

# HIPAA privacy notice



**Brian Hellman**

**F**or members of the NALC Health Benefit Plan, we feel it is important that you understand the Plan’s privacy policies. We are committed to protecting the privacy of our members’ information, and our privacy policy is based on the requirements of the HIPAA Final Rule.

The HIPAA Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 originally went into effect in 2003. The Privacy Rule generally prohibits health plans from discussing your personal information with anyone other than you or someone you have designated as your “personal representative.” Medical providers and health plans must share health care-related information for the purposes of treatment, payment and health care operations. We will not disclose protected health information of an enrollee or covered family member age 18 or older—not even to the person’s spouse, parent, child or friend—unless we have a completed Personal Representative Authorization form on file (shown at right).

Each family member age 18 or older who wishes to name a personal representative must complete a Personal Representative Authorization form. Be sure to sign and date the form (Section E) and return the signed form to the Plan. You should complete or update this form if you have not done so in the past two years.

You are not required to complete a form, but if you are the enrollee or an adult family member (age 18 or older) covered by the Plan and we do not have anyone’s name on file as the personal representative, we will not discuss your personal information, such as diagnoses and treatments, when someone calls on your behalf. You may want to name a personal representative even if you usually handle your own claims inquiries. That way, whether you call or a personal representative calls for you, we’ll be able to help.

Copies of the HIPAA Personal Representative Authorization form may be obtained by calling the Plan and requesting copies, or by downloading them from nalchbp.org.

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## CVS Pharmacy opens first retail location in Colorado

CVS Pharmacy, the retail division of CVS Health, has announced the grand opening of its first-ever standalone store in Colorado. The new store at 16920 E. Lincoln Ave. in Parker is the first of three locations to open in the Greater Denver area this year, bringing a health-centric retail pharmacy experience to the market.

“CVS Pharmacy is proud to be a part of the Colorado community, offering convenient access to best-in-class pharmacy services and a shopping experience truly dedicated to helping people on the path to better health,” said Hank Casillas, senior vice president of CVS Pharmacy field operations. “Because health services and pharmacy are at the heart of everything we do, we have created a shopping destination that offers the best assortment of health, beauty and wellness products and better-for-you snacks.”

While CVS Pharmacy announced the launch of 39 pharmacies within Target stores throughout Colorado last year, the new store in Parker offers customers a CVS Pharmacy retail location in Colorado to shop. Two additional Denver-area locations will open this summer at the following locations: 3770 N. Sheridan Blvd. in Denver and 9936 W. Bowles Ave. in Littleton.

Greater expansion across the Colorado is planned, with new CVS Pharmacy locations slated to open in Colorado Springs in 2018.



High Option  
NATIONAL ASSOCIATION OF LETTER CARRIERS  
**HEALTH BENEFIT PLAN**

20547 Waverly Court, Ashburn, Virginia 20149 • (703)729-4677 or 1-888-636-NALC (6252)  
Freddie V. Rolando, President • Brian E. Hellman, Director



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**HIPAA Privacy Rule  
Personal Representative Authorization**

Member Name \_\_\_\_\_ Member # \_\_\_\_\_  
*(as it appears on the Member Identification Card)*

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**Section A — Purpose**

This form allows you (the “Individual”) to give the NALC Health Benefit Plan permission (authorization) to disclose your protected health information (PHI) to a person that will act as your Personal Representative. The information covered by this authorization is protected health information, including identification of treating providers of care; diagnoses; procedures; and personal information, such as your date of birth and mailing address.

**Each adult family member, including each adult child (age 18 or older, or as determined by state law), who expects to have a relative or friend act as a Personal Representative must complete an authorization form. For example, if you expect your spouse to call us on your behalf, you need to fill out this form. If you do not wish to name a Personal Representative, do not complete this form. You are not required to name a Personal Representative, but if you do not, we will not release your PHI to someone who may call or write on your behalf. Your Personal Representative may be anyone of your choosing, such as a spouse, parent, child, friend, congressman, or Union representative. You must provide the information requested in Section C for each person before we can treat that person as your Personal Representative. If you need additional forms, you may copy this form, or call us.**

**Please note: This authorization does not give your Personal Representative authority, either implied or direct, over any treatment or direct care decisions. Also, we will not condition enrollment, eligibility for benefits, or benefits payments on your completion of this form.**

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**Section B — Individual’s Information (Individual appointing a Personal Representative)**

I authorize the NALC Health Benefit Plan to treat the person(s) named in Section C as my Personal Representative(s), subject to the rights and the restrictions, if any, described in Section C.

My Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Daytime Phone ( ) \_\_\_\_\_ Relationship to Member \_\_\_\_\_

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**Section C — Authorized Use and/or Disclosure**

I understand that the Plan’s privacy practice is to not disclose my personal health information, except for the purpose of treatment, payment, and health care operations, or as required by law, without my written authorization. For this reason, I authorize you to disclose my PHI to the person(s) named in Section C for the purpose of assisting with or facilitating the payment of my health plan benefits. Unless I have stated otherwise in Restrictions, I also allow my Personal Representative the following rights: the right to request amendment of my PHI; the right to request an accounting of disclosures of my PHI; and the right to request restrictions on disclosure of my PHI. I understand that if my Personal Representative is not a health plan, a health care provider, or another entity subject to federal or applicable state privacy laws, those laws may no longer protect my personal health information, and my Personal Representative may further disclose my PHI without my authorization. I acknowledge that my authorization is voluntary.

**I understand that I have the right to limit the information you release under this authorization.** For example, I may limit a Personal Representative’s access to information only about a particular provider or diagnosis/disease; or I may allow a Personal Representative access to everything except information from a particular provider or about a particular diagnosis/disease. Any such limitations must be described in Restrictions, in this section.

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