

MEDJET Assistance, L.L.C.
3075 Healthy Way
Birmingham, AL 35243

NOTICE OF PRIVACY PRACTICES WITH REGARD TO MEDICAL INFORMATION ABOUT YOU

This Notice is effective March 31, 2020.

**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***

WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU

We are required by law to protect the privacy of medical information about you and that identifies you. Such information may be about membership enrollment, membership services we provide to you, or payment for membership services. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices with Regard to Medical Information About You, explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for *all* medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice on our website: <https://medjet.com>
- Have copies of the new Notice available upon request. Please contact our Privacy Official at (800) 527-7478 or (205) 595-6626 to obtain a copy of our current Notice.

The rest of this Notice will:

- Discuss how we may use and disclose medical information about you.
- Explain your rights with respect to medical information about you.
- Describe how and where you may file a privacy-related complaint.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Official at (800) 527-7478 or (205) 595-6626.

**WE MAY USE AND DISCLOSE MEDICAL INFORMATION
ABOUT YOU IN SEVERAL CIRCUMSTANCES**

We use and disclose medical information about members every day. This section of our Notice explains in some detail how we may use and disclose medical information about you in order to make determinations about membership, to provide services, to obtain payment for such services, and to operate our business. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy Official at (800) 527-7478 or (205) 595-6626.

1. To Make a Determination Regarding Membership

We use and disclose medical information about you when evaluating your application for MEDJET membership.

2. Providing Membership Services

We use and disclose medical information about you to provide membership services including, but not limited to, sending information to affiliates to effectuate transfer and sending information to the receiving and referring hospital and medical staff. This may include communicating with healthcare providers regarding your condition, treatment, and coordinating and managing your services with others.

3. Payment

We may use and disclose medical information about you to make payment for services that you received. This means that we may use medical information about you to prepare bills and manage accounts). We also may disclose medical information about you to others (such as insurers).

4. Operations

We may use and disclose medical information about you in performing a variety of business activities that we call "operations." "Operations" activities allow us to, for example, improve the quality of services we provide. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of providers taking care of you.
- Cooperating with outside organizations that evaluate, certify or license providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of services that we provide to you and our other members.
- Cooperating with outside organizations that assess the quality of the services we provide, including government agencies and private organizations.
- Planning for our organization's future operations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing medical information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

5. Persons Involved in Your Care

We may disclose medical information about you to a relative, close personal friend, or any other person you identify if that person is involved in your care and the information is relevant to your care. If the member/patient is a minor, we may disclose medical information about the minor to a parent, guardian, or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors' information, contact our Privacy Official at (800) 527-7478 or (205) 595-6626.

We may also use or disclose medical information about you to a relative, another person involved in your care, or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the member/patient is a minor. If the member/patient is a minor, we may or may not be able to agree to your request.

6. Required by Law

We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

7. National Priority Uses and Disclosures

When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as “national priorities.” In other words, the government has determined that under certain circumstances (described below), it is so important to disclose medical information that it is acceptable to disclose medical information without the individual’s permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the “national priority” activities recognized by law. For more information on these types of disclosures, contact our Privacy Official at (800) 527-7478 or (205) 595-6626.

- **Threat to health or safety:** We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose medical information about you to a health oversight agency – which is basically an agency responsible for overseeing the healthcare system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose medical information about you to a court or an officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so.
- **Law enforcement:** We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers’ compensation:** We may disclose medical information about you in order to comply with workers’ compensation laws.
- **Certain government functions:** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans’ activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

8. Authorizations

Other than the uses and disclosures described above (#1-7), we will not use or disclose medical information about you without the “authorization” – or signed permission – of you or your personal representative. In some instances, we may wish to use or disclose medical information about you, and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out a Revocation of Authorization form. The Revocation form is available from our Privacy Official. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

The following uses and disclosures of medical information about you will only be made with your authorization (signed permission):

- Uses and disclosures for marketing purposes.
- Uses and disclosures that constitute the sales of medical information about you.
- Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes.
- Any other uses and disclosures not described in this Notice.

**YOU HAVE RIGHTS WITH RESPECT
TO MEDICAL INFORMATION ABOUT YOU**

You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Official at (800) 527-7478 or (205) 595-6626.

1. Right to a Copy of This Notice

You have a right to have a paper copy of our Notice of Privacy Practices with Regard to Medical Information About You at any time. In addition, a copy of this Notice will always be posted on our website: <https://medjet.com>

If you would like to have a copy of our Notice, contact our Privacy Official at (800) 527-7478 or (205) 595-6626.

2. Right of Access to Inspect and Copy

You have the right to inspect (which means see or review) and receive a copy of medical information about you that we maintain in certain groups of records. If we maintain your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out a “Request to View or Obtain Copy of Personal Medical Records.” This request form is available from our Privacy Official.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you would like a copy of the medical information about you, we will charge you a fee to cover the costs of the copy:

- A search fee of five dollars (\$5.00); and
- One dollar (\$1.00) for each page of the first twenty-five (25) pages; and

No more than fifty cents (\$.50) for page in excess of twenty-five (25) pages

You may be charged, in addition to the foregoing fees, additional fees for the actual cost of reproducing X-rays and other special medical records. Our fees for electronic copies of your medical records will be limited to the direct labor costs associated with fulfilling your request.

If the records are mailed to the person making the request, reasonable costs shall include the actual costs of mailing the records.

Payment of the fees shall be made prior to the delivery of the records.

We may be able to provide you with a summary or explanation of the information. Contact our Privacy Official for more information on these services and any possible additional fees.

3. Right to Have Medical Information Amended

You have the right to have us amend (which means correct or supplement) medical information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. You may either write us a letter requesting an amendment or fill out a "Request to Amend Personal Medical Records." This request form is available from our Privacy Official.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

4. Right to an Accounting of Disclosures We Have Made

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting or fill out a "Request for Accounting of Disclosures of Personal Medical Records." This request form is available from our Privacy Official.

The accounting will not include several types of disclosures, including disclosures to make a determination as to membership, to provide membership services, to make payments, or for operations. If we maintain your medical records in an Electronic Health Record (EHR) system, you may request that include disclosures to make a determination as to membership, to provide membership services, to make payments, or for operations. The accounting will also not include disclosures made prior to the effective date of the initial Notice.

If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

5. Right to Request Restrictions on Uses and Disclosures

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if:

1. Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of healthcare operations (and is not for purposes of carrying out treatment); and,
2. The medical information pertains solely to a healthcare item or service for which the healthcare provided involved has been paid out-of-pocket in full.

If you would like to request restrictions on the use and disclosure of your medical information, you must provide us with a request in writing. You may either write us a letter requesting any restrictions or fill out a

“Request to Restrict Uses or Disclosures of Personal Medical Records.” This request form is available from our Privacy Official.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

You also have the right to request that we restrict disclosures of your medical information and treatment(s) to a health plan (health insurer) or other party, when that information relates solely to a healthcare item or service for which you, or another person on your behalf (other than a health plan), has paid us for in full. Once you have requested such restriction(s), and your payment in full has been received, we must follow your restriction(s).

6. Right to Request an Alternative Method of Contact

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing. You may write us a letter or fill out a “Request for Alternate Means of Communication of Confidential Medical Information.” This form is available from our Privacy Official.

7. Right to Notification if a Breach of Your Medical Information Occurs

You also have the right to be notified in the event of a breach of medical information about you. If a breach of your medical information occurs, and if that information is unsecured (not encrypted), we will notify you promptly with the following information:

- A brief description of what happened;
- A description of the health information that was involved;
- Recommended steps you can take to protect yourself from harm;
- What steps we are taking in response to the breach; and,
- Contact procedures so you can obtain further information.

8. Right to Opt-Out of Fundraising Communications

If we conduct fundraising and we use communications like the U.S. Postal Service or electronic email for fundraising, you have the right to opt-out of receiving such communications from us. Please contact our Privacy Official to opt-out of fundraising communications if you choose to do so.

**YOU MAY FILE A COMPLAINT
ABOUT OUR PRIVACY PRACTICES**

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government.

We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with us, you may fill out a "Privacy Complaint Form" and send it directly to our Privacy Official at the following address:

MEDJET Assistance
ATTN: HIPAA Privacy Official
3075 Healthy Way
Birmingham, AL 35243

To file a written complaint with the federal government, please use the following contact information:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Toll-Free Phone: 1-(877) 696-6775

Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Email: OCRComplaint@hhs.gov