

# Compass Rose Health Plan Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review carefully.**

You may request a copy of this notice at any time. Please send your written request to our **Contact** or print a copy from our website: **[www.compassrosebenefits.com](http://www.compassrosebenefits.com)**.

## Introduction

Compass Rose Benefits Group (referred to as "CRBG," "we," or "us" in this document) recognizes the importance of protecting the privacy and security of the confidential personal information we maintain about you and your family in our files. It is our commitment to you that your personal information will remain confidential as outlined by the Health Insurance Portability and Accountability Act (HIPAA).

We will notify you in accordance with federal law if there is a breach of your unsecured protected health information.

## Contact

CRBG Privacy Official  
Compass Rose Benefits Group  
11490 Commerce Park Drive, Suite 220  
Reston, VA 20191

Toll-Free PH: **(866) 368-7227**

PH: **(571) 449-2366**

FAX: **(888) 971-4313**

Email: **[privacyofficer@compassrosebenefits.com](mailto:privacyofficer@compassrosebenefits.com)**

**[www.compassrosebenefits.com](http://www.compassrosebenefits.com)**

## Uses and Disclosures: How We Use and Disclose Your Protected Health Information (PHI)

The Rule allows us to use and disclose you and your covered dependents' PHI for treatment, payment, health care operations purposes, and for certain other reasons. Below are examples

of the major types of uses and disclosures we can make. These examples do not cover all possibilities. In all of these examples, we refer to your own PHI and your covered dependents' PHI as "your PHI."

**Treatment:** Although we do not provide health care, we may disclose your PHI to a health care provider if he or she tells us that this information is required for your medical care.

**Payment:** We use your PHI to determine your eligibility, make hospital care pre-authorization decisions, and process your medical, dental, and pharmacy claims. We will continue to follow our practice of sending Explanation of Benefit (EOB) statements and other payment-related correspondence to the enrollee — for example, the CRBG member — even if the EOB concerns a dependent. We may disclose your PHI to other health plans for coordination of benefit purposes. We may disclose your PHI for our subrogation purposes. We may disclose your PHI to health care providers for their payment purposes. We may disclose your PHI to the U.S. Office of Personnel Management (OPM) if you dispute a claim.

**Health Care Operations:** We may use and disclose your PHI for our health care operations purposes, such as quality assessment and improvement activities, case management, accreditation, and customer service.

We generally limit uses and disclosures for payment and health care operations purposes to the minimum necessary to achieve our purpose.

## **How Else Can We Use or Share Your Health Information?**

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **To help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**To do research**

We can use or share your information for health research.

**To comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**To respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**To address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**To respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Parties with Whom We May Share Information About You**

We share your PHI with our third-party business associates, such as our claims administrator and our prescription drug benefit manager, in order to provide your coverage or services related to your coverage.

We will have a written contract with each business associate containing provisions to protect your PHI.

We share enrollment information with CRBG's general office and with Federal government agencies. We are entitled to use this information for our own membership purposes.

We share summary health information with OPM. Summary health information is aggregated claims information used to evaluate a plan's finances and related matters.

### **When We May Share Your Information Without Your Authorization or Opportunity to Object**

We may disclose your PHI to a family member, friend, or another person to the extent necessary to help with your health care or with payment for your health care. We may use or disclose your name, location, and general condition or death to notify or assist in the notification of (including identifying or locating) a person involved in your care. We may disclose necessary information to an authorized public or private entity (such as disaster relief agencies) that is coordinating such notification activities.

### **If You Are Present and Able to Agree or Object to the Disclosure of Your PHI**

Before we disclose your PHI to a person involved in your health care or payment for your health care, we will provide you with an opportunity to object to such uses or disclosures if you are present. For example, if you are present with a representative who calls us on your behalf, we will ask to speak with you and obtain your permission before speaking with the representative about your PHI.

### **If You Are Not Present or Able to Agree or Object to the Disclosure of Your PHI**

We may disclose only what is necessary to the person who is involved in your health care (such as a member of your family). We will limit these disclosures to claim status information unless you have or designate a personal representative following state law or submit a request to us utilizing the Authorization for Release of Information form. You may request the form from our **Contact** or print a copy from our website: **[www.compassrosebenefits.com](http://www.compassrosebenefits.com)**.

### **If You are Deceased**

We protect the privacy of health information for individuals for 50 years after their death. We may share information with a personal representative of the deceased or with family

members involved in the individual's care or payment prior to death, unless doing so conflicts with the known wishes of the deceased.

## **Authorization for Disclosure**

You may authorize us to use or disclose your PHI for your own reasons. You will need to give us a completed Authorization for Release of Information form. If you give us a completed form, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. To request an Authorization for Release of Information form, write to our **Contact**, or print a copy from our website: **[www.compassrosebenefits.com](http://www.compassrosebenefits.com)**.

Please understand information that you authorize us to disclose to third parties may no longer be protected by HIPAA and could be redisclosed without further authorization from you.

## **Individual Rights**

These are your rights concerning your PHI and a brief description of how you may exercise these rights. The individual who is the subject of the PHI has the right to use these rights unless he or she has a personal representative. In that case, the personal representative can use the rights.

A personal representative for an adult or emancipated minor must be designated in accordance with state law (e.g., a power of attorney). The personal representative for an unemancipated minor is a parent, guardian, or another person with authority to make health care decisions for the child. Parents and legal guardians generally are considered the personal representative of their unemancipated minor children except in certain circumstances described in the Rule that we must follow. Please inform us if you have an agreement with your child to respect his or her health care privacy. Except in certain states, a person is an adult at age 18 and entitled to their own privacy rights, even if they remain covered as a dependent child. We reserve the right to refuse to accept personal representative designations in certain circumstances described in the Rule. In this section, we use the word "you" to refer to the individual who is the subject of the PHI or his or her personal representative.

## Explanation of Your Individual Rights

The Rule provides certain rights to you as an individual as it relates to your PHI. Here is a brief description of these rights.

**Access:** An individual has the right to request to inspect and obtain a copy of their PHI in a designated record set, with limited exceptions. All requests must be made in writing to our **Contact**. The requested information will be provided in the form or format that is readily producible and agreed to by us and the individual usually within 30 days of your request. A summary of the requested information may be supplied, provided the individual agrees in advance to such a summary or explanation. If the individual requests a copy or agrees to a summary or explanation of such information, then we may impose a reasonable cost-based fee for copying, including the cost of supplies and labor for copying, postage, and preparing a summary or explanation.

If we deny the request for access to the PHI, then we will provide the individual with a written statement explaining the basis for the denial, a statement of the individual's review rights (if applicable as some PHI has unreviewable grounds for denial as specified by the Rule), and a description of how the individual may file a complaint with us or the HHS Secretary.

**Accounting of Disclosures:** An individual has the right to receive an accounting of certain disclosures of their health information made by the covered entity in the six years prior to the request, except for disclosures made for treatment, payment, health care operations, and other exempted purposes.

There are certain instances where we may deny your request or temporarily suspend your right to an accounting of disclosures. We may impose a reasonable cost-based fee if you request more than one accounting for the same individual within the same 12-month period provided that we inform the individual in advance of the fees. No fee will be imposed for the initial request.

All requests are to be made in writing to our **Contact**. The request may be for disclosures made up to 6 years before the date of the request

**Restriction Requests:** An individual has the right to request that we restrict the use and disclosure of their PHI. We generally are not required to agree to these restrictions, but if we do, we will abide by our agreement (except in an emergency).

All requests are to be in writing to our **Contact**. The request must include (1) the information that is to be limited for use and disclosure; and (2) how you want the information limited for use and disclosure. We are permitted to end the agreement of the requested restriction by providing the individual with written notification.

**Confidential Communication:** 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 consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not. To request a Confidential Communication Request Form, you may write to the **Contact** or print a copy from our website: **[www.compassrosebenefits.com](http://www.compassrosebenefits.com)**.

**Amendment:** An individual has the right to request that we amend their PHI held in a designated record set. The request must explain the reason why the information should be amended. We may deny the request if we did not create the information that is to be amended or for certain other reasons.

All requests for amendments are to be made in writing to our **Contact**.

**Complaints:** All complaints are taken seriously, and each is handled with the utmost confidentiality. If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about your individual rights, you may file a complaint with our **Contact** or with the HHS Secretary Office of Civil Rights. 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)**.

We support your right to protect the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint.

**Questions:** If you would like more information about our privacy practices or have other questions or concerns, please notify our **Contact**.

**Effective Date:** This notice, and all information included in this notice, is effective as of September 30, 2025, and will remain in effect until such time that we change it.

## **Changes to Terms of this Notice**

We reserve the right to make changes in our privacy practices, and the new terms of our notice are effective for all PHI that we maintain, including PHI that we created or received before the changes were made. If we make a significant change in our privacy practices, we will change this notice, post the new notice on our website, and send the new notice (or an explanation about how to obtain a new notice) in our open enrollment mailing.