

by a health care provider in training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; (c) use or disclosure by the Plan to defend a legal action or other proceeding brought by you against the Plan; or (d) as permitted by the applicable HIPAA regulations.

Family Members or Other Relatives: In an emergency situation, we may disclose PHI about you to family members, other relatives, and your close personal friends if: (a) the information is directly relevant to the family or friend's involvement with your care or payment for that care; and (b) you have either agreed to the disclosure or have been given an opportunity to object and have not objected.

#### OTHER USES OF YOUR PHI

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us written authorization to use or disclose PHI about you, you may revoke that written authorization, in writing, at any time. If you revoke your written authorization, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your written authorization.

#### YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding your PHI:

Right to Inspect and Copy: You have the right to inspect and copy PHI that may be used to make decisions about your Plan benefits. You have the right to inspect and obtain a copy of your PHI contained in a "designated record set." A designated record set includes: (a) medical records and billing records about individuals maintained by or for a covered health care provider; (b) enrollment, payment, billing, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (c) other information used in whole or in part by or for the covered entity to make decisions about individuals.

To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to **Cynthia B. Nguyen**. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

If we grant your request to inspect and copy your PHI, in whole or in part, we will inform you of our acceptance of your request and will provide you access to your PHI no later than 30 days following our receipt of your request (or no later than 60 days following our receipt of your request if your PHI is not maintained or accessible at the Plan Office). Within the applicable time, we will set up a mutually convenient time for you to inspect or obtain a copy of your PHI (or will mail a copy of your PHI at your request). If we are