

## **Notice of Guaranty Association Privacy Procedures**

### **Friday Health Plans of Georgia, Inc.**

**Effective Date: August 1, 2023**

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.

#### **INTRODUCTION**

##### **What is this Notice?**

This Notice of Privacy Procedures ("Notice") describes the privacy procedures of The Georgia Life and Health Insurance Guaranty Association (the "Association") in reference to Friday Health Plans of Georgia, Inc. insolvency, including how your protected health information ("*PHI*") may be used and disclosed and how you can get access to it. **Please review this Notice carefully.**

##### **Any Questions?**

Should you have any questions about the contents of this Notice, please contact our *privacy official*. Please see the end of this Notice for contact information.

#### **GENERAL INFORMATION**

##### **What will we do with your health information?**

The Association will seek to ensure that your *PHI* remains private and confidential by following the privacy procedures detailed in this Notice while it is in effect and, as required by law, will notify you in the event of any reportable security breach involving your *PHI* and take appropriate steps to mitigate the effects of any such breach. Your *PHI* will cease to be covered by the Association's privacy practices after you have been deceased for 50 years.

##### **The Association reserves the right to change its privacy procedures.**

The Association reserves the right to change its privacy procedures and the terms of this Notice at any time; and to change its privacy procedures for the use and disclosure of *PHI* that we maintain, including *PHI* we created or received before we made the changes. **Before we make a significant change in our privacy procedures, we will revise this Notice and provide you with a new updated Notice.**

##### **You may request a copy of our Notice at any time.**

For more information about our privacy procedures, or for copies of this Notice, please contact our *privacy official*.

#### **USES AND DISCLOSURES OF HEALTH INFORMATION**

##### **To the Covered Individual**

The Association may disclose your *PHI* to you or your authorized personal representative for any purpose. The Association will disclose your *PHI* to you or your authorized personal representative upon written request.

##### **For Treatment, Payment, and Health Care Operations**

The Association may use and disclose your *PHI* and may share it for purposes of treatment, payment, and health care operations. If we use or disclose your *PHI* for underwriting purposes, however, we will not use or disclose your genetic information for those purposes (except for Long Term Care Insurance).

##### **To Family and Friends**

We may disclose your *PHI* to a family member, friend, or other person to the extent necessary to help with your care or payment for health care if you agree or, if you are unavailable to agree, we determine that a medical emergency or other situation indicates that disclosure would be in your best interest. After your death, we may disclose your *PHI* to such persons to the extent relevant to their involvement in or payment for your care before your death, unless doing so would be prohibited by your written instructions or inconsistent with your expressed preferences.

##### **To Our Business Associates**

We may disclose the minimum necessary *PHI* to service providers, known as business associates, who perform various functions on our behalf. We will take appropriate steps to ensure that the business associates will safeguard your *PHI*.

##### **By Written Authorization**

We may use or disclose your *PHI* if we have received a written authorization from you or your authorized personal representative (including uses and disclosures of psychotherapy notes, if applicable). You or your personal representative may revoke the authorization in writing at any time, but that revocation will not affect any permitted use or disclosure while the authorization was in effect.

**Please see the back page.**

## **Other**

We may also use or disclose *PHI* (a) when we are required to do so by law; (b) for public health activities; (c) to appropriate authorities, if we believe you are a victim of abuse, neglect, or domestic violence; (d) to health oversight agencies authorized to oversee the health care system or entities subject to government regulatory programs; (e) in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances; (f) to a law enforcement official for certain law enforcement activities; (g) to a medical examiner or coroner (and if legally authorized, a funeral director) for identification, to determine cause of death or to carry out other legally authorized duties; (h) to facilitate organ, eye or tissue donation and transplantation; (i) to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; (j) to military authorities regarding Armed Forces personnel under certain circumstances; (k) to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities; and (l) to the extent necessary to comply with laws relating to workers' compensation or similar programs.

## **INDIVIDUAL REQUESTS**

**You may make the following requests with respect to your health information:**

### **Request to Inspect and Copy**

You may request to view and receive copies of your *PHI* kept in our records (with some limited exceptions). We will provide the information to you in the format you request unless we determine that the request is unreasonable. You also have the right to obtain copies, in electronic format, of certain electronic health records used or maintained by the Association. **You must make a request in writing to obtain access to or get copies of your PHI.** You may obtain a request form by contacting our *privacy official*.

### **Request to Amend**

You may request that we amend your *PHI*. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. Please contact the *privacy official* for more information and procedures for amending your health information.

### **Request to Obtain List of Certain Disclosures**

You may request a list of instances in which we disclosed your *PHI*, except disclosures for purposes of treatment, payment, health care operations and certain other activities. Even for those excepted disclosures, you have a right to an accounting of the disclosures if they are maintained in electronic form and were made during the three years immediately before your request. **You may obtain a request form from our privacy official.**

### **Request for Restrictions on Use or Disclosures**

You may request restrictions on the use or disclosure of your *PHI*. We may not agree to these additional restrictions, but if we do agree, we will abide by the agreement (except in an emergency).

### **Request for Confidential Communication**

You may request that we communicate with you about your *PHI* by means other than the phone numbers or address contained in our records. You must inform us **in writing** that communication by other means or at other locations is required to avoid endangering you. We will accommodate your request if it is complete and reasonable.

**Right to Have Paper Copy of this Notice.** If you received this Notice on our web site or by electronic mail (e-mail), you are entitled to receive a paper copy of this Notice upon request.

## **QUESTIONS AND COMPLAINTS**

### **Who should I contact if I have questions about these privacy procedures?**

If you want more information about these privacy procedures or have questions or concerns about this Notice, please contact our *privacy official*.

### **What if I have a complaint about these privacy procedures?**

If you have a concern about our privacy procedures, or you disagree with a decision we make about your *PHI*, you may file a complaint with our *privacy official*.

### **Will I be penalized if I file a complaint?**

**You will not be penalized if you choose to file a complaint.**

## **PRIVACY OFFICIAL CONTACT INFORMATION**

**Privacy Official:** Mike Gorby

**Address:** P.O. Box 2067, Tucker, Georgia 30085

**Office Telephone:** 404-239-1150

**E-mail:** mgorby@gorbypeters.com