

**Southern Administrators
And Benefit Consultants, Inc. "SABC"**

P.O. Box 2449
Madison, MS 39130-2449
(601) 856-9933 or 800-844-2555

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Privacy Officer: Valerie Givens
(601) 856-9933 or 800-844-2555
admin@sabcflex.com
www.sabcflex.com

Your Information.

Your Rights.

Our Responsibilities.

This notice describes how medical or personal information about you may be used and disclosed. This policy refers to SABC by using the term "us", "we", or "our." This notice describes our Privacy Policy regarding nonpublic personal and protected health information, "PHI" or Electronic Protected health Information, that we may collect, maintain, create and disclose, and how you can get access to this information. **Please review it carefully.**

SUMMARY OF SABC'S NOTICE OF PRIVACY PRACTICES

Your Rights

You have the right to:

- Get a copy of your electronic or paper claims record
- Correct your paper or electronic claims record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information in regards to:

- Telling family and friends about your claims record
- Provide disaster relief
- Providing mental health care claims record
- Marketing our services and selling your information

Our Uses and Disclosures

We may use and share your information in regards to:

- Running our organization
- SABC Flexcard
- How SABC uses your information for purposes not described in this notice
- What information is shared with your Employer
- To a Business Associate
- Billing for our services

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your claims record

- You can ask to see or get an electronic or paper copy of your claims record and other health information we have collected about you.
- We will provide a copy or a summary of your claim information, usually within 30 days of your request. SABC may charge a reasonable, cost-based fee.

Ask us to correct your claims record

- You can ask us to correct a claim or personnel information about you that you think is incorrect or incomplete.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests, unless some communication is mandatory to be done by electronic email.

Ask us to limit what we use or share

- You can ask us not to use or share certain claim information. We are not required to agree to your request, and we may say “yes” or “no” if it would affect your claim, or our reimbursement procedures as outlined in your Cafeteria Plan Document.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your information.
- We will include all the disclosures except for those about payment, and claims payment operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have received the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your claim information.
- We will make sure, before releasing any claim information, the person has the authority to act on your behalf.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we may follow your instruction if reasonable and/or feasible.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- We never market or sell personal information.

In the case of fundraising or research:

- We will not contact you for fundraising, or share your information for research purposes.

Our Uses and Disclosures

How do we typically use or share your information?

Running our organization

SABC, as a service provider for your Employer's Cafeteria Plan, will receive and view personal and protected type information in the service of our customer and other requirements to run our organization. SABC will receive personal and protected information you provide directly to us for claims processing. We may also receive information from your Employer as it relates to eligible Cafeteria Plan benefit(s) and deductions. SABC will protect and keep this information confidential. We typically use or share your health information in the following ways:

- For Payment activities, to determine eligibility for Plan benefits, to facilitate payment for the treatment and/or services you received from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage,
- For the Plan activities, including claims payment for covered services provided to you by healthcare providers,
- We may disclose your information to your authorized Employer personnel, as outlined in your Employer's Cafeteria Plan Document and Summary Plan Description, "SPD", so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this Notice,
- We may share summary level health information about you with your designated Cafeteria Plan administrator or HIPAA officer in certain situations, such as to assist in determining the validity of a claim or to disclose possible fraud. However, we will not share your information with any other personnel not authorized by your Cafeteria Plan Document,
- To contact you with information about health-related benefit questions,
- To your family and friends if you are unavailable to communicate, such as in an emergency provided you have completed an authorization form,
- To your family and friends or any other person you identify, (assistant, etc.) provided the information is directly relevant to their involvement with your Cafeteria Plan or payment. *(Example, if a family member calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and/or paid).*
- To appropriate authorities, when there are issues about abuse, neglect, or domestic violence, IRS for substantiation, law enforcement and/or military purposes, and as otherwise required by law,
- To fulfill obligations under any public health agency, disaster relief, compliance programs and oversight activities, workers' compensation law or contract,
- In response to a court or administrative order,
- To avert a serious and imminent threat to your health, safety, or the health or safety of others.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

SABCFlex Debit Card

If you select the Debit Card, we will share information with the debit card provider to issue cards, obtain available balances, and to validated and/or pay claims.

How SABC uses your information for purposes not described in this notice

In all situations other than described in this notice, SABC will request your written permission before using or disclosing your information. If you authorize a family member to receive information, that authorization will remain in effect until you revoke the permission in writing.

You may revoke your permission at any time by notifying us in writing. We will not use or disclose your information for any reason not described in this notice without your permission.

What information is shared with your Employer

SABC receives information from your Employer about you as it relates to the Cafeteria Plan. This may include items such as; your name, address, telephone number, date of birth, date of hire, ID number, benefit(s) and/or premium cost, medical benefit selections and salary. We use this information to provide you with election forms (paper or electronic), for your selection to participate or decline the Plan. We may use this information for account set up and to determine eligibility under the Cafeteria Plan. We will share your information selection and election(s) amounts with your Employer in order for your Employer to make the appropriate deductions from your pay, and with a Business Associate to perform work related functions for, or on behalf of, the Plan or your Employer.

To a Business Associate

We may disclose PHI to a Business Associate (BA), only if a valid BA Agreement is in place. A BA is an entity that performs a function for, or on behalf of, your Cafeteria Plan or your Employer and uses PHI in doing so, or provides services to you or for the Plan such as; accounting, consulting, insurance sales and services, or administrative services. BA is required to protect the confidentiality of PHI and to use it solely for the purposes for which it was disclosed, except as permitted by law. Otherwise, we will not disclose your protected health information.

SABC requires, and will have verified BA has implement administrative, physical and technical safeguards consistent with (and required by) the HIPAA Security Standards, HIPAA Breach, HIPAA HITECH and other HIPAA PHI requirements, reasonable to protect the confidentiality, integrity, and availability of written or Electronic Protected Health Information (PHI) that it creates, receives, maintains, transmits or stores on behalf of your Cafeteria Plan or your Employer. BA will verify it is used solely for the purposes for which we disclosed the information for, except as permitted by law, otherwise SABC does not disclose PHI.

BA shall report to SABC, the Cafeteria Plan and/or your Employer, any Security Incident that results in (i) unauthorized access, use, disclosure, modification, or destruction of your Plan's PHI; or (ii) interference or breach with BA's system operations, of which BA becomes aware, and (iii) BA shall report to SABC, the Cafeteria Plan or your Employer, upon occurrence of such non-permitted or violating use or disclosure, and the report must meet the format and content requirements imposed by HIPAA Breach. BA agrees it will insure that any agent, including subcontractor or casual labor, to whom it provides such information agrees to implement reasonable and appropriate safeguards to protect such information. BA furthermore agrees to obtain and provide SABC with copies of any signed BAs it obtains on behalf of SABC, your Cafeteria Plan or your Employer, and shall keep such agreements up-to-date as required by HIPAA.

Examples of BA include data programmer, storage companies, Cafeteria Plan Service Provider, enrollment agent(s) and insurance agent(s) approved and employed by the Plan; or with a debit card affiliate.

Billing for services

We can use and share your basic information to bill and get payment for our services.

Example: Provide Cafeteria Plan participant list information to your Employer for billing of our monthly services.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described herein; unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. You must however, let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site at www.sabcflex.com. The notice will contain, on the first page, in the top right-hand corner, the effective date of change.