

THE UNIVERSITY OF
ALABAMA
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Blue Shield of Alabama, to help it provide these benefits to you. These business associates also receive and maintain your medical information in the course of assisting the Plan.

Our Pledge Regarding Medical Information

The Plan understands that medical information about you and your health is personal. The Plan is committed to protecting medical information about you. This Notice will tell you about the ways in which

the doctor's or dentist's request, for your treatment by him. The Plan may notify a doctor or dentist that you have not received a covered preventive health screening that is recommended by a national institute or authoritative agency, or we may alert your doctor or dentist that you are taking prescription drugs that could cause adverse reactions or interactions with other drugs. In addition, the Plan may help your doctor or dentist coordinate or arrange medical services that you need, or help your doctor or dentist find a safer prescription drug alternative. We may use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you.

- x Payment. The Plan may use or disclose your medical information for payment purposes. Examples include to pay claims for covered dental care services, to determine whether services are medically necessary or to otherwise pre-authorize or certify services as covered under the Plan, to provide eligibility information to health care providers, to pursue recoveries from third parties (subrogation), or for payment activities associated with another covered health plan which provides you benefits,58 3p7(s)46(c)4ug(es)1nd (e)10(f)-

Plan may disclose your medical information to its business associates to

- x To law enforcement officials for limited law enforcement purposes (for identification and location of fugitives, witnesses or missing persons, for suspected victims of crimes, for deaths that may have resulted from criminal conduct and for suspected crimes on the premises).
- x To a government authority authorized by law to receive reports of child, elder and domestic abuse or neglect.
- x For research purposes in limited circumstances.
- x To a coroner or medical examiner to identify a deceased person or determine the cause of death, or to a funeral director as necessary to carry out their duties.
- x To an organ procurement organization in limited circumstances.
- x To avert a serious threat to your health or safety or the health or safety of others.
- x To a governmental agency authorized to oversee the health care system or government programs or compliance with civil rights laws.
- x To federal officials for lawful intelligence, counterintelligence and other national security purposes.
- x To authorized federal officials so they may provide protection to the

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Address: Box 870111, Tuscaloosa, AL 35487-0111

Your Responsibilities for Protecting Medical Information

As a member of the Plan, you are expected to help us safeguard your medical information. For example, you are responsible for letting us know if you have a change in your address or phone number. You are also responsible for keeping your health plan ID card safe. If you have on-line access to Plan information, you are responsible for establishing a password and protecting it. If you suspect