBP suspects that your death may have resulted from criminal conduct; or

- e. if the NAF HBP believes, in good faith, that the PHI constitutes evidence of criminal conduct that occurred on Department of Defense premises.
7. Decedents. The NAF HBP may disclose your PHI--
 - a. to a coroner or medical examiner if the disclosure is to help coroner or medical examiner identify a deceased person, determine cause of death, or perform other duties authorized by law; or
 - b. to a funeral director as necessary for the funeral director to carry out his duties.
 8. Organ, Eye, Or Tissue Donation. The NAF HBP may use or disclose your PHI to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation and transplantation.
 9. Research. The NAF HBP may use or disclose your PHI for research.
 10. Serious Threat To Health And Safety. The NAF HBP may use or disclose your PHI if the NAF HBP believes, in good faith, that the use or disclosure--
 - a. is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; or
 - b. is necessary for law enforcement authorities to identify or apprehend an individual.
 11. Military and Veterans Activities. If you are a member of the Armed Forces, the NAF HBP may--
 - a. use or disclose your PHI for activities deemed necessary by appropriate military command authority to assure proper execution of the military mission; and
 - b. upon your separation or discharge, disclose your PHI to the Department of Veterans Affairs ("DVA") for the purpose of a determination by the DVA of your entitlement to DVA benefits.
 12. National Security And Intelligence. The NAF HBP may disclose your PHI to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities.
 13. Protective Services For The President And Others.

The NAF HBP may disclose your PHI to authorized federal officials--

- a. for the provision of protective services to the President, to foreign heads of state, or to others; or
- b. for the conduct certain investigations.

14. Correctional Institutions And Other Law Enforcement Custodial Situations. If you are in the lawful custody of either a correctional institution or a law enforcement official, the NAF HBP may disclose your PHI to the correctional institution or law enforcement official.
15. Those For Workers' Compensation. The HBP may disclose your PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation.

C. Uses And Disclosures Requiring Your Written Authorization.

1. General Rule. Aside from the permitted uses and disclosures described above, The NAF HBP will not otherwise use or disclose your PHI without your written authorization.
2. Valid Authorization. Your authorization is valid only if it meets the requirements of HHS regulations.
3. Revocation Of Authorization. You may revoke an authorization at any time, except to the extent that the NAF HBP has taken action in reliance on your authorization. A revocation must be in writing.

IV. YOUR RIGHTS.

- A. Right To Request Restrictions.** You may ask the NAF HBP to restrict the uses and disclosures described in Sections III.A and III.B of this notice. However, the NAF HBP is not required to grant your request.
- B. Right To Request Confidential Communications.** You may ask the NAF HBP to send communications of your PHI by an alternative means or to an alternative location, provided that your request is in writing and that you clearly state that disclosure of all or part of that information could endanger you. The NAF HBP will accommodate reasonable requests.

- C. Right To Inspect And Copy.** You may inspect and copy your PHI, with the exception of (1) psychotherapy notes, (2) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and (3) PHI to which you are denied access by law. If you want a copy of your PHI, the NAF HBP may impose a reasonable, cost-based fee.
- D. Right To Request Amendment.** You may ask the NAF HBP to amend your PHI for as long as the NAF HBP maintains the PHI. The NAF HBP is not required to grant your request, but if it does, the amendment will be included in your records as an addition to, and not a replacement of, existing PHI.
- E. Right To An Accounting Of Disclosures.** You may ask the NAF HBP for an accounting of disclosures of your PHI made by the NAF HBP during the six-year period (or less) prior to your request. However, the NAF HBP is not required to account for disclosures (1) to carry out treatment, payment and health care operations; (2) to you; (3) incident to a use or disclosure permitted or required by Section III above or by HHS regulations; (4) pursuant to your authorization; (5) for national security or intelligence purposes; (6) to correctional institutions or law enforcement officials; (7) as part of a "limited data set"; or (8) that occurred prior to 14 April 2003. The NAF HBP may impose a reasonable, cost-based fee for some accountings.
- F. Right To Obtain Paper Copy Of This Notice.** You may, upon request, obtain from the NAF HBP a paper copy of this notice.
- G. How To Exercise Your Rights.** If you wish to exercise any right described in this Section IV, contact the appropriate Privacy Official listed in Section VI below.

V. COMPLAINTS.

- A. General.** If you believe that your privacy rights have been violated, you may file a complaint with either the NAF HBP or the Secretary of HHS.
- B. Where To File.** If you wish to file a complaint with the NAF HBP, transmit it to the NAF HBP Privacy Officer, NAF Personnel Policy Office, 1400 Key Blvd., Suite B200, Arlington VA 22209. If you wish to file a complaint with the Secretary of Health and Human Services (HHS), either file it electronically at www.hhs.gov/ocr or transmit it to Department of Health and Human Services; Attention: Secretary of HHS; The Hubert Humphrey Building; 200 Independence Avenue, SW; Washington, D.C. 20201.
- C. No Reprisal.** You will not be retaliated against for filing a complaint.

VI. CONTACT PERSON. If you want more information about this notice, or if you want to exercise one of the rights listed in Section IV above, contact the Privacy Official for the appropriate NAF Employer shown below.

- A. AAFES –Sr. Benefits Specialist; AAFES HQ FA-Treasury; P.O. Box 650428; Dallas, TX 75265-0428.
- B. Air Force – Chief, NAF Group Insurance Branch; HQ AFSVA/SVXBI; 10100 Reunion Place, Suite 502; San Antonio, TX 78216-4138.
- C. Army – Chief, NAF Employee Benefits Office; U.S. Army Community and Family Support Center (CFSC); 4700 King Street, 3rd Floor; Alexandria, VA 22302-4407.
- D. Navy – Head, NAF Personnel & Benefits Branch; Navy Personnel Command; MWR Division (Pers-653); Naval Support Activity Memphis; 5720 Integrity Drive, Bldg 457; Millington, TN 38055-6530.
- E. NEXCOM – Benefits Manager; Human Resources Department; Navy Exchange Command; 3280 Virginia Beach Blvd.; Virginia Beach, VA 23452.
- F. Marine Corps – Employee Benefits Program Manager; Personal and Family Readiness Division; 3044 Catlin Avenue; Quantico, VA 22134.

VI. EFFECTIVE DATE. This notice is effective 14 April 2003